

PREA Facility Audit Report: Final

Name of Facility: Ashland Group Home

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/25/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: J. Aaron Keech	Date of Signature: 11/25/ 2023

AUDITOR INFORMATION	
Auditor name:	Keech, Aaron
Email:	akeech37@gmail.com
Start Date of On-Site Audit:	10/09/2023
End Date of On-Site Audit:	10/10/2023

FACILITY INFORMATION	
Facility name:	Ashland Group Home
Facility physical address:	1301 West Little Garner Road, Ashland, Kentucky - 41102
Facility mailing address:	

Primary Contact	
Name:	Bryan Sager
Email Address:	BryanT.Sager@ky.gov
Telephone Number:	6069283910

Superintendent/Director/Administrator	
Name:	Bryan Sager
Email Address:	BryanT.Sager@ky.gov
Telephone Number:	6069283910

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Jamie Wagner
Email Address:	Jamie.Wagner@ky.gov
Telephone Number:	6062055199

Facility Characteristics	
Designed facility capacity:	8
Current population of facility:	6
Average daily population for the past 12 months:	7
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Males
Age range of population:	14-19
Facility security levels/resident custody levels:	2
Number of staff currently employed at the facility who may have contact with residents:	15
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

AGENCY INFORMATION	
Name of agency:	Kentucky Department of Juvenile Justice
Governing authority or parent agency (if applicable):	
Physical Address:	1025 Capital Center Drive, Suite 300, Kentucky - 40601
Mailing Address:	
Telephone number:	5025732738

Agency Chief Executive Officer Information:	
Name:	Vicki Reed, Commissioner
Email Address:	Vicki.Reed@ky.gov
Telephone Number:	502-573-2738

Agency-Wide PREA Coordinator Information			
Name:	Dena Burton	Email Address:	denag.burton@ky.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-10-09
2. End date of the onsite portion of the audit:	2023-10-10

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The auditor communicated with community based organizations to include Just Detention International, Kentucky Association of Sexual Assault Programs and Pathway's Inc. The organizations stated they do not have any reports of any sexual related information related to Ashland Group Home. The auditor contacted and communicated with Pathway's Inc., one local community based organizations or victim advocates who can provided services.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	8
15. Average daily population for the past 12 months:	7
16. Number of inmate/resident/detainee housing units:	3

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
--	---

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>7</p>
<p>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>

42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	2
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	2
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>On the two site review days, the auditor interviewed a total of seven residents, three random resident interviews and four targeted resident interviews. The 4 targeted interviews were characterized as one resident who had a cognitive disability, two transgender residents, and two residents who disclosed prior sexual victimization during the risk assessment. There were no youth within the population characterized as LEP, LGBTI, reported sexual abuse, segregated housing/ isolation for risk of sexual victimization, deaf or hearing impaired, physical disability, or low vision or blind. Due the the population of seven residents, the auditor was unable to obtain the overall minimum number of juvenile interviews, random and targeted juvenile interviews.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>15</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>2</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>2</p>

<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>On the day of the on-site review, the minimum number of required random staff for interviews was met with a total of twelve random staff interviewed by the auditor. The auditor interviewed one contractor and two volunteers that had contact with residents. All staff agreed to be interviewed with no refusals. All staff and contractors were knowledgeable, cooperative, and respectful throughout the interview process.</p>
---	---

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>3</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>On the two site review days, the auditor interviewed a total of seven residents, three random resident interviews and four targeted resident interviews. The 4 targeted interviews were characterized as one resident who had a cognitive disability, two transgender residents, and two residents who disclosed prior sexual victimization during the risk assessment. There were no youth within the population characterized as LEP, LGBTI, reported sexual abuse, segregated housing/ isolation for risk of sexual victimization, deaf or hearing impaired, physical disability, or low vision or blind. Due the the population of seven residents, the auditor was unable to obtain the overall minimum number of juvenile interviews, random and targeted juvenile interviews.</p>
56. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	<p>On the two site review days, the auditor interviewed a total of seven residents, three random resident interviews and four targeted resident interviews. The 4 targeted interviews were characterized as one resident who had a cognitive disability, two transgender residents, and two residents who disclosed prior sexual victimization during the risk assessment. There were no youth within the population characterized as LEP, LGBTI, reported sexual abuse, segregated housing/ isolation for risk of sexual victimization, deaf or hearing impaired, physical disability, or low vision or blind. Due the the population of seven residents, the auditor was unable to obtain the overall minimum number of juvenile interviews, random and targeted juvenile interviews.</p>

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	4
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>On the two site review days, the auditor interviewed a total of seven residents, three random resident interviews and four targeted resident interviews. The 4 targeted interviews were characterized as one resident who had a cognitive disability, two transgender residents, and two residents who disclosed prior sexual victimization during the risk assessment. There were no youth within the population characterized as LEP, LGBTI, reported sexual abuse, segregated housing/ isolation for risk of sexual victimization, deaf or hearing impaired, physical disability, or low vision or blind. Due to the population of seven residents, the auditor was unable to obtain the overall minimum number of juvenile interviews, random and targeted juvenile interviews.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor discussed the characteristics of residents with the Facility Superintendent and PREA Coordinator to conduct the appropriate number of targeted resident interviews.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor discussed the characteristics of residents with the Facility Superintendent and PREA Coordinator to conduct the appropriate number of targeted resident interviews.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor discussed the characteristics of residents with the Facility Superintendent and PREA Coordinator to conduct the appropriate number of targeted resident interviews.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor discussed the characteristics of residents with the Facility Superintendent and PREA Coordinator to conduct the appropriate number of targeted resident interviews.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor discussed the characteristics of residents with the Facility Superintendent and PREA Coordinator to conduct the appropriate number of targeted resident interviews.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor discussed the characteristics of residents with the Facility Superintendent and PREA Coordinator to conduct the appropriate number of targeted resident interviews. The facility does not use any forms of isolation within the group home setting.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor conducted twelve random staff interviews which met the minimum number of twelve random staff interviews.</p>

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	40
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The auditor had access to the entire facility property and was able to conduct interviews and was provided with documentation in accordance with the standard. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor was permitted to conduct private interviews with residents and staff. Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor tested the grievance process by placing a form in one grievance box. The Facility PREA Coordinator notified the auditor of receiving the notice and was within the required timeline pursuant to the agency policy. With regards to resident's ability to report sexual abuse in a written format, send and receive mail, accessibility to mail drop boxes is in areas accessible to resident housed in the group home Drop boxes are clearly identified, secured by a lock and key, and access to the boxes are limited to the facility Superintendent and YSPS. Residents can report sexual abuse and harassment to a private entity outside of the facility by reporting such incidents by dialing the IIB Hotline. The notice (in the form of a poster) had the mailing address where residents can report in writing. A test call was completed using the external/private entity number and center staff responded immediately while she also explained the reporting and investigating process when a resident reports sexual abuse and harassment. The auditor also tested the interpreter and translation services telephone number and was able to speak with the supervisor and confirmed the availability of services.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<ul style="list-style-type: none"> • Nine (9) resident social, medical and mental health files, paper and/or electronic files. Files were accurate, organized, complete, and secured within the facility administrators office. • Ten (10) human resource files of current staff, volunteers, and contractors • Unannounced rounds/facility forms • Shift status reports past 12 months • Logbooks over the past 12 months • One (1) Investigation files indicating findings and outcomes, and if referred for criminal investigations
<p align="center">SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</p>	
<p>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</p>	
<p>Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.</p>	

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	1	1	1	1
Total	1	1	1	1

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	1	0	0
Total	0	1	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	1
--	---

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were zero sexual harassment allegations during the past twelve month reporting period.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were zero sexual harassment allegations during the past twelve month reporting period.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policy and Supporting Documents Reviewed, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 900, Prison Rape Elimination Act of 2003 (PREA), Definitions, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 900, PREA, Definitions, revised September 7, 2021 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 901, PREA, Zero tolerance of any type of sexual misconduct, revised September 7, 2021

- Kentucky Department of Juvenile Justice Agency Organizational Chart dated September 26, 2019
- Ashland Group Home Organizational Chart dated May 2023
- Facility Schematic
- Agency Mission and Vision Statement
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews:

- Agency Head/Designee
- Facility Superintendent
- Facility Assistant Superintendent
- Facility PREA Coordinator/YSPS

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 900, Prison Rape Elimination Act of 2003 (PREA), page 1, section 2, V-Y, and page 2, section 2, V-Y mandates a zero tolerance toward all forms of sexual abuse and sexual harassment. The policy clearly defines general definitions and definitions of prohibited behaviors to include sexual abuse and sexual harassments.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, page 1, section I, IV. A. 1-4. B and the Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures AGH, Zero-tolerance of any type of sexual misconduct, outline the agency and facility's approach to prevent, detect, and respond to sexual abuse and sexual harassment. The Department cooperates fully with Federal, State, and other local officials in fulfilling the requirements of PREA.

The policy, page 2, section C, 1-4, states the Commissioner shall be the Appointing Authority for the Department. As the Appointing Authority, the Commissioner may delegate authority to any staff person to execute the business of the Department. 1. DJJ shall appoint an Agency PREA Coordinator to oversee and manage departmental compliance with the PREA standards, develop established Department policy, and facilitate PREA training. 2. The Commissioner, Deputy Commissioner, and the Agency PREA Coordinator shall work collaboratively to make sure that the lines of communication are open and clear, regarding PREA related matters throughout DJJ and facilitate a communication system of response when a PREA violation has occurred. 3. DJJ staff shall cooperate with the Internal Investigations Branch (IIB) and the Agency PREA Coordinator when a PREA violation has been alleged or has occurred within the Department to maintain the fidelity of the investigation process and to provide services to the juveniles. 4. Each DJJ Superintendent shall designate a Facility PREA Coordinator to train facility staff, interns, volunteers, and contractors and manage facility compliance with the PREA standards. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures 901

requires the facility Superintendent shall designate a Facility PREA Coordinator to train facility staff and manage facility compliance with the PREA standards.

The agency provided the Kentucky Department of Juvenile Justice Agency Organizational Chart which indicates the Justice Program Administrator position is part of the agency leadership team, reporting namely to the Deputy Commissioner of the Office of Program Operations. The Justice Program Administrator is designated as the Agency PREA Compliance Officer/PREA Coordinator (PC) and has access to the agency's most senior leader, and agency Commissioner. According to the agency organizational chart, the Justice Program Administrator oversees PREA standard implementation to twenty-three (23) facility PREA Coordinators. Every group home, juvenile detention center, and youth development centers throughout the agency has PREA Compliance Managers, however their titles are PREA Coordinators.

The Ashland Group Home Organizational Chart dated 2023 indicates the Youth Services Program Supervisor is designated as the facility's PREA Coordinator. This position reports directly to the Assistant Facility Superintendent. Based on the agency's PREA policy and facility standard operating procedure and supporting documentation, the agency has a comprehensive approach to prevention, detection, responding and reporting and the procedures that have been implemented meets the standard. Furthermore, the supporting documentation clearly indicates the agency and facility take PREA implementation seriously and shows implementation performance daily. the PC has created a PREA reference/education binder located in the supervisor's office. The PREA reference/education binder contains the policy, reporting process, victim advocate information, and forms for the facility staff in the event of an incident.

Interview Results:

- The Justice Program Administrator confirmed the appointment, qualifications, and continued efforts of the PREA Compliance Officer and the Agency Designee.
- Interview with the Agency Designee/Justice Program Administrator indicates she is knowledgeable and educated on the PREA Standards. The Agency Designee/Justice Program Administrator is committed to implementing PREA in the Commonwealth of Kentucky. She has experience and sufficient time and authority to coordinate that agency's effort to comply with the PREA Standards. The Justice Program Administrator is directly responsible for overseeing twenty-three (23) facility PREA Coordinator and assists and provides advice to private providers who serve Kentucky youth. The JPS facilitates meetings with the facility PREA Coordinators to discuss any needs, problems, ideas, or suggestions for improvement. She further indicated there are annual PREA training, conducts conference calls on a quarterly basis, and when necessary weekly telephone calls to check in with PREA Coordinators. There is an internal monitoring system and conduct an annual PREA audit.

	<ul style="list-style-type: none"> • Interview with the facility Superintendent confirmed the YSPS is designated as the facility's PREA Coordinator. • Interviews with the facility Superintendent, the YSPS is knowledgeable and educated on the PREA Standards based on their years of experience with implementing PREA within the facility. • The YSPS oversees the facility's efforts to comply with the PREA standards further and has indicated she has enough time to manage all the PREA related responsibilities. When he identifies any compliance issues, he informs and processes any issues with the Superintendent then proceeds up the chain of command. • Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.
--	--

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 904, Prison Rape Elimination Act of 2003 (PREA), Contracted Residential Entities, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Memorandum of Agreement Terms and Conditions for nine (9) Private Child Care Placements <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head Designee/Justice Program Administrator/Contract Administrator <p>The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 904, Prison Rape Elimination Act of 2003 (PREA), Contracted Residential Entities, page 1, section 1, policy section, requires private child care facilities and detention centers that have contracts with the Department of Juvenile Justice (DJJ), to care for juveniles, shall institute zero tolerance policies and protocols to prohibit the sexual abuse, sexual harassment, sexual contact, or any sexual offenses directed toward a juvenile who is placed in the custody, care, or supervision of that private child care facility or detention center by DJJ. In Section 4, procedures, requires A. All contracts with a private childcare facility and detention center shall have language that requires the</p>

contract provider and all staff that are employed by that entity to comply with the Prison Rape Elimination Act of 2003 (PREA) standards detailed within their respective contracts. B. DJJ shall only contract with private child-care facilities and detention centers that have PREA policies and protocols in effect to protect youth that are placed in their custody, care, or supervision by DJJ. C. All contracted private child-care facilities, child placing agencies, and detention centers shall provide DJJ with a copy of their PREA policies and procedures. D. Detention centers that contract with DJJ shall be monitored for PREA compliance by the Department.

In section 6, Monitoring Mechanism states the Agency PREA Compliance Officer or designee shall conduct an annual audit to verify that staff in contracted private childcare facilities, child placing agencies, and detention centers, are being trained regarding the PREA standards detailed within their contracts and that these entities have incorporated PREA practices into business operations. The Kentucky Department of Juvenile Justice contracts for the confinement of residents and since the last PREA audit was a total of nine (9). KDJJ contracts for the confinement of residents as follows: All God's Children's Inc., Father Maloney's Boys Haven, Inc., Foothills Academy Inc., Gateway Juvenile Diversion Project Inc., Kinder Haven Inc., Methodist Home Inc., NECCO Inc., Ramey Estep, and Specialized Alternatives for Families and Youth of Kentucky-SAFY.

The nine (9) memorandum of agreement Terms and Conditions for nine private child-care placements contained the requirements that the contractor adopt and comply with all Juvenile Facility PREA Standards established by the United States Department of Justice. All agency memorandum language outlined states: "Private providers must comply 32. 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. If the Contractor's facility is a treatment center governed by federal confidentiality laws and regulations that prohibit the release of residents' identifying information, upon intake of a resident, request that the resident sign a written consent form that authorizes facility personnel to release the resident's identifying information in response to a request from the IIB, or a Commonwealth employee, conducting an

administrative PREA investigation at the facility regarding an allegation of sexual abuse or harassment.” The Agency designee/Contractor Administrator indicated that none of the Department’s contractual PCC’s will not have a population nor placement over 50% of DJJ residents. Due to this procedure, there is no need for PREA monitoring by the agency.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- On or after August 20, 2012, or since the last PREA audit, whichever is later, the number of contracts for the confinement of residents that the agency entered or renewed with private entities or other government agencies: 9.
- The number of contracts that DID NOT require contractors to adopt and comply with PREA standards: 0.

Interview Results:

- The Agency level designee/Contract Administrator confirmed the agency and facility does contract with other entities for the confinement of residents and the PREA language written into its contacts. The Agency level designee/Contract Administrator continually monitors confinement facilities for PREA compliance on an annual basis. The Contract Administrator explained that contracts with private providers or entities are renewed on a twelve-month basis and contracts with confinement facilities. All nine private provider memorandums were last updated in 2022.
- Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 900, Prison Rape Elimination Act of 2003 (PREA), Definitions, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 319, Program Services, Staff Requirements for the Supervision of Youth, dated April 5, 2019 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 319.1, Program Services, Facility Capacities, revised January 6, 2021

- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 319.1 Facility Capacities, revised September 7, 2021
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 910, Program Services, Facility Security Management, revised January 6, 2021
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 910, Facility Security Management, revised September 7, 2021
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Facility Population Reports 2022-2023
- Staffing Plan Development Process Form Template
- Staffing Plan Development Process Form for 2022, 2023
- Resident Daily Schedule Monday-Sunday 2022, 2023
- Memorandum of Clarification from Superintendent dated 7/20/23 regarding staff deviations
- Staffing Plan 2022-2023
- AGH Shift Reports 2022 and 2023
- AGH Staff Schedule 2022-2023
- Ashland Group Home Handbook
- AGH Camera List
- Staffing Plan Meeting dated 3/23/23
- Memorandum of Clarification from Superintendent dated 7/24/23 regarding camera repairs
- Staffing Plan 2022
- Unannounced Facility Visit (Rounds) sheets dated 2022-2023
- Random sample review of Log book entries 2022-2023

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 900, Prison Rape Elimination Act of 2003 (PREA), Definitions, requires staffing for the supervision of youth shall be sufficient on each shift to ensure the safety of youth and staff, to maintain the security of the facility and to facilitate youth access to staff, programs, and services.

According to the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 319, Program Services, Staff Requirements for the Supervision of Youth, page 1, section 1,2, and 4 requires staffing for the supervision of youth shall be sufficient on each shift to ensure the safety of youth and staff, to maintain the security of the facility, and to facilitate youth access to staff, programs, and services. The policy is applicable to DJJ Group Homes including Ashland Group Home. Section C. Group Homes 1. Each group home shall have a minimum of one (1) staff on duty for every eight (8) youth. 2. To the extent possible, a staff person shall be on duty in the facility when there are no youth on the property.

The Kentucky Department of Juvenile Justice, Kentucky Justice and Public Safety

Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 319.1 Facility Capacities policy states the number of youth placed at Ashland Group Home shall not exceed the facility's recommended maximum bed capacity. In section four, Procedures; A. The Department of Juvenile Justice (DJJ) shall establish and maintain recommended maximum bed capacities at each facility. B. The Deputy Commissioner of Operations may waive the maximum capacity of a facility, in response to an emergency situation, for up to five (5) days. If the capacity is waived, the Deputy Commissioner shall document the emergency situation and reason for the increased capacity in a memorandum to the Commissioner. C. If circumstances exist which require the waiver of maximum capacity beyond five (5) days, the Commissioner may waive the capacity maximum for a period not to exceed ninety (90) days. D. A facility shall not exceed the maximum capacity established by the State Fire Marshall.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 910, PREA, Facility Security Management, A. Staff shall maintain accountability for youth movement within DJJ facilities. B. Staff shall conduct head counts of the population and implement procedures to regulate and control youth movement within the facility and during authorized movement outside the facility. C. Each Superintendent shall establish the minimum number of staff that shall be on duty. Each facility shall meet the minimum staffing requirements for each shift. D. Areas occupied by youth shall be supervised by DJJ staff. D. Areas occupied by youth shall be supervised by DJJ staff. E. Facility staff shall be assigned to shifts to maintain appropriate staff to youth ratios at all times. Each shift shall have a designated supervisor that is responsible for determining the presence of sufficient staff and staffing patterns and take the necessary action to correct deficiencies. F. Group homes shall maintain eight to one (8:1) juvenile-to-staff ratios during waking and non-waking hours, except during limited and discrete exigent circumstances, which shall be fully documented. G. If an insufficient number of facility staff report for duty to meet the minimum requirements, the Superintendent or designee shall initiate measures to call in or maintain sufficient staff to meet the minimum coverage requirements. Overtime shall be avoided, but the provision of sufficient security staff shall take priority. H. Staff shall remain at their respective posts until relieved or otherwise authorized to leave the post. I. The Superintendent or management designee shall visit the facility at least once per week outside of normal business hours. The visits shall be planned and coordinated to observe facility operations. Observation of the entire facility shall not have to be completed, but each area below shall be reviewed: 1. Youth in isolation; 2. Sleeping areas; 3. Control room; 4. Counseling sessions or group counseling sessions; and 5. Recreation areas. J. Each DJJ facility shall use a video monitoring system to assist in ensuring the safety, security, and general well-being of youth and staff. K. Video monitoring shall not substitute for appropriate supervision of youth. L. DJJ shall maintain video systems that are functional and maintained in proper working order.

Ashland Group Home is a facility operated by the State of Kentucky, Department of Juvenile Justice. The facility is part of the Eastern Division that is headed by a

Division Director. The Facility Superintendent heads the individual facility and sees to the daily management and functioning of the program. The capacity at Ashland Group Home is eight (8). The average daily number of residents for the past twelve months was seven (7). On both days of the site review the population at AGH was seven (7) male residents and the auditor interviewed all seven residents.

The facility description describes Ashland Group Home is a level 2 staff secure Department of Juvenile Justice facility which is designed to resemble, as closely as possible, a home-styled setting. Ashland GH began in 1977 on the grounds of a former Ashland Tuberculosis Hospital located at 3700 13th Street. On March 8th, 2004 it moved to its current location in scenic Boyd County. Ashland GH been accredited by the American Corrections Association (ACA) since 1988. The group home provides 24-hour supervision of eight (8) young men who are between fourteen and eighteen (14-18) years of age. The youth have been adjudicated by the court system of the Commonwealth of Kentucky. Ashland GH accepts youth placements directed from DJJ Classification for front-end youth (directly from detention) or those who step down from higher security level facilities.

According to the 2022, 2023 Development Process Form staffing plans, the facility has developed, implemented, and documented a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect residents against sexual abuse. Youth Worker series staff members are scheduled to cover three shifts in order to provide coverage around the clock. The number of staff on each shift may vary, but always adheres to staff-to-resident ratios as outlined in DJJ Policy and in accordance with PREA standards. AGH shall not deviate from this plan. Should the need arise, there is a system in place to assign overtime fairly in order to provide necessary coverage. At times and in accordance with DJJ Policy 319, staff members who are certified to physically restrain residents, but do not fall within the Youth Worker series, are utilized to meet staffing ratios and provide adequate supervision of residents. The 2022-2023 Staffing Plan takes into consideration the 11 criteria in subsection(a) to any prevailing staffing patterns, the facility's deployment of video monitoring systems and other monitoring technologies, and resources the facility has available to commit to ensure adherence to the staffing plan.

The 2023 AGH Staff Meeting Minutes notes PREA items including review of the facility staffing plan indicating training for all facility staff. At times, the Youth Service Program Supervisor, Assistant Superintendent, or other qualified staff members are utilized to meet the staffing plan requirements and ratios. Staff members are aware that overtime may be required to ensure adequate staff-to-resident ratios are maintained. Current demographics of our unit staff make it unlikely that it would be problematic, but, if necessary, ensuring that cross-gender searches and cross-gender supervision of showers is avoided would be considered when determining which staff member is required to work overtime.

According to the facility organizational chart dated 2023 indicated one vacant positions namely the Youth Worker classification series and social services clinicians. During the on-site phase, the auditor reviewed 2022-2023AGH Shift Reports and

Logbooks documenting staffing ratios for the entire facility. The reports documented the days, shifts, resident head counts, staff on duty providing direct supervision, other staff in the building. Based on the documentation, the facility maintains eight to one (8:1) juvenile-to-staff ratios during waking hours and sixteen to one (16:1) juvenile-to-staff ratio during sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. From reviewing the shift reports and logbooks, there were no limited and discrete exigent circumstance deviations over the past twelve-month reporting period. related to staff illnesses resulting call offs. DJJ Group Homes are required to maintain an eight to one (8:1) juvenile-to-staff ratio during waking hours and sleeping hours. The Ashland Group Home Staffing Plan dated 2022 and 2023

Ashland Group Home is an 8 bed minimum security group home that houses male residents. Ashland GH operates continuously 24 hours per day 7 days per week. The staffing plan is determined to provide supervision for 8 youth. The facility operates under staffing guidelines set forth by Kentucky Department of Juvenile Justice and Ashland GH SOP. DJJ Policy 910 Section IV Subsection F, "DJJ detention and YDC facilities shall maintain twelve to one (8:1) juvenile to staff ratios during waking hours and sixteen to one (16:1) juvenile to staff ratio during sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Group homes shall maintain an eight to one (8:1) juvenile to staff ratio during waking hours and sleeping hours." Ashland GH SOP 319 Section B Subsection 1, "Ashland Group Home shall have a minimum of one (1) staff on duty for every eight (8) youth." There are 11 youth workers (direct care staff), 1 counselor, 1 administrative staff and 2 management staff at Ashland GH. Staff scheduling directs more staff during times when more activities are scheduled. Ashland Group Home maintains an 8:2 ratios, except when the youth are at school. During the week: First shift 6:30am - 3:00pm: One first shift staff takes the youth to school at Ashland Day Treatment. Day Treatment has 3 youth workers on staff to assist with supervision during school hours. Second shift 1:30pm - 10:00pm: A minimum of 2 staff supervise the youth during this shift. The following activities take place on this shift: recreation, community work projects, counseling, dinner and off campus activities. Third shift 10:00pm - 6:30am: 2 staff supervise the youth during sleeping hours, for morning chores and breakfast. On weekends and non-school days, a minimum of 2 staff are scheduled each shift to provide supervision of the youth. Ashland GH staff are directed to use "active supervision" to remain mobile and to position themselves where they can provide supervision in conjunction with other staff on duty. Youth are not permitted to enter staff offices or closets unless supervised. Ashland GH staffing plan indicates that minimally (1) direct care staff person per shift shall be male.

Ashland GH staffing plan includes a printed and posted staff schedule that is updated at a minimum, monthly but more often pending facility need. The schedule outlines what staff persons are assigned to what shift as well as noting staff persons that are on vacation, extended sick leave, etc. and provides for overtime slots to cover any vacancies. If an unplanned vacancy or a significant increase in population occurs, staff will be required to remain past their scheduled shift or come

in early for an upcoming shift in order for the facility staffing plan to be maintained. Ashland GH staffing plan also includes a posted calendar of On Call administrative staff persons (Administrative Duty Officer) that can be called upon if assistance is needed in maintaining appropriate staff to youth ratios. The Administrative Duty Officer must be able to get to the facility within (1) hour if their presence is required. Ashland GH management staff persons (Superintendent/Youth Services Program Supervisor) maintain AIKIDO certification and may be utilized in circumstances that require additional direct care staff persons. Exigent circumstances may arise that cause the facility to deviate from the staffing plan. When this occurs, the facility ADO shall be notified and the circumstances shall be thoroughly documented on the Shift Report. All efforts will be made to return to the facility staffing plan as soon as possible.

Samples of Unannounced Facility Visit (Rounds) for the twelve-month reporting period were provided sheets indicating random supervisory checks on the living units and buildings for both day and night shifts. While on-site, the auditor reviewed the unannounced rounds binder and reviewed the last twelve months of checks. The total number of monthly visits range from three to five times, and occurred at different or random times. Unannounced rounds are conducted by higher level staff namely the Superintendent, PREA Coordinator, SSW on all three shifts. Areas observed were based on accessibility of residents and staff. This also included restricted areas prohibiting residents but accessible to staff. Video surveillance and camera presence was in strategic areas to reduce all blind spots.

During the site review the auditor compared the written staffing plan and observations seen while at the facility. It was observed residents were directly and closely supervised within ratio, video cameras were present, and all were in good working order. The number of staff and contractor present during shift included living units, programming, work, education, and other areas within the facility. Areas observed were based on accessibility of residents and staff. This also included restricted areas prohibiting residents but accessible to staff. Video surveillance and camera presence was in strategic areas to reduce all blind spots. The facility is equipped with twenty-four cameras strategically placed throughout the facility to reduce blind spots. The camera system has a retention period up to ninety days and accessible to the facility Superintendent and YSPS.

Interviews:

- Agency Head Designee
- Facility Superintendent and Assistant Superintendent
- PREA Coordinator
- Residents

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- Since the last PREA audit the average daily number of residents reported was seven (7).

	<ul style="list-style-type: none"> • Since the last PREA audit, the average daily number of residents on which the staffing schedule was predicated was eight (8). • In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 0. <p>Interview Results:</p> <ul style="list-style-type: none"> • Interviews and supporting documentation show the Agency Head Designee, facility Superintendent, and PREA Coordinator indicated that they are consulted regarding any assessment or adjustments to the staffing plan. • Interview with the Agency Designee and facility Superintendent indicated that the facility has a staffing plan. When assessing adequate staffing levels and the need for video monitoring, they consider all the components listed in the standard. • Interviews with the four intermediate or higher-level staff indicated they perform unannounced rounds and documented on the Unannounced Facility Visit (Rounds) sheets. Rounds are conducted randomly and staggered at different times. • The Agency Designee/PREA Compliance Officer and facility Superintendent interviews confirmed the process for conducting annual reviews. • Interviews from the twelve random staff indicate residents are always supervised by staff to meet minimum ratios. • Seven residents interviewed confirm they are always supervised by staff resulting in feeling safe and sexually safe. • Based on the above listed information, the agency and facility does not meet the standard and complies with the standard for the relevant review period.
--	---

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 321, Program Services, Incident Reporting, dated April 5, 2019 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 325, Program Services, Searches, dated April 5, 2019 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice

Policy and Procedures, policy 910, Program Services, Facility Security Management, dated March 9, 2018

- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures, 910, Facility Security Management dated June 16, 2023
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice
- Policy and Procedures, policy number 912, Sexual Orientation and Gender Identity, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures 912, Sexual Orientation and Gender Identity dated June 16, 2023
- The Department of Juvenile Justice General Directive, Youth Contraband Assessment, and Initial Health Screening Procedure. Dated April 2, 2012
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Training curricula for Cross Gender Pat Down and Visual Body Searches Policy and Procedures, Training video and power point presentation
- Acknowledgement of Phase 10 PREA Training- PREA Training to include cross gender search training forms, current and newly hired staff dated 2022-2023
- Facility staff training March 2023
- Logbook/Group review while on-site
- Memorandum of clarification from PREA Coordinator dated 7/24/23 regarding shower procedure, changing clothes, and perform bodily functions, deviations on cross gender pat down searches, staff training on searches

Interviews:

- Agency Head Designee
- Facility Superintendent
- PREA Coordinator
- Random Staff
- Random and Targeted Residents

The initial review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 321, Program Services, Incident Reporting, page 1, section 1, requires the Department of Juvenile Justice (DJJ) shall have a system for facilities to report incidents involving youth. Prompt reporting shall take place in accordance with established procedures. This policy applies to each DJJ group home. Section D indicates Supporting documentation shall provide additional information regarding an incident. The following supporting documentation shall be required as part of the final incident report: 7. For the following incidents, refer to the corresponding policy for required documentation: b. Searches; and F. Designated staff shall reference the incident report in the progress notes, the shift report, and the shift log by the end of the shift.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy

and Procedures, policy number 325, Program Services, Searches, page 1, section 1, indicates consistently applied search and screening practices are essential to the order and security of the facility. Searches of youth, visitors of youth, and facilities shall be designed to prevent the introduction of contraband, provide for its disposition, and to protect youth and staff. Indiscriminate body searches of juveniles are prohibited in all residential facilities. Upon a juvenile's admission to a facility, returning from an unsupervised setting, or whenever there is reason to believe that the security of the facility may be endangered or that contraband may be present in or introduced into the facility, the search of a juvenile and their possessions shall occur.

The Department of Juvenile Justice General Directive, Youth Contraband Assessment, and Initial Health Screening Procedure. Dated April 2, 2012, requires the contraband assessment shall consist of a pat down frisk and hand-held metal detector scan and shall be conducted in the view of camera system at DJJ facilities that have camera systems. B. The staff person conducting the pat down frisk and the hand-held metal detector scan shall be the same gender as the youth. The second staff person shall observe the process to verify that the correct procedure is followed. The second staff person does not have to be the same gender as the youth.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 910, Program Services, Facility Security Management Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures, 910, Facility Security Management states in page 2, section N, requires each DJJ facility shall post the name of the facility staff that is on duty in a conspicuous location, so that residents are aware of staff that are not the same gender working in a housing unit. Staff of the opposite gender shall announce their presence when entering a resident housing unit, or any area where residents are likely to be showering, performing bodily functions, or changing clothing. A memorandum of clarification by the facility Superintendent/PREA Coordinator stated that during the current review period there have been no circumstances that required deviation from the policy on cross gender viewing or searches. If a situation changes, AGH follows agency policy and procedures that allows residents to shower, perform bodily functions, showers, and change clothing without staff of the opposite gender observing.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 912, Sexual Orientation and Gender Identity and the Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures, 912, Sexual Orientation and Gender Identity, section O. requires DJJ staff shall not search or physically examine a transgender or intersex juvenile resident for the sole purpose of determining the resident's genital status. Only qualified medical staff may conduct medical exams or searches that involve the removal of clothing revealing breasts, buttocks, or genitalia, except in exigent circumstances as necessitated by safety concerns. P. DJJ staff shall be trained on how to conduct cross-gender pat down searches, and searches of transgender and intersex juveniles, in a professional and respectful manner, and in the least intrusive

manner possible that is consistent with security needs. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures 912, Sexual Orientation and Gender Identity complies with agency policy 912.

A review of the agency and facility's search training curriculum and acknowledgement of Phase 10 PREA staff training forms, and Ashland Group Home Staff Meeting Minutes 2022-2023 confirmed that training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents are conducted in a respectful and professional manner and that cross-gender strip or cross-gender visual body cavity searches of residents are prohibited. Staff were able to describe what an exigent circumstance would be seeking authorization to conduct such a search. The Ashland Group Home staff meeting minutes 2023 documented refresher training of all facility staff. All seven residents interviewed stated that they had never been searched by a staff member of the opposite sex gender nor had they ever seen a staff conduct a cross gender pat down search. The residents described how staff conducting pat down and wand searches which was in a respectful and professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents.

All twelve random staff interviewed indicated that they announce themselves before entering a youth's room area. In fact, all gender staff announce their presence before entering the resident bedrooms and bathroom areas. Documentation of opposite gender announcements are logged and documented on the designated form. During the tour it was observed all staff both male and female staff announce their presence when entering the male living area. Facility staff and resident interviews confirmed all residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. During the facility tour, the auditor observed the resident's bathroom which the showers provide privacy, through the use of a curtain. Bathroom doors are made of solid wood allowing privacy when residents are using the bathroom or taking a shower. Residents shower one at a time. When staff conduct security checks, they verify residents are dressed and when checking on residents who may be in the bathroom staff knock on the door to verify youth are safe and sound. Residents are required to be dressed when entering and exiting the bathroom.

While on-site, there were two transgender or intersex residents housed at the facility. The two resident interviews matches policy were to receive a transgender or intersex resident, the agency/facility staff will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, the facility will determine 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. The two transgender residents in the population and when a pat down search is required, the option of having a same gender staff of preference there were male and female staff at the facility that could perform the search. The two transgender residents search preference was male staff and explained searches are conducted in a professional and respectful manner by all staff.

Seven residents interviewed stated that they had never been searched by a staff member of the opposite sex gender nor had they ever seen a staff conduct a cross gender pat down search. The residents described how staff conducting pat down and wand searches which was in a respectful and professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. Seven residents interviewed indicated they hear opposite gender staff announce themselves before entering a resident's sleeping room area. The residents knew the program expectations and procedures with searches, changing clothes, showering, and performing bodily functions.

Twelve random staff interviewed indicated that opposite gender staff announce themselves before entering a resident's sleeping room area. In fact, opposite gender staff announces their presence before entering the resident bedrooms and bathroom areas. Female medical and mental health, and support staff (non-security staff) interviewed indicated they make the opposite gender announcement when entering the living units.

During the tour there was one female staff on shift to announce their presence when entering the male living area. When female staff work at the facility, female staff are trained to announce their presence when near resident rooms and bathrooms. Facility staff and resident interviews confirmed all residents can shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing them. The auditor observed that showers and toilets provide for privacy, PREA approved shower curtains. The shower times and bathroom breaks are conducted in an orderly fashion, youth in groups of three youth. Each resident showers in an individual bathroom with a solid wood door and have a curtain for privacy. Male staff directly conducts showers and position themselves where they can observe the shower facilities but do not directly view anyone in the showers.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- In the past 12 months, the number of cross-gender strip or cross gender visual body cavity searches of Residents reported was zero.
- In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff reported was zero.
- The number of pat-down searches of female Residents that were conducted by male staff reported was zero.
- The number of pat-down searches of female Residents conducted by male staff that did not involve exigent circumstances reported was zero.
- In the past 12 months, the number of transgender or intersex residents search or physically examine for the sole purposes of determining the resident's genital status was zero.

Interview Results:

	<ul style="list-style-type: none"> • Twelve random staff interviewed are trained to announce their presence and to hear staff of the opposite gender announce their presence when entering a living unit. • Seven residents reported when opposite gender staff were employed at the facility of the opposite gender announcement was made when entering the bedroom area. Residents further stated that they and other residents are never naked in full view of staff, when using the toilet, showering, or changing clothing. • Seven residents interviewed have undergone a pat and wand search conducted by same gender staff and conducted in a professional and respectful less intrusive manner. All residents reported they have not undergone a visual body search. • The two transgender residents in the population and when a pat down search is required, the option of having a same gender staff of preference there were male and female staff at the facility that could perform the search. The two transgender residents search preference was male staff and explained searches are conducted in a professional and respectful manner by all staff. • Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.
--	---

115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act, Resident Education, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.1, Admission Screening for Physical and Behavioral Health Challenges, dated October 5, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 400.1, Health and Safety Services, Health Services, dated October 5, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, Program Services, Intake and Orientation, dated April 5, 2019 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice

Policy and Procedures, policy number 205, Admissions, Youth Rights, Health and Safety Services, Health Services, dated April 5, 2019

- Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions, male and female version
- Kentucky Department of Juvenile Justice Resident Education presentation in English and Spanish versions, and male and female versions
- Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish versions, and male and female versions
- Language Translation Services Associates to access a qualified interpreter
- Office of Procurement Services Master Agreement with Language Services Associates for telephone interpretation services
- Interpreter Services Monthly Log Sheets
- Kentucky Department of Juvenile Justice, Ashland Group Home Orientation Handbook
- Resident Acknowledgment of Phase 3 and 10 PREA Training Sheets samples dated 2022
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of Clarification from Superintendent dated 7/25/23 regarding instance of using interpreting services

Interviews:

- Agency Head Designee
- Facility Superintendent
- Facility PREA Coordinator
- Intake Staff
- Random Staff
- Random Residents
- Resident who had a cognitive disability

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, Program Services, Intake and Orientation, section 1, policy, requires at admission and during the orientation process youth shall undergo the following: 1. A screening for medical, mental health, and dental issues designed to protect the health of the youth and other juveniles in the population and prevent the introduction of disease; 2. A trauma screener; 3. A screening for human trafficking; 4. A PREA vulnerability assessment; and 5. An orientation to the program's procedures, rules, programs, and services in language that the youth understands. Residential programs shall not discriminate on the basis of race, color, sex, disability, age, national origin, religion, sexual orientation, gender identity, genetic information, political affiliation, or veteran status. The Kentucky Department of Juvenile Justice Resident Education presentation in English and Spanish versions, and male and female versions is distributed during the intake and orientation phase. Located in all five resident social files were the Resident Acknowledgment of Phase 3 and Phase 10 PREA Training forms acknowledging each

resident received and understood the training protocols.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act, Resident Education, section B. states juveniles in the custody, care, or supervision of DJJ shall receive verbal and written instruction regarding PREA during the following times: 1. Initial contact with the juvenile services worker (JSW); 2. Initial facility intake at a detention center, youth development center (YDC), and group home; 3. Initial meeting with a youth counselor; 4. Monthly treatment team meetings; and 5. Upon request for PREA information by a juvenile. In the same policy, section J. requires DJJ's PREA policy shall be made available in an accessible format to juveniles with disabilities, juveniles who speak limited English, or in the juvenile's native language if the juvenile does not understand English. DJJ staff shall not use juveniles as interpreters, readers, or for any other types of resident assistance for translation except in exigent circumstances.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.1, Admission Screening for Physical and Behavioral Health Challenges, dated October 5, 2018B. Juveniles identified with disabilities who can be safely maintained in the facility, shall be provided the following services: 1. Housing that provides for their safety and security; 2. Rooms or housing units designed for their use that provide for integration with other juveniles; 3. Programs and services that are modified and/or specifically accessible to them; and, 4. Education, equipment, facilities, and the support necessary to perform self-care and personal hygiene in a reasonably private environment.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act, DJS Staff PREA Education and Training, Phase 3 Juvenile Education notes on the dynamics of sexual abuse and harassment in a confinement setting, informs staff that particular vulnerable juveniles susceptible to sexual abuse and harassment may have mental, physical, or cognitive disabilities, and limited English proficient. The agency provided a copy of a multi-year agreement between the Kentucky Department of Juvenile Justice and Language Services Associates for telephone interpretation services Interpreter/Translator Services for Ashland Group Home. The contract provides for interpretive services for residents who may speak up to twenty different languages. Services shall be performed by professional and experienced interpreters that possess demonstrated proficiency levels that range from the ability to speak the language with sufficient structural accuracy and vocabulary, to effective participation in most formal and informal conversations on practical, social, and professional topics. The maximum proficiency level will demonstrate that of a highly articulate well- educated native speaker which reflects the cultural standards of the country where the language is natively spoken. The contract requires that these services are available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty- five (365) days a year. The Kentucky of Department of Juvenile Justice and Ashland Group Home offers access to Language Services Associates, a qualified interpreter service where an interpreter will be on the line and provide residents who are limited English proficient. In the event of an emergency and

interpretation is immediately needed, AGH utilizes “Kentucky Court Interpreter Roster” for interpreting services.

The agency and facility use a wide array of resources designed for residents in formats or through methods that ensure effective communication with juveniles with disabilities, including juveniles who have intellectual disabilities, limited reading skills, or who are blind or have low vision. There are postings throughout the facility in English and Spanish. The Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions, male and female version, and male and female versions and the Kentucky Department of Juvenile Justice, Ashland Group Home Orientation Handbook contain a wealth of information that provides appropriate explanations regarding PREA to residents based upon their individual needs.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident’s safety, the performance of first-response duties under 115.364, or the investigation of the resident’s allegations reported was zero (0).

Interview Results:

- Interviewed twelve random and Intake staff consistently stated that they would not allow, except in emergency situations, a resident to translate or interpret for another resident in making an allegation of sexual abuse.
- During an interview with one (1) resident who had a cognitive disability, the resident reported that they were provided materials in a format that ensured effective communication and that he understood all material presented. Furthermore, intake staff took the necessary time to fully explain all PREA related material. The remaining resident interviewed stated intake staff provided the PREA information in a format they understood and had an opportunity to ask questions.
- During the on-site visit, there were no residents who were limited English proficient, or who were blind, deaf, or hard of hearing. Interview with the Agency Designee, Superintendent/PREA Coordinator indicated that if a resident exhibits such a disability, arrangements will be made to provide the necessary and required assistance. When residents are in need of interpreting services, the facility documents using the Interpreter Services Monthly Log Sheet.
- The facility Superintendent, PREA Coordinator, and Intake Staff indicated that services are required and that they would make the necessary accommodations beginning at the intake and orientation phase and throughout the resident’s length of stay. They also acknowledged they would take the necessary time to fully explain all PREA related materials.

	<ul style="list-style-type: none"> Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.
--	---

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 902, Prison Rape Elimination Act, Personnel Procedures, dated March 9, 2018 Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 106.3, Administration, Background Checks, dated December 1, 2014 Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 106, Administration, Background Checks, dated December 1, 2014 Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act, Reporting and Investigating PREA Violations, dated March 9, 2018 KRS 61.878, Certain public records exempted from inspection except on order of court -- Restriction of state employees to inspect personnel files prohibited. KRS 61.872 Right to inspection -- Limitation. Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 134, Administration, Records Request, dated December 1, 2014 Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, dated December 1, 2014 PREA Requirements for DJJ Staff form Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) Ten staff human resources files/database review indicating Kentucky Cabinet for Health and Family Services Central Registry Check, Request for Records Check of wanted person, criminal history, domestic violence protection order, hiring applications, sex offender and driver's license including the five-year check Employees and contractor criminal background five-year check spreadsheet Memorandum of clarification from Superintendent regarding newly hired

staff within the past twelve months

Interviews:

- Agency Designee- PREA Compliance Officer
- Human Resources staff at Facility Level
- Facility Superintendent
- PREA Coordinator
- Administrative Investigator
- Volunteer and Contractor

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 902, Prison Rape Elimination Act, Personnel Procedures, requires the Department of Juvenile Justice (DJJ) conduct background checks for DJJ staff, applicants, volunteers, interns, and contractors and explicitly indicate the prohibitions for employment or service with DJJ in accordance with the Prison Rape Elimination Act of 2003 (PREA). In section 4, Procedures requires A. DJJ shall maintain and facilitate personnel procedures to ensure that current staff, newly hired staff, volunteers, interns, and contractors have cleared all background checks required by this policy before having contact with juveniles under the custody, care, or supervision of DJJ. B. DJJ shall conduct background checks on all DJJ staff, volunteers, interns, and contractors and any applicant that is being considered for employment with DJJ, including the following: 1. Criminal background or National Crime Information Center (NCIC) check; 2. Sexual offender registry check; and 3. Child abuse and neglect registry check. C. DJJ shall conduct background checks on all DJJ staff every five (5) years. If DJJ is made aware of a criminal offense that may have been committed by a staff or any pending charges brought against a staff, a background check shall be conducted immediately.

Section D requires DJJ staff volunteers, interns, and contractors shall be subject to random background checks during the tenure of their service. If DJJ is made aware of a criminal offense, pending charges, or child abuse or neglect investigation involving a staff member, volunteer, intern, or contractor, a background check shall be conducted immediately. Any staff, volunteer, intern, or contractor that refuses to cooperate and does not sign a release for the completion of a background check upon request, shall be suspended or subject to termination. E. A newly hired staff, volunteer, intern, or contractor shall not interact with or have access to juveniles in the custody, care, or supervision of DJJ without the supervision of a qualified DJJ staff, until the Personnel Branch has cleared the individual to work with juveniles.

In section F states DJJ shall not permit an employee, volunteer, intern, or contractor to work in a DJJ facility or office if the background check protocol yields ineligibility for employment or service with DJJ, pursuant to this section or Section H of this policy. G. DJJ shall not hire, promote, or transfer a person into DJJ as a staff or use a person as a volunteer, intern, or contractor who has: 1. Engaged in sexual abuse or sexual harassment in a prison, jail, community confinement facility, juvenile facility, or other institution; 2. Been convicted of engaging in or attempting to engage in

sexual activity by force, implied threats of force, coercion, or if the victim did not consent to or was unable to consent or refuse; 3. Been civilly or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if a victim did not consent or was unable to consent or refuse; or 4. Been identified as the perpetrator in a sexual harassment matter and was found to have committed sexual harassment in their employment history. In section H. requires an applicant, volunteer, intern, or contractor considered for employment or services, after October 1, 2013 shall be automatically disqualified as an applicant for hire or service if DJJ receives a background check for that respective individual that indicates a conviction for any of the following: 1. Any sex related offense under KRS Chapter 510; 2. Any violent offense referenced in KRS 439.3401; 3. Sexual exploitation of minors under KRS Chapter 531; 4. Any crime involving the same conduct as the criminal conduct in one (1) through three (3), but for which the conviction occurred in another jurisdiction.

Section I. requires all new hires and transfers into DJJ and all promotions within DJJ shall be subject to the background and reference check outlined within this policy. Any person with a confirmed sexual harassment finding shall submit documentation and additional information regarding the sexual harassment matter and the file shall be reviewed by the Commissioner or designee of the Commissioner, the Director of Administrative Services, an attorney from the Office of Legal Services, the Personnel Branch Manager, and the Agency PREA Coordinator to determine the best interest of the agency regarding the hiring or transfer of this person within DJJ. J. Employment reference checks shall be conducted for individuals that are considered new hires or individuals being transferred into DJJ. K. DJJ shall make a good faith effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or resignation during a pending investigation of an allegation of sexual abuse. L. If a background check indicates that a current DJJ staff has committed a PREA offense that prohibits employment pursuant to this policy, the Personnel Branch Manager, the Agency PREA Coordinator, and Commissioner or designee shall convene a case conference to determine the appropriate disposition for that staff. M. Material omissions or falsifying documentation regarding any type of sexual misconduct shall be grounds for dismissal. N. Staff shall be subject to disciplinary sanctions up to and including termination or dismissal for any violation of the PREA policies.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 106.3, Administration, Background Checks requires the department shall require that background checks be conducted for all Department of Juvenile Justice (DJJ) staff, applicants, volunteers, interns, and contractors having contact with DJJ youth. Section 4, Procedures requires, A. 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. B. During initial interviews, prospective employees, interns, and volunteers shall be informed of the background check procedure. C. 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. D. 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. E. 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. F. They shall make the final decision on all positive results from the background check.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 134, Administration, Records Request policy states, records shall be requested in writing according to established protocol in compliance with all applicable state and federal statutes. Designated department personnel shall respond to records requests promptly according to the procedures outlined in this policy. Section 4, Procedures states A. Open Records Requests: 1. The Kentucky Open Records Act (KRS 61.878-61-884) establishes a right of access to public records. All public agencies are required to make all non-exempt public records available to any requester. All non-exempt public records which are prepared, owned, used, possessed, or retained in the normal course of business, shall be made available for inspection, or copying. 2. Open Records Requests received from outside agencies or individuals shall contain: a. A written request; b. Name and address of the requester; and c. A description of the documents with reasonable particularity of the public records being requested. In section F. The Ombudsman shall collect and review all records responsive to the request from the appropriate record holder(s) and shall redact all exempt and confidential information contained within the responsive records pursuant to KRS 610.340(1)(a). 4. The custodian shall confer with the Office of Legal Counsel regarding the handling of any request. 5. Verbal requests for records will NOT be accepted.

Document KRS 61.878, Certain public records exempted from inspection except on order of court -- Restriction of state employees to inspect personnel files prohibited and KRS 61.872 Right to inspection - Limitation section (h) states Records of law enforcement agencies or agencies involved in administrative adjudication that were compiled in the process of detecting and investigating statutory or regulatory violations if the disclosure of the information would harm the agency by revealing the identity of informants not otherwise known or by premature release of information to be used in a prospective law enforcement action or administrative adjudication.

Unless exempted by other provisions of KRS 61.870 to 61.884, public records exempted under this provision shall be open after enforcement action is completed or a decision is made to take no action; however, records or information compiled and maintained by county attorneys or Commonwealth's attorneys pertaining to criminal investigations or criminal litigation shall be exempted from the provisions of KRS 61.870 to 61.884 and shall remain exempted after enforcement action, including litigation, is completed or a decision is made to take no action. The exemptions provided by this subsection shall not be used by the custodian of the

records to delay or impede the exercise of rights granted by KRS 61.870 to 61.884.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics requires the Department of Juvenile Justice (DJJ) shall expect from staff honesty, integrity, respect for the dignity and individuality of human beings, and a commitment to professional and compassionate service. The department shall require a drug-free workplace. Section H. states staff shall report any corrupt, unethical behavior, or policy violations which may affect either a youth or the integrity of the organization and any abuse or neglect as required by KRS 620.030.

In section P. If a staff is arrested for or charged with any offense, other than a minor traffic violation, they shall notify their immediate supervisor if available or the highest-level supervisor on duty. This report shall be made prior to their next scheduled shift. Staff shall not be relieved of the responsibility of providing notice or reporting to work as a result of being detained. 1. Staff shall furnish the supervisor with the name of the charging authority, the city or county where the charges are filed, and the next court date assigned to them. Q. If a staff becomes aware that they are the subject of an investigation of child abuse, neglect, or dependency, they shall notify their immediate supervisor if available or the highest-level supervisor on duty. This report shall be made prior to their next scheduled shift. R. If a licensed staff has their licensure or certification under investigation, suspended, or revoked, they shall notify their immediate supervisor if available or the highest-level supervisor on duty. This report shall be made prior to their next scheduled shift.

After interviewing the Human Resources/Accreditation Manager, the auditor randomly reviewed ten (10) current employees, contractors, and volunteers' names with various hiring dates. The review of files indicated all employees had criminal background check results and the PREA Questionnaire completed that captured subsection a-1. In addition, the agency provided documentation verifying criminal background checks completed at least every five years for current employees, contractors, and volunteers. The background checks were completed 2018-2021. The agency and facility have an extensive process in place for newly hired staff, current staff, volunteers, and contractors. Background checks include the Department Kentucky Cabinet for Health and Family Services Central Registry Check, Request for Records Check of wanted person, criminal history, domestic violence protection order, sex offender check, driver's license.

The facility Superintendent/PREA Coordinator verified that all staff, contractors, and volunteers completed the PREA Questionnaire Form noted in subsection A: 1-3 and B of the standard. The agency submitted to the auditor verification all the employee and contractors' checks were completed at the time of hire, promotion, and five-year record checks. Employees have a duty to disclose and report any criminal infractions.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- The number of staff currently employed at the facility who may have contact

	<p>with residents: 15.</p> <ul style="list-style-type: none"> • In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background checks: 3. • In the past 12 months, the number of persons promoted who may have contact with residents who have had criminal background checks: 5. • In the past 12 months, the number of contract for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with residents: 2. • The number of individual contractors who have contact with residents, currently authorized to enter the facility: 3. <p>Interview Results:</p> <ul style="list-style-type: none"> • The interview with the facility Superintendent and PREA Coordinator, facility Human Resources staff, and one (1) Investigator confirmed a hiring process that performs a criminal record background check on newly hired employees and contractors. The agency performs criminal record background checks on employees and contractors at least every five (5) years. Contractors who have contact with residents have a system in place for otherwise capturing such information for current employees. • Review of ten (10) employees, contractor, and volunteer human resources files were reviewed and all files had the required PREA related documentation. The human resources files of five employees that were promoted in the past twelve-month period had the required criminal background and child abuse registry checks in addition to completed PREA Questionnaire Forms. • The information was reviewed by this auditor and the facility is in full compliance of the standard.
--	--

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • KDJJ-Ashland Group Home Building Schematic and Video Surveillance System List and Diagram • Staffing Plan Meeting Notes dated 2023

Interviews:

- Agency Head Designee
- Facility Superintendent
- Facility PREA Coordinator

The review of the Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) indicates no substantial expansion or modification since the last PREA audit 2019. The Agency PREA Coordinator, facility Superintendent reported there have been no recent updates to the video monitoring system, electronic surveillance system, or other monitoring technology.

The Agency Head Designee, facility Superintendent advised when the agency and facility plan substantial expansion to facilities, the agency considers the effects of changes on its abilities to protect residents from sexual abuse. Furthermore, considerations are given to enhance resident protection from sexual abuse when making updates or installing monitoring technology and video monitoring systems. The facility Superintendent indicated there have been no acquisitions, expansions, modifications or design changes to the facility as well as no updates were necessary for our video surveillance system during this review period.

The facility has two camera systems; the older version consists of fifteen cameras that record video for one week. The newer camera system has much improved camera imaging and coverage with a retention period of thirty days. There are twenty-four cameras strategically placed throughout the facility to reduce blind spots. During the site and camera reviews, the camera located in the front section of the garage workshop area was in need of repair. The Superintendent provided documentation on service repair request and during the evidence review phase had the camera repaired and documentation was provided to the auditor. There was one camera placed on the rear of the garage workshop building that had limited coverage due to there being a small metal shed under the extended roof. The facility Superintendent requested the agency IT department to relocate the camera position to provide a clear line of sight. The camera was moved by IT and the matter was resolved.

Interview Results:

- Interviews with the Agency Designee, facility Superintendent, and PREA Coordinator indicated that there has been no building modification since their last audit in 2020.
- Based on the above listed information, the agency and facility meet the standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402, Health and Safety Services, Access to Treatment and Continuity of Care, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.6, Health and Safety Services, Emergency Medical Services, dated January 19, 2017
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act, DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures 908, Prison Rape Elimination Act, DJJ Response to a Report of a PREA Violation dated June 16, 2023
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 408.1, Health and Safety Services, Forensic Information, dated October 5, 2018
- Department of Juvenile Justice General Directive, Youth Contraband Assessment, and Initial Health Screening Procedure. Dated April 2, 2012
- Department of Juvenile Justice General Directive, number 10-02, Notification of significant medical costs dated May 24, 2010
- King's Daughter Medical Center Agreement dated 7/28/2018
- SAFE/SANE Hospital List for Group Homes
- Medical and Mental Health Staff Licenses
- Kentucky Association of Sexual Assault Programs (KASAP) Regional Map
- Kentucky Association of Sexual Assault Programs (KASAP) Regional Rape Crisis and Recovery Centers, Pathways Inc.
- RS 15.A.020 Organizations of Justice and Public Safety Cabinet
- 500 KAR 13:020 Office of Investigations
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of clarification from Superintendent identifying the SANE KDMC medical staff

Interviews:

- Agency Designee
- Facility Superintendent
- Facility PREA Coordinator

- Medical and Mental Health Staff
- Administrative Investigator
- Random Staff
- Random Residents
- ER Supervisor, King's Daughter Medical Center
- Pathway's Inc. Victim Advocate

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, and Kentucky Department of Juvenile Justice, section 4, A.9 requires the Department of Juvenile Justice (DJJ) provide services for the rehabilitation of committed youth through residential programs. These programs shall be designed to offer different levels of services and security as required in order to meet the needs of the youth and protect the public. Section A. Each YDC and group home shall provide or make arrangements for the provision of the following services: 9. Emergency medical and mental health services. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 300.1, Programs and Services, provides services for the rehabilitation of committed youth. Programs and services are designed to meet the needs of youth and protection of the public.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402, Health and Safety Services, Access to Treatment and Continuity of Care, section 1 and 4 A, requires all Department of Juvenile Justice (DJJ) programs shall promote delivery of medical, dental, and behavioral health services, when the health of a youth may otherwise be adversely affected, as determined by the responsible medical personnel. Medical and behavioral health screens shall be completed and shall not be considered treatment services. Emergency medical treatment shall be provided. No youth shall be denied the right to medical care or be disciplined for requesting medical care. Youth shall receive informed consent prior to invasive procedures or examinations. Youth shall have the right to refuse medical, dental, and behavioral health examinations and/or procedures. Youth shall have the right to file a formal grievance under provisions of DJJPP Chapter 3 and Chapter 7 (Grievance Procedure).

As stated in Section 4.A., Procedures, Access to Medical Treatment, 1. All youth shall be informed, both verbally and in writing in a language that is easily understood, within 24 hours of admission about how to gain access to medical, dental, and behavioral health services and the right to file a formal grievance. Documentation that the youth has received this information shall be kept in the Medical Record. No staff member shall impede the juvenile's requests for access to health care services. 2. If Non-English speaking or hearing-impaired youth are admitted, the necessary interpreter shall be utilized to explain the procedure. 3. Any medical service rendered shall be performed with consideration for the youth's dignity and feelings. Clinical encounters with youth shall be conducted in private, with a chaperone present when indicated, and in a manner to encourage subsequent use of health services. When risk to the safety of self or others is a potential, facility staff shall chaperone during the health encounter and every effort shall be made to provide

auditory and visual privacy. The health authority shall share information with the superintendent concerning a juveniles' medical management within the guidelines of confidentiality. 4. The names and addresses of all emergency care services to include dentist, doctors, and Emergency Medical Services (EMS), shall be posted conspicuously in each program. 5. DJJ facilities shall provide safe transportation and adequate supervision for youth to medical, dental, behavioral health and other health-related providers. All outside medical appointments for youth with chronic medical conditions shall receive top priority. Outside medical appointments for youth shall not be cancelled unless it is approved by the facility's medical staff. The Nurse Shift Program Supervisor (NSPS), contract facility nurse, or designee shall record missed appointments on the health services Monthly Report and include a brief explanation. 6. Documentation of care, as ordered by qualified personnel, shall be included in the Medical Record.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.6, Health and Safety Services, Emergency Medical Services, dated January 19, 2017, requires Youth Workers shall be trained to respond to a health-related situation within a four-minute response time. Access will be provided to emergency medical and dental care 24 hours a day. Section 4.A., Procedures, requires A. Each DJJ program shall make arrangements in advance for providing in-patient and emergency care for medical conditions. A memorandum of understanding shall exist between the program and one or more local hospitals, emergency and urgent care centers providing medical or dental care which cannot be provided at the program. A copy of each memorandum of understanding shall be forwarded to the Medical Director.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.8, Health and Safety Services, Hospital Care, dated October 5, 2018, requires each DJJ facility shall make arrangements in advance for providing both in-patient and out-patient hospital care for medical conditions. Section A-I requires DJJ programs shall have an agreement with each hospital or urgent care center it utilizes for in-patient and out-patient medical/ surgical services. The agreement shall state the medical facility shall accept facility youth. A copy of the agreement letter shall be maintained by the superintendent or designee. All staff shall be aware of the facilities to be utilized in a non-emergency situation. These agreements shall be reviewed as necessary by the responsible parties. The agreement is ongoing unless canceled by one or both parties with 30 days' notice. B. DJJ facilities shall develop procedures for the transfer of DJJ youth to a hospital or urgent care facility. The procedures shall include: 1. Transferring a summary of the Medical Record; 2. Transporting of youth; 3. The requirement of personnel to accompany youth to the medical facility; and 4. Receiving a summary of treatment. C. The Medical Director shall approve non-emergency hospital care or outpatient surgery. D. Staff shall accompany youth to the hospital and stay with them through admission. Upon admission, youth shall require around-the-clock supervision during their stay at the hospital. When warranted, a medical escort will accompany transporting staff. E. An incident report shall be completed any time a youth is taken to a hospital or emergency medical care facility for acute medical

care. The Superintendent or designee shall notify the DJJ Fiscal Branch Manager via email whenever a youth is admitted to a hospital for any reason. F. The facility Superintendent or designee shall maintain contact with the Fiscal Branch Manager when a youth is hospitalized and shall notify the Fiscal Branch of any anticipated major expenses as a result of treatment. The Fiscal Branch Manager shall be notified of any post-discharge medical treatment or follow-up care that could result in significant cost to DJJ which would not be covered by Medicaid. G. Parents or legal guardians shall be notified of hospitalization of a youth. H. A discharge summary from the medical facility shall be obtained prior to returning to a DJJ facility. The discharge summary shall be placed in the youth's medical record for. I. The facility Registered Nurse, the Nurse Administrator, or Director of Medical Services shall be contacted upon return of the youth from the hospital. Follow up care shall be coordinated with the primary care provider. If treatment is to be provided in the facility, the Superintendent or designee shall ensure the availability of adequate staffing, including health-trained staff, to provide continuity of care.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act, DJJ Response to a Report of a PREA Violation, section F. requires if sexual abuse or sexual assault has occurred, the location of the incident shall immediately be cleared of juveniles and staff. Staff shall erect barriers to rope off the area to ensure the area remains undisturbed until law enforcement arrives. 1. Staff and the juvenile shall not remove any items from the scene, including clothing, linens, and towels. Bodily fluids that are on the floor, furniture, or linens shall not be compromised. 2. If the abuse occurred within a time period that still allows for the collection of physical evidence, staff shall ensure that the alleged perpetrator does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, smoking, drinking, or eating. 3. If law enforcement chooses not to investigate, staff shall contact IIB for instructions regarding evidence collection and preservation. 4. Staff who directly receive the report or witness the sexual abuse or sexual assault shall complete an incident report. Any other staff who witnessed or have relevant information shall complete an addendum to the incident report.

Stated in number 5. The juvenile victim of the sexual abuse or sexual assault shall be separated until they can be interviewed by law enforcement or law enforcement confirms that the juvenile victim does not need to be interviewed. 6. The alleged perpetrator and any other juvenile or staff who witnessed or were involved in the incident shall be evaluated by medical staff and the Regional Psychologist, Treatment Director, or designee for any necessary treatment or counseling, immediately after the safety and security of the victim is ensured. 7. The Superintendent shall review, download, and preserve all videos in or around the area that could contain evidence of a Prison Rape Elimination Act of 2003 (PREA) violation. 8. For an allegation of juvenile-on-juvenile sexual abuse, sexual assault, sexual harassment, sexual contact, or any type of sexual misconduct, the Superintendent may submit an administrative transfer request (ATR) to the Division of Placement Services, to move the alleged perpetrator from the facility. Criminal investigations are referred to the Kentucky State Police and the facility relies on the

Kentucky State Police for evidence collection that maximizes potential for obtaining useable physical evidence. The Kentucky State Police uses an evidence protocol and utilizes the SAFE/SANE who adheres to the equivalent of national standards. The auditor was provided documentation from the agency and facility regarding the requirements of the standards related to local law enforcement and requesting they follow provisions (a)-(e) of this standard.

Section G. If the sexual abuse or sexual assault occurred less than seventy-two (72) hours prior to the report, the juvenile victim shall be transported to the closest emergency medical facility by DJJ staff, and the juvenile shall be examined by qualified medical staff. If transportation is not readily available, a 911 emergency operator shall be utilized. H. If the sexual abuse or sexual assault occurred more than seventy-two (72) hours prior to the report, sealing off the area may not be practical due to traffic, contamination, and use of the area. The Superintendent or Regional Director shall consult with IIB to determine what areas to close and what evidence to collect. I. If the sexual abuse or sexual assault occurred more than seventy-two (72) hours prior to the report, transportation to an emergency medical facility shall be at the discretion of the facility medical staff, in consultation with the Superintendent and the Division Director of Medical Services. J. After an allegation of any type of sexual misconduct has been made, the facility shall protect the reporting juvenile, facility staff, or any cooperating individual from retaliations by other juvenile or facility staff. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures, #908, Prison Rape Elimination Act, DJJ Response to a Report of a PREA Violation complies with agency policy 908.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 408.1, Health and Safety Services, Forensic Information, requires DJJ health care personnel be prohibited from participating in the collection of forensic information for use in court proceedings, except as required by state law. Ashland Group Home shall have a coordinated response system in place to address incidents of sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, and supervision of AGH.

The KRS 15A.160 authorizes the Secretary to promulgate administrative regulations for the proper administration of the Cabinet and its programs. This administrative regulation establishes the procedures for investigations by the Office of Investigations, Office of the Secretary. Forensic examiners and victim advocates can respond on a twenty-four (24) hours, seven (7) days a week basis. There are Sexual Assault Forensic Nurse Examiners (SAFE) that can conduct examinations through King's Daughter Medical Center. The ER Supervisor, from the medical center stated forensic medical examinations are offered without financial cost to the victim or victim's family and conducted in a professional and in a confidential manner. When King's Daughter Medical Center is notified of a sexual assault, they contact the local rape crisis center, Pathway's Inc. for a victim advocate to respond in person to the health system. According to the Victim Advocate at Pathway's Inc. victim advocates provide a wide range of victim centered services such as support services including hospital accompaniment during the forensic examination, in-

hospital investigatory interviews, emotion support referral, and determine aftercare services.

The Superintendent and PREA Coordinator explained Kentucky Association of Sexual Assault Programs (KASAP), victim advocates from Pathway's Inc. respond to King's Daughter Medical Center, the local SAFE/SANE hospital for the facility. If and when a rape crisis center is not available to provide victim advocate services, the facility can provide a qualified staff member from a community-based organization or a qualified agency staff member, there are staff employed by the facility that received education concerning sexual assault and forensic examination issues in general and can stand in as a qualified staff member. This staff member is designated as qualified agency/facility staff members. They have been screened for appropriateness to serve the role and have received education concerning sexual assault and forensic examination issues in general. According to the PREA Coordinator, the social service worker is the qualified staff member, additional regional level medical and mental health staff are available to respond and provide victim advocate services should the need arise.

According to a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of forensic medical exams conducted and performed by a SANES/SAFE examiner during the past 12 months reported was zero (0).
- The number of exams performed by a qualified medical practitioner during the past 12 months that occurred at the facility as reported was zero (0).

Interview Results:

- Interviewed staff, including the Agency Designee, Superintendent, and facility PREA Coordinator were familiar with the evidence protocol and roles they would play as first responders. The staff stated they would "make sure the resident victim was stable," preserve the evidence and, if the mental health staff are on site, call on the mental health staff to conduct an assessment. For victims of sexual assault, interviewed staff including medical nurse and mental health staff indicated that the facility offers all victims access to forensic medical examinations without financial cost. They also indicated that SANE/SAFE are provided by the local medical center, King's Daughter Medical Center.
- The victim advocate from Pathway's Inc. indicated victim advocate services will be available in a case of a sexual abuse at Ashland Group Home and provide their services to residents free and in a confidential manner. The victim advocate reported no history or need to provide a victim advocate with AGH.
- Twelve random staff interviews indicated knowledge with evidence protocol to preserve evidence until local law enforcement officers arrived at the facility.
- Seven residents interviewed were aware and knew if there were services

	<p>available outside of the facility for dealing with sexual abuse if they would ever need it. The auditor was impressed with their overall knowledge on this topic, and they receive the information upon admission and discuss this topic on many occasions throughout their placement at the facility.</p> <ul style="list-style-type: none"> • Facility records indicated there were two residents who disclosed during the risk screening during the past twelve months. While on-site, the auditor interviewed one resident who was designated to disclose prior abuse during the risk screening and indicated after his disclosure he was referred for a follow up services to medical and mental health staff. There were no residents who reported sexual abuse. • Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.
--	---

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-001, dated May 21, 2013 • Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-002, dated December 11, 2013 • Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-013, dated June 23, 2021 • Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Internal Investigations Branch Website • Kentucky Department of Juvenile Justice Website • IIB Investigative Report Case Number 069

- Memorandums of Clarification from Superintendent regarding the KSP contact, and any allegations over the past 12 months

Interviews:

- Agency Head Designee
- Investigative Staff
- Facility Superintendent
- Facility PREA Coordinator
- Specialized staff, Medical and Mental Health
- Random Staff

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, section A. requires all DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. 1. Investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any sexual misconduct shall be conducted and documented by IIB in accordance with 500 KAR 13:020. 3. The DJJ Ombudsman shall investigate cases of juvenile-on-juvenile sexual harassment. L. DJJ shall provide the general public with information regarding PREA audits, the Department's annual PREA report, PREA policies, and the Bureau of Justice Statistics annual survey report on the official DJJ website. M. DJJ shall provide a third-party reporting mechanism for the public on the DJJ website and through the IIB hotline.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, section F. requires if sexual abuse or sexual assault has occurred, the location of the incident shall immediately be cleared of juveniles and staff. Staff shall erect barriers to rope off the area to ensure the area remains undisturbed until law enforcement arrives. 4. Staff who directly receive the report or witness the sexual abuse or sexual assault shall complete an incident report. Any other staff who witnessed or have relevant information shall complete an addendum to the incident report. Section G. If the sexual abuse or sexual assault occurred less than seventy-two (72) hours prior to the report, the juvenile victim shall be transported to the closest emergency medical facility by DJJ staff, and the juvenile shall be examined by qualified medical staff. If transportation is not readily available, a 911 emergency operator shall be utilized.

For criminal investigations, they are referred to the Kentucky State Police and the facility relies on the Kentucky State Police for evidence collection that maximizes potential for obtaining useable physical evidence. The Kentucky State Police provides services on a twenty-four (24) basis and holds the responsibility for investigating sexual abuse by employing qualified staff screened for appropriateness to serve in that role and who have received training concerning sexual assault and forensic exam issues. If there are any sexual abuse allegations

referrals made by KDJJ for criminal investigations are documented when referred to KSP.

PREA allegations are referred to Justice and Public Safety Cabinet's Internal Investigations Branch where Administrative Investigators are assigned for investigations. The facility provided staff certificates of specialist training from all investigators completed the training requirements in 115.331 and .334. They further stated, investigators described that direct and circumstantial evidence gather in an investigation of an incident of sexual abuse consisted of collecting physical and DNA evidence, electronic monitoring data, interviews, and prior complaints and reports of sexual abuse. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal and administrative investigations is published on the agency website.

The review of the Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-001, dated May 21, 2013, 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. (PREA 115.371). 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.

The Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-013, dated June 23, 2021, establishes guidelines for IIB investigators for conducting investigations into allegations that meet the criteria under PREA. IIB has the responsibility for conducting administrative investigations into all allegations of sexual abuse involving youth in custody of the DJJ or sexual harassment of DJS youth by staff. If an allegation is criminal in nature, the allegations shall be referred to the appropriate law enforcement agency with jurisdiction over the location where the allegation is alleged to have occurred. If the criminal investigation is initiated, the administrative investigation shall cease until the criminal investigation is complete or the primary investigator in the criminal investigation reports proceeding with the administrative investigation would not have a negative impact on the criminal investigation. IIB investigators shall provide any assistance or information to the criminal investigator with the exception of that which would be prohibited by the Garrity v. NJ court decision.

Once an allegation is received that meets the criteria of sexual abuse of a youth by staff the allegation shall be assigned for investigation and the investigation be conducted and documented in accordance with SOP IIB-001. 1) 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. 2) The investigation shall

not be terminated solely because the source of the allegation recants the allegation. 3)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 youth or staff. 4) During the course of an investigation, an effort shall be made to determine whether staff actions or failures to act contributed to the abuse. 5) Investigators shall document in written reports a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. 6) During the interview of victims, at the requests 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.

The facility PREA Coordinator submitted a memorandum of clarification advising that during the current review period there was one (1) sexual abuse allegation. The IIB conducted the administrative investigation and KSP completed the criminal investigation. The outcome for the administrative investigation was unfounded and KSP criminal investigation resulted in no charges were brought against staff.

Per a review of the Pre-Audit Questionnaire, documentation, and confirmation by staff interviews the following has been recorded:

- The number of allegations of sexual abuse and sexual harassment received during the past 12 months were one (1).
- The number of allegations resulting in an administrative investigation during the past 12 months was one (1).
- The number of allegations referred for criminal investigation during the past 12 months was one (1).

Interview Results:

- Twelve random staff interviews reflected and confirmed their knowledge on the reporting process, referral process, and policy requirements; the staff was to report all allegations to their immediate supervisor and an internal and criminal investigation would occur.
- Specialized medical and mental health, and investigator knew the agency’s procedure that details when and by whom administrative and criminal investigations are conducted in response to an allegation of sexual abuse and sexual harassment.
- Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.331	Employee training
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 501, Professional Development, Staff Training and Development, dated June 23,2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 502, Professional Development, Pre-Service Training, dated June 23,2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 505, Professional Development, Training Requirements, Special Staff Groups, and Specialized Task Training, dated June 23,2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, dated March 9, 2018
- Justice and Public Safety Cabinet, DJJ, Acknowledgement of Phase 1 and Phase 10 PREA Training
- Training Curriculum: PREA Phase Trainings Phases 1-10 Staff training sign off, current employees and newly hired staff
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Kentucky Statue 620.020, definitions for chapter
- Kentucky Statue 630.030, duty to report, mandatory reporting laws
- Kentucky Statue 620.040, duties of prosecutor, police, and cabinet-prohibitions as to school personnel and multidisciplinary teams.
- Kentucky Statue 620.050, immunity for good faith actions or reports
- Kentucky Statue 510.020, lack of consent
- Employee list by employment date and job classification dated 2023
- March 2023 Staff Meeting and Annual PREA Training with Sign off sheets
- Memorandum of clarification from Superintendent dated 7/26/23 regarding annual training

Interviews:

- Agency Designee
- Facility Superintendent
- PREA Coordinator
- Random and Specialized Staff

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 501, Professional Development, Staff Training and Development, policy section, requires the Department of Juvenile Justice (DJJ) shall provide training and professional development for department staff. Sections A: 1-3 states, A. The Division of Professional Development (DPD) shall administer or provide oversight for any DJJ training activity including: 1. Pre-Service assessment

and training coordination for DJJ staff; 2. The Youth Worker Training Academy (Academy); 3. In-service training events.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 502, Professional Development, Pre-Service Training, policy section requires staff hired or promoted shall be required to complete pre-service training as indicated by job classification, previous job experience, training, or education. Section C. The Training Branch shall develop or coordinate the development of a Pre-Service Training Plan for a new DJJ staff in specified job classifications within the first thirty (30) days of employment. 2. Special Group Requirements: a. All newly hired Youth Workers shall be required to attend the Training Academy. b. Youth Worker Supervisor (YWS), Youth Services Program Supervisor (YSPS), and Juvenile Facility Superintendent (JFS) I, II, and III: The Division Director or designee shall conduct a review of the trainings completed for each staff hired or promoted into these specific job classifications to determine specific training needs and shall develop a Training Plan for that staff accordingly. The training plan may be comprised of some or all of the Academy, in-service trainings, Office of Diversity Equality and Training (ODET) courses, or other training. The staff's supervisor shall forward the Training Plan to the Training Branch Manager or designee, including all relevant information needed for completion of the plan. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 502, Pre-Service Training, revised June 16, 2023 complies with policy 502.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 505, Professional Development, Training Requirements, Special Staff Groups, and Specialized Task Training, policy section requires staff training requirements shall be determined by job classification. The staff that performs special duties or assigned tasks may be required to participate in specialized training, in addition to mandatory annual training. All revisions to these lesson plans shall be submitted by the facility or office to the assigned Training Branch Liaison for approval by the DPD prior to the training. C. Orientation and Pre-Service Training. 5. All staff hired in a DJJ facility shall be provided orientation training; x. Sexual Abuse Prevention and Response in Supervisory Settings/ Prison Rape Elimination Act of 2003 (PREA)(Annual). Academy shall contain at least five (5) weeks of instruction. e. The Training Branch shall ensure that Academy curriculum includes: xix. Sexual Abuse, Sexual Harassment, and Prison Rape Elimination Act of 2003 (PREA). 18. Student interns, volunteers, and contract staff shall complete an orientation prior to their assigned duties. The orientation shall include a review of DJJ Policy and Procedures that are applicable to the intern, volunteer, or contract staff responsibilities. All student interns, volunteers, and contract staff shall be trained on PREA. Additional training will be provided as needed. 19. Contracted educational staff shall complete trainings per Interagency Agreement and shall be trained at the same time as department staff. Training may be conducted by the local school district if reviewed and approved by the DJJ Program Services Division. Annual trainings shall include. PREA. 3. The Life Safety Course is a group of trainings designed to ensure that DJJ facility staff are

adequately trained and prepared to maintain the health and well-being of youth. b. Life Safety Course includes the following trainings and annual in-service review: vii. PREA. The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 505, Professional Development, Training Requirements, Special Staff Groups, and Specialized Task Training, dated June 23, 2018 complies with agency policy 505.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, policy section requires the Department of Juvenile Justice (DJJ) shall educate and train DJJ staff, volunteers, interns, and contractors on the Prison Rape Elimination Act of 2003 (PREA) juvenile standards. In Section A. DJJ staff, volunteers, interns, and contractors shall receive education and training regarding PREA and the juvenile standards. B. The Agency PREA Coordinator or designee shall ensure that important information is continuously and readily available to all staff regarding PREA. DJJ staff shall train all employees who have contact with juvenile residents on the eleven (11) different topics required by the PREA Standards. C. DJJ PREA training shall consist of the training phases as outlined in Table 1: Prison Rape Elimination Act of 2003 (PREA) Training Requirements.

As indicated in policy 911, DJJ staff shall train all employees who have contact with juvenile residents on the eleven (11) different topics required by the PREA Standards. C. DJJ PREA training shall consist of the training phases as outlined in Table 1: Prison Rape Elimination Act of 2003 (PREA) Training Requirements. On a yearly basis and depending on the need-- based on the outcomes and recommendations of sexual abuse allegations employees are required to attend a yearly PREA Refresher training and sign a training sheet indicating they received the training and understand the training they received. For 2021, all staff have received the required training. The facility uploaded the Training Curriculum: All PREA Phase Trainings for all employees, volunteers, interns, and contractors. The training curriculum material consists of agency policies and procedures, state statues, facility standard operating procedures, power point presentation on all topics required by the standard 115.331. Employees are also trained on cross gender supervision, cross gender pat down searches, so the additional training is tailored to both genders, as both male and female residents are committed to the facility. Employees are all trained on cross gender supervision, so additional training in the event employees are re-assigned are not necessary. The agency provided the auditor with training event attendance sheet conducted in 2023.

The facility PREA Coordinator advised that our facility conducts PREA training annually and reviews this information in staff meetings. New staff will also receive training during their orientation period. Twelve random staff interviewed were knowledgeable of the PREA guidelines on how staff and residents can privately report sexual abuse and harassment, and how to fulfil their role in preventing, detecting, and reporting sexual abuse and the topic of dynamics of sexual abuse and harassment within a confined setting. Specialized staff were interviewed and were knowledgeable of the PREA education requirements.

	<p>Per a review of the Pre-Audit Questionnaire, Supporting Documentation, and confirmation by staff interviews the following has been recorded:</p> <ul style="list-style-type: none"> In the past 12 months, the number of staff employed by the facility, who may have contact with residents, who were trained on the PREA requirements reported were 15. <p>Interview Results:</p> <ul style="list-style-type: none"> Twelve random staff, medical and mental health staff interviewed consistently stated that they receive PREA Training in a variety of ways. These include PREA Training as part of the training provided for newly hired during orientation. Additionally, they consistently indicated that they receive the training at the time of hire and as an annual refresher training. All twelve staff interviews revealed they were knowledgeable on the aspects of PREA with the training topics 1-11 outlined in the standard. Based on the above listed information the agency and facility meet the standard for the relevant review period.
--	--

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, dated March 9, 2018 Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 903, Prison Rape Elimination Act of 2003 (PREA), Prohibited Conduct of Staff, Interns, Volunteers, and Contractors, dated March 9, 2018 Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, dated March 9, 2018 Contractors DJJ Acknowledgement of Phases 1, 6 Training: Medical and Mental Health, Contractors Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Interviews:</p>

- Agency Designee
- Facility Superintendent
- PREA Coordinator
- Contractor and Volunteer who have contact with residents

A review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, number 911 Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, policy section requires the Department of Juvenile Justice (DJJ) shall educate and train DJJ staff, volunteers, interns, and contractors on the Prison Rape Elimination Act of 2003 (PREA) juvenile standards. Section A. DJJ staff, volunteers, interns, and contractors shall receive education and training regarding PREA and the juvenile standards. C. DJJ PREA training shall consist of the training phases as outlined in Table 1: Prison Rape Elimination Act of 2003 (PREA) Training Requirements. H. All DJJ staff, Executive Staff, and contractors who have daily contact with juveniles shall be required to complete Phase eight (8) annually. The agency provided the auditor with acknowledgements of Phase 1 and 6 training completion for all volunteers and contractors including medical and mental health staff.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 903, Prison Rape Elimination Act of 2003 (PREA), Prohibited Conduct of Staff, Interns, Volunteers, and Contractor, policy section requires the Department of Juvenile Justice (DJJ) staff, volunteers, interns, and contractors shall not facilitate or engage in an intimate, personal, or sexual relationship with a juvenile in the custody, care, or supervision of DJJ. DJJ staff, volunteers, interns, and contractors shall report all contacts or interactions prohibited by this policy to DJJ management. In Section A. DJJ staff, volunteers, interns, and contractors shall not engage in sexualized grooming or any sexualized interaction with a juvenile in the care, custody, or supervision of DJJ. B. DJJ staff, volunteers, interns, and contractors shall not exchange personal information or personal contact information, including phone numbers, email addresses, and residential addresses with a juvenile in the care, custody, or supervision of DJJ, except when conducting official business for DJJ and with the approval of the Superintendent or Director of Community and Mental Health Services.

In Section C. DJJ staff, volunteers, interns, and contractors shall not use any mode of communication to initiate or carry on a sexual or intimate relationship with a juvenile that is in the custody, care, or supervision of DJJ. 1. Except for staff, volunteers, interns, and contractors conducting official business for DJJ and with the approval of the Regional Director or Director of Community and Mental Health Services, DJJ staff, volunteers, interns, and contractors shall not initiate or accept contact on a social media or social networking site with a juvenile under the custody of DJJ or with a former DJJ juvenile unless that juvenile is over the age of twenty-one (21) years of age and has been released for more than one (1) year from DJJ custody. Staff shall document information obtained for business purposes in the running record or daily log. 2. DJJ staff, volunteers, interns, and contractors shall inform their direct supervisor, Superintendent, or Director of Community and Mental

Health Services of any inappropriate written or verbal communications received from a juvenile, outside the scope of regular business interaction. Each inappropriate written communication or verbal communication received from a juvenile, shall be documented in the juvenile's individual client record (ICR) for juveniles in a YDC, group home, day treatment, or community placement and an incident report shall be completed for juveniles in a detention center. The Superintendent or Director of Community and Mental Health Services shall forward this information to the Personnel Branch Manager or designee. 3. Staff shall not have an intimate, inappropriate, or romantic relationship with a juvenile or former juvenile that has been in the direct custody, care, or supervision of that staff or in a facility where the staff worked while the juvenile was in custody, for a minimum of ten (10) years after the juvenile has been officially released from DJJ.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, section A requires DJJ staff, volunteers, interns, and contractors shall not sexually abuse, sexually harass, have sexual contact with, or engage in any type of physical or verbal sexual misconduct, or grooming behavior, directed toward a juvenile in the custody, care, or supervision of DJJ, whether on or off duty. Consensual status shall not be a factor when determining whether a violation has occurred. 2. Contractors violating this policy shall be reported to the administrator of the contracted entity and denied access to all DJJ facilities, offices, programs, and juvenile residents. A contractor who violated PREA policies shall not be permitted to work in a DJJ facility or office. A report shall be referred to law enforcement and to the local prosecutor's office for criminal prosecution. 3. A volunteer violating this policy shall be denied access to DJJ facilities, offices, programs, and juvenile residents. A volunteer, who violates PREA policies, shall not be permitted to work in a DJJ facility or office. A report shall be referred to law enforcement and the local prosecutor's office for criminal prosecution. 4. An intern violating this policy shall be denied access to DJJ facilities, offices, programs, and juvenile residents. An intern, who violates PREA policies, shall not be permitted to work in a DJJ facility or office and the intern's college shall be notified of the separation from the internship. A report shall be referred to law enforcement and the local prosecutor's office for criminal prosecution.

Per a review of the Pre-Audit Questionnaire, Supporting Documentation, and confirmation by staff interviews the following has been recorded:

- In the past 12 months, the number of volunteers and contractors, who may have contact with residents, who were trained on the PREA requirements reported were five (5), three medical and mental health staff and two (2) volunteers. There are ten (10) teachers that have contact with resident and work on-site at the Ashland Day Treatment Center which is operated by KY DJJ.

Interview Results:

	<ul style="list-style-type: none"> • Interviews with two (2) volunteers and one (1) contractor, contracted nurse confirmed their knowledge of the required PREA training and the Agency’s zero tolerance of any form of sexual activity at the facility as well as their duty to report sexual abuse or sexual harassment. • Two (2) volunteers were interviewed and confirmed their knowledge with the agency reporting requirements a completed the required training. • Interviews with the facility Superintendent and PREA Coordinator confirmed that all volunteers, interns, and contractors receive the required training and provided documentation to verify such. • Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.
--	--

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures 907, Resident PREA Education dated June 16, 2023 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, Program Services, Intake and Orientation, dated April 5, 2019 • KDJJ Youth Acknowledgement of PREA Education and PREA Documentation 2022 and current population auditor interviewed while on-site • KDJJ Ashland Group Home Resident Progress Note • Kentucky Department of Juvenile Justice, Ashland Group Home Orientation, Detention and Residential Handbook • Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions, male version • Kentucky Department of Juvenile Justice Resident Education presentation in English and Spanish versions, male version • Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish versions, male version • Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • AGH Orientation Handbook • Sample of Resident Reception Summary and Youth Acknowledgement Forms,

Intake Progress Notes

- Vulnerability Mental Health Referral Example Form

Interviews:

- Agency PREA Coordinator
- Facility Superintendent
- Facility PREA Coordinator
- Intake Staff
- Random and specialized residents, cognitive disability

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, policy section requires the Department of Juvenile Justice (DJJ) shall provide education to all juveniles in the custody, care, or supervision of DJJ regarding the Prison Rape Elimination Act of 2003 (PREA). The education material shall include general information regarding the zero-tolerance policy prohibiting sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct directed toward a juvenile in the custody, care, or supervision of DJJ and shall provide instructions for reporting sexual misconduct of any type.

In Section A. requires DJJ staff shall be responsible for providing juveniles with age-appropriate information and documentation explaining: 1. The zero-tolerance policy regarding sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct; 2. How to report incidents or inappropriate behavior to the Internal Investigations Branch (IIB) hotline or staff; and 3. How to access Kentucky Association of Sexual Assault Programs (KASAP) services and what services are provided. B. Juveniles in the custody, care, or supervision of DJJ shall receive verbal and written instruction regarding PREA during the following times: 1. Initial contact with the juvenile services worker (JSW); 2. Initial facility intake at a detention center, youth development center (YDC), and group home; 3. Initial meeting with a youth counselor; 4. Monthly treatment team meetings; and 5. Upon request for PREA information by a juvenile.

In Section D. Within seventy-two (72) hours of intake into a DJJ facility, staff shall provide comprehensive age-appropriate education to residents either in person or through video on the following: 1. DJJ's zero tolerance PREA policy; 2. Sexual abuse, sexual harassment, victimization prevention, and intervention; 3. Self-protection information to prevent becoming a victim and how to avoid high-risk situations while placed in a facility; 4. Safely reporting an incident of sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct including the option to report the incident to a designated staff member or confidentially through the IIB hotline; 5. Obtaining medical assistance, counseling services, and treatment if victimized; 6. Details regarding services and programs available for a juvenile who has a history of sexually assaultive behavior or a juvenile who has been a victim of previous sexual abuse or sexual harassment; and 7. Potential disciplinary action,

including prosecution, for engaging in any type of abuse or sexual activity or for making false allegations. E. DJJ facility staff shall provide and read the following PREA education material to each juvenile within seventy-two (72) hours of intake: 1. Juvenile PREA brochure; and 2. Juvenile PREA Education Booklet.

Section F. Within seventy-two (72) hours of intake into a facility, DJJ staff shall obtain signed and dated PREA acknowledgement documentation, from the juvenile, stating that they have received comprehensive information on the right to be free from sexual abuse, sexual harassment, sexual contact, and any sexual misconduct, reporting instructions, and the right to be free from retaliation for reporting such incidents. The documentation shall be placed in the hard case file and the electronic record, if applicable of the juvenile. G. In YDC's and group homes, juveniles shall receive the comprehensive PREA education again during each sixty (60) day review. The verbal instruction shall be documented in the juvenile's individual client record (ICR). H. In a detention center, juveniles shall receive verbal instruction, during each group counseling session regarding DJJ's zero tolerance policy and reporting information. The verbal instruction shall be documented in the group counseling progress note in the booking system.

The facility provided resident education material facility administrators review with residents at intake explaining the agency's zero tolerance policy, how to report incidents or suspicions of sexual abuse and harassment, and how to access Kentucky Association of Sexual Assault Programs (KASAP) services and what services are provided to residents in cases of sexual abuse. At intake residents are given a copy of the Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions, male and female version, and the resident handbook. The brochure is written at a six-grade reading level and if necessary, based on any disabilities, the brochure will be read by staff to all juveniles in groups or individually. Residents also receive instruction and acknowledge receipt of the KDJJ Youth Acknowledgement of PREA Education and PREA Documentation form. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures 907, Resident PREA Education dated June 16, 2023 complies with agency policy 907.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, Program Services, Intake and Orientation, dated April 5, 2019 policy section requires at admission and during the orientation process youth shall undergo the following: 1. A screening for medical, mental health, and dental issues designed to protect the health of the youth and other juveniles in the population and prevent the introduction of disease; 2. A trauma screener; 3. A screening for human trafficking; 4. A PREA vulnerability assessment; and 5. An orientation to the program's procedures, rules, programs, and services in language that the youth understands. Residential programs shall not discriminate on the basis of race, color, sex, disability, age, national origin, religion, sexual orientation, gender identity, genetic information, political affiliation, or veteran status.

In section 4, Procedures, IV. A. Admission criteria for residential programs shall be as

set forth in DJJPP Chapter 2. I. Orientation shall be used to observe the youth's behavior and to identify needs. 1. Orientation shall include: a. Distributing written materials about the facility programs, rules and regulations, and tracks and shall not be impeded by isolation status. This shall occur within twenty-four (24) hours and receipt of the written materials shall be documented by a Resident Reception Summary and Youth Acknowledgment documentation signed and dated by the juvenile and staff; b. Discussing program goals, services, rules governing conduct, program rules, chargeable offenses, range of penalties, incentives for good behavior, and possible disciplinary actions. This shall occur within twenty-four (24) hours; c. Orientation may include informal classes; and d. A youth's Orientation Treatment Plan shall be written within seven (7) days of admission. The plan shall be in accordance with protocol approved by the program Treatment Director or Superintendent and shall be signed by the youth and the assigned youth counselor. 2. Each program shall provide foreign language interpretation of orientation materials for both youth and parent or caregiver when a language barrier exists; 3. Each program shall assist the youth in understanding material when a literacy, hearing, or visual impairment problem exists and shall provide interpretation if needed; and 4. Completion of orientation shall be documented by a signed and dated statement by the youth.

Within 10 days of intake, the facility shall provide comprehensive age-appropriate education to juveniles either in person or through video regarding their rights to be free from Sexual Abuse and Sexual Harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents. PREA education is accomplished using the following: 1. Kentucky Department of Juvenile Justice, Ashland Group Home Orientation Handbook; 2. Kentucky Department of Juvenile Justice Resident Education presentation in English and Spanish versions, and male and female versions. The facility maintains documentation of resident participation in PREA education sessions by having the resident complete the Acknowledgment form.

On-going resident education is provided, and resident comprehensive education is provided via video and in-person or in written formats. The facility maintains documentation of resident participation in PREA education sessions. The facility intake staff indicated materials are accessible to all persons confined in the facility who are Deaf or hard-of-hearing, blind or have low vision, cognitively or functionally disabled, limited English proficient (interpreting services available), non-English speaking, and/or have limited reading skills. Intake staff will ask if any disability applies, or a resident can ask upon request. The facility ensures that the key information about PREA is continuously and readily available or visible through posters, the resident handbook, and PREA Pamphlets. During the tour it was very evident key information about PREA is posted throughout the facility and readily available to residents.

The auditor reviewed nine (9) resident files on the agency database and observed resident education material and acknowledgement forms were accurately completed, intake documentation completed within a few hours of admission and the comprehensive age-appropriate educational material completed within day two

of resident's length of stay. The facility requires that residents who are transferred from one facility to another receive PREA education regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility procedures for responding to incidents. The facility requires that residents who are transferred from one facility to another receive PREA education regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility procedures for responding to incidents.

Seven resident interviews confirmed that the facility provides resident education in formats accessible to all residents, including those who are limited in English proficiency, deaf, visually impaired, disabled, as well as to residents who have limited reading skills. There was one resident identified as having a cognitive disability and he was interviewed by the auditor who indicated intake staff provided the necessary time to explain all program rules, expectations, and PREA resident education material. The resident explained he completely understood the material that staff presented during intake and throughout his stay at the facility. Twelve random staff and seven resident interviews reveal that the facility provides the PREA Education in English and Spanish, to include resident handbooks and posters.

During the site review the auditor observed posting and printed signage throughout the facility in the form of posters and pamphlets. Signage includes audit notices, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. The signage language was clear, easy to understand, and at an appropriate reading level. Signage was in two written formats, both English and Spanish. Signage was not obscured, unwritten able with graffiti, or missing due to damage or building renovation and located in accessible areas traveled by staff, residents, and members of the public. PREA information is continuously and readily available upon request and observed throughout the facility. The facility's process for securing interpretation services on-demand was tested by calling the 1-800 #, following the prompts on the information card, and speaking with the representative who confirmed interpreting services for residents at the facility. Services are provided via a language line. Residents do not have to self-identify with entering a pin number, provide name, or ID number to access interpretation services. Prior to a resident's admission date, the agency informs the facility of their arrival and informs facility administration of any resident needs such as interpreting services. The information for interpreting services is maintained in or near the staff office located on the first floor near the rear or main entrance.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of residents admitted during past 12 months who were given this information at intake and received age-appropriate education reported was eight (8).
- The number of residents admitted during past 12 months who received

comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake were eight (8).

Interview Results:

- The two Intake staff indicated that during orientation residents, to include transfers from other facilities, are educated on the zero-tolerance policy, their right to be free from sexual abuse, harassment, and retaliation, and multiple ways (both inside and outside reporting sources), to report any incidents or suspicion of sexual abuse or sexual harassment. This information is given during the intake process and is given on the date of admission and well within twenty-four (24) hours.
- Intake staff distributes the required paperwork and have residents sign and acknowledge a receipt informing residents on how to make reports of sexual abuse and sexual harassment along with the contact numbers to reach outside counseling services and to make reports outside of the agency.
- Seven residents interviewed stated that when they first came to this facility, they received information regarding facility rules against sexual abuse and harassment.
- All seven residents were interviewed using the following statement: “When you came to this facility, were you told about...” “Your right to not be sexually abused or sexually harassed, how to report sexual abuse or sexual harassment, your right not to be punished for reporting sexual abuse or sexual harassment” all residents interviewed residents answered yes.
- Based on the above listed information the agency and facility meet the standard for the relevant review period.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of

Special Incidents, dated December 1, 2014

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 133, Administration, Ombudsman, dated December 1, 2014
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Specialized Training National Institute of Corrections Certificates for Investigators

Interviews:

- Agency Designee
- Facility Superintendent
- Facility PREA Coordinator
- Administrative Investigator

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, policy section requires the Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to conduct administrative investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ. In section A. DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. 2. An investigator with IIB shall complete Prison Rape Elimination Act of 2003 (PREA) and sexual abuse investigations training prior to conducting investigations as required by 28 C.F.R. 115.334. Agency training records indicate the seven (7) IIB investigators completed the training requirements outlined in standard 115.331.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, section A. Special Incidents in Youth Development Centers, Group Homes, Detention Centers, and contracted placements. 1. The Justice and Public Safety Cabinet's Internal Investigation Branch (IIB) shall conduct investigations of all special incidents at all residential treatment and youth development centers, group homes, and detention centers operated by the Department of Juvenile Justice. 2. A toll-free number, or in Youth Development and Treatment Centers telephones programmed to dial direct to the IIB and maintained in good working order, shall be accessible to youth and staff for use in the reporting of special incidents. 3. It is the responsibility of all staff to immediately report special incidents to the Superintendent or designee. If more than one staff witnesses or become knowledgeable of the occurrence or alleged occurrence of a special incident, each holds individual responsibility for making report to the Superintendent.

Reports to the Superintendent are required whether staff observe the incident, are

verbally informed of the incident from youth or staff or it is reported some other way. Reporting is required regardless of whether staff think that the incident has already been reported or will be reported. 4. The Superintendent shall make immediate report to the IIB. The Superintendent may use either the 800-phone number or, in Youth Development and Treatment Centers, telephones programmed to dial directly to IIB. A voice mailbox system shall be available for reporting Special Incidents after normal work hours. 5. The IIB shall not investigate allegations that do not meet the definition of a Special Incident. IIB may refer allegations to the DJJ Ombudsman or Superintendent for investigation.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 133, Administration, Ombudsman, policy section requires the Office of the Ombudsman shall work to ensure fairness and equality in all services and programs provided by the Department of Juvenile Justice and to facilitate communications between the Department, its staff, its clients and their families, governmental bodies, and the general public. The Office of the Ombudsman shall receive and respond to inquiries and records requests and provide written and oral information to citizens, government agencies, and current or former youth and their attorneys. Section A. The duties of the Ombudsman assigned to conduct complaint investigations shall include: 7. Coordinate with the Internal Investigation Branch (IIB) to identify complaints received via the 800 hotline that need immediate attention.

The Agency Designee indicated administrative investigations are conducted by Internal Investigation Bureau and criminal investigations are conducted by the Kentucky State Police. DJJ does conduct resident-on-resident sexual harassment investigation through the Office of the Ombudsman in the IIB. The agency provided specialized training records for all Internal Investigation Branch investigators. In addition to receiving general training provided to all employees in 115.331, the agency provided staff verification of the specialized training included but not limited to: 1. Interviewing sexual abuse victims, 2. Proper use of Miranda warnings and the Garrity rule, 3. Sexual abuse evidence collection in confinement settings, 4. The criteria and evidence required to substantiate a case for administrative action or prosecutorial referral.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of investigators currently employed who have completed the required training were seven (7).

Interview Results:

- Interview with one (1) Administrative Investigator indicated that they qualified and knowledgeable of agency policy and the investigatory process. They also confirmed that they received the required training for Investigator.
- The Agency Head Designee, Investigator, and facility Superintendent

	<p>confirmed the duties and responsibilities for the facility and investigative staff have received all required training.</p> <ul style="list-style-type: none"> Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.
--	--

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018 Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 906, Reporting and Investigating PREA Violations, revised June 16, 2023 Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, dated March 9, 2018 Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 911, DJJ Staff PREA Education and Training, revised June 16, 2023 Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 408.1, Health and Safety Services, Forensic Information, dated October 5, 2018 Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.3, Health and Safety Services, Health Assessment and Physical Examination, dated October 5, 2018 Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) Medical and Mental Health Contractor DJJ Acknowledgement of Phase 6 Training: Medical and Mental Health Medical and Mental Health Staff/Contractor DJJ Acknowledgment of Phase 1 and 6 PREA Training Sheets <p>Interviews:</p> <ul style="list-style-type: none"> Medical Nurse Mental Health Staff

- PREA Coordinator
- SAFE/SANE Examiner

The initial review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, section B requires DJJ staff, volunteers, interns, and contractors shall be responsible for being alert to signs of situations in which sexual abuse, sexual harassment, sexual contact, or any sexual misconduct may occur. C. DJJ staff, volunteers, interns, and contractors who witness, suspect, or receive a report that a juvenile has been a victim of sexual abuse, sexual contact, or any sexual misconduct, while in a residential or detention facility, shall immediately report it to the IIB hotline, their direct supervisor, the Superintendent, and the Facility PREA Coordinator. The facility Superintendent shall be responsible for notification to the Facilities Regional Administrator (FRA), the Regional Director, Agency PREA Coordinator, the Deputy Commissioner, and the Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures 906, Reporting and Investigating PREA Violations follows the guidelines set forth in policy 906.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, policy section requires DJJ staff, volunteers, interns, and contractors shall receive education and training regarding PREA and the juvenile standards. B. The Agency PREA Coordinator or designee shall ensure that important information is continuously and readily available to all staff regarding PREA. DJJ staff shall train all employees who have contact with juvenile residents on the training elements #1-10 in standard 115.331 and Phase 6: Medical and Mental Health Staff, modules 1-4 training. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures 911, DJJ Staff PREA Education and Training follows the guidelines set forth in policy 911.

The agency provided staff verification of the specialized training from the three (3) staff completed the requires Phase 1 and 6 PREA training to include the specialized training for medical and mental health practitioners. The form, Medical Contractor DJJ Acknowledgement of Phase 1 and 6 Training: Medical and Mental Health were provided noting staff attendance, participation, and acknowledgment of understanding the presented materials. The facility PREA Coordinator submitted a memorandum of clarification listing the medical and mental health, staff and contracted staff that visit our facility which includes medical and mental health staff.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 408.1, Health and Safety Services, Forensic Information, requires DJJ health care personnel be prohibited from participating in the collection of forensic information for use in court proceedings, except as required by state law. The medical staff at Ashland Group Home do not conduct forensic examinations. Forensic exams are completed by King's Daughter

Regional Medical Center which provides twenty-four (24) hour crisis intervention services for victims of sexual assault. The SAFE/SANE Examiner verified that Sexual Assault Nurse Examiners (SAFE) have received extensive training that follows the Forensic Nurse Guidelines. The facility PREA Coordinator indicated the agency medical staff in DJJ facilities do not conduct forensic examinations. Forensic examinations will be conducted at a medical facility that has a SANE, SAFE, and/or qualified medical practitioners. The auditor interviewed one SAFE medical staff from the local SAFE hospital, King's Daughter Medical Center.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.3, Health and Safety Services, Health Assessment and Physical Examination, policy section requires a health assessment and physical examination shall be performed on each youth in accordance with a protocol approved by the Medical Director.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number and percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy were three (3) medical and mental health staff and completion percentage was 100%.

Interview Results:

- Interviews with the one Medical and one Mental Health staff confirmed their understanding of the requirement to complete all training including specialized training, verified completing the course and participating in all training phases required by agency policy.
- The medical and mental health staff reported that their PREA related training is more in depth, covering treatment plans, follow up services, and counseling. They were also trained on why a resident should not take a shower and the necessity to preserve evidence.
- Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, dated December 1, 2014
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 132, Administration, Privacy of Health Information, dated March 4, 2003
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 149, Administration, Information Systems, dated September 13, 2010
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, Program Services, Intake and Orientation, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 328, Program Services, Intake and Orientation, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Youth PREA Education Acknowledgement Form of random residents
- Vulnerability Mental Health Referral Forms- random samples
- Victimization and Sexual/Physical Aggression Screener samples of interviewed residents
- Resident Reception Summary and Youth Acknowledgement
- Training Video and Quick Guide to administering the Victimization and Sexual/Physical Aggression Screener
- Introduction Letter to begin using the Victimization and Sexual/Physical Aggression Screener
- Intake Progress Note

The review of Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, policy section requires the Department of Juvenile Justice (DJJ) shall conduct a vulnerability assessment on each juvenile that will be placed in a DJJ facility in order to determine the most appropriate housing and program needs for each juvenile. Section A. DJJ shall utilize vulnerability assessment documentation for each juvenile placed in a DJJ residential facility or a DJJ detention center that assesses the vulnerability of that juvenile for victimization, the juvenile's sexual aggressiveness, and the juvenile's propensity to be violent. The screening shall take place within seventy-two (72) hours of admission. The juvenile shall not be placed in a general residential area until the screening is completed. The vulnerability assessment shall be administered quarterly throughout the youth's length of stay at the facility. B. The following staff may complete the vulnerability assessment: 1. The Superintendent or certified

designee; 2. A counselor; 3. The Treatment Director; or 4. The Youth Service Program Supervisor (YSPS) or other staff in a group home. Section H. Each completed vulnerability assessment, with results, shall be placed in the hard case file of the juvenile.

In Section C. The initial vulnerability assessment results shall have a second level review and verification by another staff person. Each Superintendent shall designate another staff person different from the staff person indicated in Section IV. B. of this policy for the second level review of the assessment. D. The screening tool shall ascertain the following information: 1. Prior sexual victimization or abuse; 2. Gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, questioning or queer, or intersex (LGBTQI); 3. Current charges and offense history; 4. Age; 5. Level of emotional and cognitive development; 6. Physical size and stature; 7. Mental illness or developmental disabilities; 8. Intellectual development; 9. Physical disabilities; 10. Resident's perception of vulnerabilities; and 11. Information to indicate heightened need for supervision or safety precautions, or separation from certain residents.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, Program Services, Intake and Orientation, requires at admission and during the orientation process youth shall undergo the following: 1. A screening for medical, mental health, and dental issues designed to protect the health of the youth and other juveniles in the population and prevent the introduction of disease; 2. A trauma screener; 3. A screening for human trafficking; 4. A PREA vulnerability assessment; and 5. An orientation to the program's procedures, rules, programs, and services in language that the youth understands.

In section A. Admission criteria for residential programs shall be as set forth in DJJPP Chapter 2. B. The referring agent shall provide the program superintendent or designee appropriate information on each youth at the time of referral for admission into the program. The following information shall be included in the youth's Individual Client Record (ICR): 1. Identifying data: name, address, date of birth, sex, race, ethnicity, and origin; 2. Name of referring agency or committing authority and date of information gathered; 3. Reason for referral, legal status, and legal aspects of the case including jurisdiction, length, and conditions of placement; 4. Probation, commitment, or sentencing order; 5. Legal history and prior placements; 6. Social history; 7. Religious declaration; 8. Recreational preferences and needs assessment; 9. Education and school history, including vocational interests and experience; 10. Psychological evaluation, including intellectual assessment; 11. Special medical, dental, substance abuse, or mental health problems or needs; 12. Housing unit assignment which requires separate sleeping rooms for males and females; 13. Staff recommendations or concerns; and 14. Whom to notify in case of emergency.

Stated in section C. At the time of admission, medical, dental, and mental health screening shall be conducted in accordance with DJJPP Chapter 4 (Admission Screening for Physical and Behavioral Health Challenges). Staff shall be informed of any special needs of the youth, to include physical or mental health problems that

may require medical attention. D. Staff shall be trained in proper screening techniques. E. Staff shall provide the individual being screened with a verbal overview of the procedure intended to be used. F. General Screening Procedures 1. Staff shall be trained in screening techniques designed to protect persons involved and preserve evidence. 2. All facilities shall provide gloves and other needed equipment for searches that protect staff safety and ensure chain of custody for confiscated items.

Section G. Screenings 1. Initial Health Screening, a. Only health trained staff shall conduct the initial health screening. b., If possible, two (2) staff that are the same gender as the youth shall conduct the initial health screening, except when the screening is being performed by a nurse. One (1) staff shall facilitate the process and the second staff person shall observe the process to verify that the correct procedure is followed. c. Staff shall direct the youth to the designated private location, outside of the view of other staff and residents. d. Staff shall direct youth to remove all personal clothing and items and dress in facility supplied tank tops and boxer shorts. e. Staff shall instruct the youth to verbally indicate the location of any scars, bruises, birthmarks, tattoos, or any other marks known. h. Conditions of the skin including trauma markings, bruises, lesions, jaundice, rashes and infestations, recent tattoos and needle marks, or other indications of drug use shall be documented. f. Health trained staff shall review the body identification section of the Initial Health screening in accordance with DJJPP Chapter 4. 2. Ectoparasite Screening, Staff shall follow procedures in DJJPP Chapter 4 (Ectoparasite Control). If the delousing procedure is to be conducted: a. Staff conducting the ectoparasite screening shall be the same gender as the youth. When possible, two (2) staff shall conduct the screening, except when the screening is being performed by a nurse. One (1) staff shall facilitate the process and the second staff person shall observe the process to verify that the correct procedure is followed. b. Staff shall provide the youth with towel, washcloth, and state issued clothing to put on after the youth showers. 3. Human Trafficking Screening a. Human trafficking screening shall be conducted for every youth following completion of the Individual Treatment Plan (ITP) but no later than 30 days after admission. b. If the youth score a yes for any item on the screening tool or self-reports anytime thereafter, the staff conducting the screening or receiving the report shall: i. Immediately notify the Cabinet for Health and Family Services via the Child Protective Services hotline at 1-877-KYSAFE1 or the Kentucky Online Child/Adult Protective Services Reporting System at <https://prd.chfs.ky.gov/ReportAbuse/home.aspx>. In Section 3 ii. Email notification to the youth's attorney no later than the next business day; iii. If the youth is a resident of or has resided in another state or country within the last year, call the National Human Trafficking Hotline at 1-888-373-7888 and notify the DJJ Interstate Compact Office; iv. If the juvenile is a foreign national, contact the Catholic Charities of Louisville at 502-974-4947 to request assistance with an eligibility letter and coordinating support services; and v. Up-line to the next line supervisor and DJJ Office of Legal Services. c. A copy of the screening shall be maintained in the juvenile's ICR. d. If the youth is a victim of human trafficking and remains committed to the Department, the juvenile shall receive appropriate treatment services. 4. PREA vulnerability assessment shall be completed as set

forth in DJJPP Chapter 9 Prison Rape Elimination Act of 2003 (PREA). 5. Mental health screening shall be completed within twenty-four (24) hours of admission as set forth in DJJPP Chapter 4 (Mental Health Assessments).

Stated in Section H. Each program admission shall include the following: 1. Receiving ongoing treatment work for the youth, if applicable; 2. Receiving and verifying current prescribed medications for the youth; 3. Photographing the youth; 4. Conducting a search of the youth and their accompanying possessions; 5. Completing identifying data sections of the Wanted Absconder Notice and Cancellation form; 6. Inventorying of personal property and assigning a property number, if necessary. Items that are inappropriate for possession and clothes that are deemed inappropriate to wear shall be stored or returned to the parent or caregiver; 7. Assigning a specific staff member for treatment planning and counseling duties; 8. Documenting receipt of both verbal and written explanation of: a. Youth rights; b. Duties and responsibilities; c. The right to file a grievance, as well as the location of the grievance documentation; d. Information regarding the prevention of sexual abuse and sexual assault; e. The purpose of drug screens, the consequences of positive test results, and the consequences of failure or refusal to cooperate by providing a specimen; and f. Procedures concerning how outside investigative units may be contacted for the reporting of any act in which the health or welfare of a resident is perceived to have been harmed or threatened with harm; 9. Documenting receipt of both verbal and written notice that a youthful offender (YO) may be transferred to the Department of Corrections (DOC) by the sentencing circuit court if the youth has been aggressive, escaped, or caused serious disruption to the program; 10. Providing written orientation materials to the youth and parent or caregiver; 11. Providing showering and hair care, if necessary; 12. Issuing personal hygiene articles; 13. Issuing clean, laundered, and properly fitted clothing, as needed; 14. Assigning a housing unit and a brief tour of the unit; 15. Recording information to be used for mail, telephone contact, and visitation lists, as verified by the Juvenile Service Worker (JSW); and 16. Assisting youth in notifying their parent or caregiver of admission and procedures for mail and visiting. In Section I.

Orientation shall be used to observe the youth's behavior and to identify needs. 1. Orientation shall include: a. Distributing written materials about the facility programs, rules and regulations, and tracks and shall not be impeded by isolation status. This shall occur within twenty-four (24) hours and receipt of the written materials shall be documented by a Resident Reception Summary and Youth Acknowledgment documentation signed and dated by the juvenile and staff; b.

Discussing program goals, services, rules governing conduct, program rules, chargeable offenses, range of penalties, incentives for good behavior, and possible disciplinary actions. This shall occur within twenty-four (24) hours; c. Orientation may include informal classes; and d. A youth's Orientation Treatment Plan shall be written within seven (7) days of admission. The plan shall be in accordance with protocol approved by the program Treatment Director or Superintendent and shall be signed by the youth and the assigned youth counselor. 2. Each program shall provide foreign language interpretation of orientation materials for both youth and parent or caregiver when a language barrier exists; 3. Each program shall assist the

youth in understanding material when a literacy, hearing, or visual impairment problem exists and shall provide interpretation if needed; and 4. Completion of orientation shall be documented by a signed and dated statement by the youth. J. During orientation youth shall be enrolled in the education program, provided reading materials, be permitted to attend religious services, receive exercise on the same schedule as the general population, have contact with a parent or caregiver, and perform work assignments with their assigned group.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, sections F. Each staff shall maintain the integrity of private or confidential information. Staff shall not seek information beyond that needed to perform their job responsibilities. Staff shall not reveal information to anyone not having professional use for such. All staff, consultants, contract personnel, interns, and volunteers shall sign a Confidentiality/ Security Form as a condition of employment or service. G. Staff shall respect and protect the right of the public to be safeguarded from criminal activity. H. Staff shall report any corrupt, unethical behavior, or policy violations which may affect either a youth or the integrity of the organization and any abuse or neglect as required by KRS 620.030.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 132, Administration, Privacy of Health Information, policy section requires the Department of Juvenile Justice to protect the privacy of individually identifiable health information in compliance with federal and state laws governing the use and disclosure of protected health information (PHI) pursuant to the requirements of the HIPAA privacy rule (45 CFR 164.500 et seq.). Parental access to a minor's PHI shall be in accordance with state law.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 149, Administration, Information Systems, section A. Overall authority and responsibility for information systems in DJJ shall be assigned to the Division of Administrative Services, Information Systems (IS) Branch. B. Information systems shall include youth record management programs and any other application that is designed to maintain information on Department functions. The design and format of the information system shall be the sole responsibility of the IS Branch and shall be based on current technology, overall usability, and best practices for similar types of systems. D. Data security shall be imposed by the system to only allow access to appropriate DJJ staff with a legitimate need for the information. DJJ information shall be protected by appropriate security measures as determined by the IS Branch. Data shall be backed up and stored according to procedures developed by the IS Branch according to best practices in data collection and retention. F. Youth records maintained in the data system shall be maintained according to the DJJ Records Retention Schedule.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 328, Program Services, Intake and Orientation, policy section requires the Department of Juvenile Justice (DJJ) staff shall maintain appropriate, accurate documentation within an individual client record (ICR)

established for each youth. ICR management shall include the establishment, use and content of youth records, right to privacy, secure placement of records, and a schedule for retiring and destroying inactive records. Section A. All juvenile records shall be clearly marked "Confidential". B. Every effort shall be made to ensure that information entered in the electronic file is not duplicated in the hard case file. C. An ICR shall be maintained for each juvenile according to the following outline.

Information in each section shall be filed in chronological order, except where otherwise noted. Any information

In Section D. All youth records shall be kept in locked file cabinets which are marked "Confidential". When staff remove youth records from the file room it shall be documented on the sign-in and sign-out sheet. E. When youth records are in staff offices, they shall be either under the direct control of the assigned staff or placed out of sight of youth or public who may be in the office. F. ICR's shall be secured under lock at the end of each working day. Section K. Electronic Running Record 1. Individual, family, and group counseling sessions shall be documented in the electronic running record. 2. Contact with the family or others shall be documented in the electronic running record as deemed necessary by the Treatment Director or Superintendent. 3. The format and content of the electronic running record shall be determined by the Chief of Mental Health Services. 4. The printing or release of the electronic running record shall be consistent with DJJ policy. 5. Each entry, into the electronic running record, shall be completed within seven (7) days of the contact. 6. Entries shall be in chronological order by date of service. 7. Entries shall include: a. Name of the recorder, title, and facility or program; and b. Factual information and a professional assessment. The personal opinion or feelings of the youth counselor or treatment staff involved in the treatment or supervision of the youth shall not be documented in the electronic record.

The Intake staff, either the facility Superintendent, PREA Coordinator, Social Services Worker/Clinician conduct an interview at intake to ascertain information about a juvenile's personal history and behavior to reduce the risk of Sexual Abuse by or upon a juvenile. The agency and facility use Victimization and Sexual/Physical Aggression Screener instrument. At a minimum, Ashland Group Home is required to attempt to ascertain information about: prior Sexual victimization or abusiveness; any gender nonconforming appearance or mannerisms, or self- identification as lesbian, gay, bisexual, transgender, or intersex, and whether the juvenile may, therefore, be vulnerable to sexual abuse; current charges and offense history; age; level of emotional and cognitive development; physical size and stature; mental illness or mental disabilities; intellectual or developmental disabilities; physical disabilities; the juvenile's own perception of vulnerability; and; any other specific information about individual juveniles that may indicate a heightened need for supervision, additional safety precautions, or separation from certain other juveniles. Information is ascertained through conversations with the resident during the intake process and medical health screening and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's file.

Nine resident file reviews verified the facility administration meets with the resident

within 24 hours of admission, exceeding the standard within 72 hours and show re-assessments taking place on a quarterly basis. Also, at intake, administrative (intake) staff review in detail the resident reception summary and youth acknowledgement form. The agency policy and facility practice require that the resident's risk level be reassessed periodically throughout the resident confinement. Risk reassessments are documented using the Victimization and Sexual/Physical Aggression Screener instrument. Also, at a resident's reception, intake staff review in detail the resident reception summary and youth acknowledgement form and note the details on every resident DJJ Ashland Group Home Progress Note form. The reviewed documents contained all information required by the standards. Copies of youth assessments and reassessments were also provided and reviewed. The facility's policies limit staff access to this information on a "need to know basis."

KDJJ ensures that appropriate controls on the dissemination of information obtained through the classification process are in place and that the information is handled with the highest level of confidentiality and is not exploited to the resident's detriment by staff or other residents. During the site review, there were no newly admitted residents to the facility during the two days while on-site. Since there were no residents screened during the onsite portion of the audit, the auditor asked the two intake staff to walk through the process and did a mock intake for demonstration purposes. The auditor interviewed two staff that performs screening for risk of victimization and abusiveness, one social services worker and social services clinician. The two screening staff interviewed were knowledgeable with the facility's screening process. Both screening staff have been employed at the facility for over two years. The two intake and screening staff could articulate the rationale with obtaining certain information about any gender nonconforming appearance or manner of identification as lesbian, gay, bi-sexual, transgender, and intersex, and whether the resident may therefore be vulnerable to sexual abuse.

The screening process occurred in a setting that ensures as much privacy as possible given the potentially sensitive information that could be discussed. When on-site at AGH, the auditor observed the physical storage area of information collected and maintained in hard copy pursuant to the PREA Standards. Information such as risk screening information, medical and mental health records and determined the area as secured in a locked file cabinet and the respected staff office. Electronic safeguards of information collected and maintained on electronic databases were observed while interviewing the intake and screening staff.

Interviews:

- Agency Designee
- Facility Superintendent/PREA Coordinator
- Staff that performs Screening for Risk of Victimization and Abusiveness
- Intake Staff
- Random Staff
- Random and Targeted Residents

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility were eight (8).

Interview Results:

- With regards to youth screening questions (115.341 and 342), seven residents interviewed were asked “when first coming to the facility, do you remember being asked questions like whether you have ever been sexually abused, whether you identify with being gay, bisexual, or transgender, whether you have any disabilities, and whether you think you might be in danger of sexual abuse. Seven interviewed residents remembered being asked the questions at Intake. The auditor asked if staff ever asked the screening questions again, four out of seven could not remember being asked the questions on multiple occasions, therefore, the auditor obtained screening assessments and reassessments of resident interviewed and records reflected all residents received the initial and applicable reassessments and were asked by the screening questions.
- The auditor interviewed two Intake and Screening Staff and asked if staff could walk him through the intake process. The two Intake staff detailed the intake process by explaining the process when a resident is admitted to the facility. Intake staff provided documentation such as the resident handbook, orientation/ assessment, resident education Acknowledgment of Understanding forms, consent to disclose abuse, resident rights, mental health referrals. The Intake and Screening staff further stated that all residents who enter the facility receive the information and are made aware of their rights within 24 hours of admission. Record sample indicated intake requirements were met within the twenty- four-hour time frame.
- On the two on-site days, the facility did not have any scheduled intakes therefore the auditor asked intake staff to walk through the process and do a mock intake for demonstration purposes. The two intake and screening staff were consistent with the process by reviewing all required information with residents. nine resident file records were reviewed and indicated residents are screened within the required timeframes and were re-assessed for risk of vulnerability and aggressiveness based on reporting
- sexual abuse. There were two residents who disclosed prior sexual victimization during the screening and intake process and was referred to the appropriate medical and mental health for follow up services.
- Based on the above listed information the agency and facility meet the standard for the relevant review period.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, dated December 1, 2014 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 132, Administration, Privacy of Health Information, dated March 4, 2003 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 149, Administration, Information Systems, dated September 13, 2010 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, Program Services, Intake and Orientation, dated April 5, 2019 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 328, Program Services, Intake and Orientation, dated April 5, 2019 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318, Program Services, Behavior Management, dated April 5, 2019 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 323, Program Services, Isolation, dated April 5, 2019 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 912, PREA, Sexual Orientation and Gender Identity, dated March 9, 2018 • Memorandums of Clarification from Superintendent regarding isolation rooms for protective custody dated 7/18/23 • Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Victimization and Sexual/Physical Aggression Screener Forms and VSPA Counselor’s note regarding screening outcome and unit placement • KDJJ AGH Resident Room Assignments

- Memorandum of Clarification from Treatment Director regarding Screening Process and Housing/Programming Assignments dated 2023
- Memorandum of Clarification from PREA Coordinator noting LGBTI resident's placements and use of protective custody dated 3/17/23

Interviews:

- Agency Designee
- Facility Superintendent
- PREA Coordinator
- Staff who Supervise residents in Isolation
- Staff that performs Screening for Risk of Victimization and Abusiveness
- Mental Health Staff
- Intake Staff
- Medical Staff
- Random Residents
- Transgender/Intersex/Gay/Lesbian/Bisexual Residents
- Residents in Isolation

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, sections E. Information obtained from the screening shall be used in determining housing, bed, education, program, and work assignments in accordance with 28 C.F.R. 115.342. F. A juvenile shall not be given a housing assignment based solely on being identified as LGBTQI or sexually abused. LGBTQI residents shall not be isolated solely because of sexual orientation but may be housed in a single room if the vulnerability assessment result is determined to be high risk. A memorandum of clarification was provided by the facility Superintendent advising that Ashland Group Home had a youth who identified as gay during this review period. The examples of his intake documents, VSPA Screener and follow up quarterly VSPA do not fit in the timeline for this audit cycle, but this youth was a resident at our facility until November 2019 and was released before his next quarterly VSPA screener. The resident's file was provided to the auditor and verified compliance.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, sections B. If any facility staff learns that a juvenile is at substantial risk of imminent danger of sexual abuse or has received a report of sexual abuse, sexual harassment, or sexual contact, the staff shall take immediate action to protect the juvenile. C. Staff at each facility shall develop and implement a coordinated written plan that shall dictate the actions of first responders, medical and mental health staff, and contacts to be made, immediately following a report of sexual abuse, sexual harassment, sexual contact, or any sexual misconduct. D. If a facility staff becomes aware of a threat of sexual abuse, sexual contact, or any sexual misconduct, the staff shall take the following steps: 1. The

alleged perpetrator shall immediately be separated from the intended victim and other juveniles and shall be placed in an isolated area until safety measures are put in place to prevent the abuse. Staff shall make a report to the IIB hotline; and 2. If the alleged perpetrator is a staff, the staff shall be separated from direct contact and access to all juveniles.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318, Program Services, Behavior Management, sections G. Each treatment team shall develop an Individual Program Plan for youth with assaultive behavior, chronic program disruption, or who present a danger to themselves. 1. The Individual Program Plan shall be written in accordance with DJJ policy regarding youth rights and shall include the following: a. Specific timeframes and goals for completion; b. The reason the youth is being placed on the plan; and c. A detailed description of the behaviors and expectations that the youth will have to achieve. d. The Individual Program Plan shall be signed by the Treatment Director and forwarded to the Superintendent for approval prior to implementation. 2. The Superintendent or shift supervisor may order immediate separation of these individuals from the general population to allow for individualized attention. The Treatment Director shall be consulted immediately. 3. Separation from the general population beyond twenty-four (24) hours shall require approval by the Superintendent and the Treatment Director. The Chief of Mental Health Services and Regional Psychologist shall be consulted. 4. This action shall be reviewed by the treatment team within seventy-two (72) hours. 5. Youth shall be returned to their original status once the behavioral expectations of the plan are met.

Section H. A youth requiring protection from others shall be separated from the general population until alternative permanent housing is found within the facility or the youth is transferred to another facility. 1. The treatment team may develop a Special Management Plan (SMP) to assure the safety and continuous services and programming for the youth. 2. Separation from the general population beyond twenty-four (24) hours shall require approval by the Superintendent and Treatment Director. The Chief of Mental Health Services and Regional Psychologist shall be consulted. 3. This action shall be reviewed by the treatment team within seventy-two (72) hours.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 323, Program Services, Isolation, Section 4 A. states the following situations may constitute a threat to safety or security of the facility, staff, or youth and may result in an isolation placement: 2. Sexual Assault or attempted sexual assault; B. Authorization shall be obtained from the Superintendent, Administrative Duty Officer (ADO), Treatment Director, or shift supervisor prior to placing a youth into isolation. If prior authorization cannot be obtained without jeopardizing safety and security, authorization shall be obtained immediately following the safe securing of the youth. An isolation placement shall not exceed four (4) hours. B. Authorization shall be obtained from the Superintendent, Administrative Duty Officer (ADO), Treatment Director, or shift supervisor prior to placing a youth into isolation. If prior authorization cannot be

obtained without jeopardizing safety and security, authorization shall be obtained immediately following the safe securing of the youth. An isolation placement shall not exceed four (4) hours. D. An extension of an isolation placement beyond four (4) hours shall require the approval of the Superintendent, not to exceed twenty-four (24) hours. F. An extension of an isolation placement beyond twenty-four (24) hours and up to thirty-six (36) hours shall require the approval of the Facilities Regional Administrator (FRA). I. Upon placement of a youth in isolation, staff shall immediately develop and write a plan for the release of the youth from isolation.

Section E. The purpose for any extension beyond (4) hours shall be documented in the youth's Individual Client Record (ICR). F. An extension of an isolation placement beyond twenty-four (24) hours and up to thirty-six (36) hours shall require the approval of the Facilities Regional Administrator (FRA). G. An extension of an isolation placement beyond thirty-six (36) hours and up to a maximum time of (48) hours shall require the approval of the respective Division Director and the Chief of Mental Health Services. H. Special instances may occur where a youth who has caused injury to another youth or staff or extensive property damage and continues to make threats of harm to youth or staff or cause extensive property damage may require isolation for more than forty-eight (48) hours. The respective Division Director shall be the authority for extending isolation beyond forty-eight (48) hours. The Superintendent, the Assistant Superintendent, or Youth Service Program Supervisor (YSPS) shall contact the Division Director for approval of an extension.

The Division Director shall consult with the Chief of Mental Health Services about an extension past forty-eight (48) hours. I. Upon placement of a youth in isolation, staff shall immediately develop and write a plan for the release of the youth from isolation. 1. The plan for release shall: a. State the reason for the isolation placement; b. State the behavioral expectations required for the youth to obtain release from isolation placement; c. Be explained to the youth by staff; and d. Be signed by staff and youth to acknowledge receipt of the documents. Youth who refuses to sign shall have the information presented orally by a non-involved staff member and witnessed by a third party. 2. When the youth is under reasonable control and demonstrating behavior in accordance with the terms of the plan for release, the youth shall be removed from isolation. 3. At a minimum, the following shall be taken into consideration in order for the youth to be released from isolation placement: a. The youth has regained control of their behavior, b. The youth is acting in accordance with the terms of their plan for release, and c. The youth is no longer a threat to the security, safety, or orderly management of the facility. 4. Staff shall notify the ADO or Superintendent when the youth is released from isolation.

Section J. A professional review shall be conducted by the youth counselor, the Treatment Director, Superintendent, Assistant Superintendent, or the Superintendent (YSPS) for the purpose of counseling the youth. 1. The initial review shall be during the first four (4) hours the youth is in isolation and shall be conducted by staff not involved in the incident leading to the isolation placement. 2. Reviews shall take place every four (4) hours, or more frequently, to facilitate and assess the youth's progress in meeting the conditions of the plan for release. An isolation placement review shall be completed every twenty-four (24) hours by a

staff member not involved in the incident. 3. During sleeping hours, the time between reviews shall not exceed ten (10) hours. 4. Staff conducting the professional review shall: a. Evaluate whether the initial and continued placement is necessary to meet treatment needs or immediate and short-term security needs; b. Review the progress of the youth toward the goals of the plan for release; and c. Authorize the release of the youth from isolation placement when appropriate. 5. The professional review documentation shall include: a. The name and title of the person conducting the review; b. The date and time the review was conducted; c. A summary of the review; d. Recommendations of the review; and e. Justification for step-down, if necessary. 5. Isolation shall not be used for protective custody. When protective custody is required, youth shall be moved to a safe location within the facility or the Department. A memorandum of clarifications completed by the facility Superintendent advised that Ashland Group Home and DJJ Policy does not allow for use of Isolation as a means of protective custody. Therefore, AGH has not had a resident at "risk of sexual victimization" to be placed in isolation for protective services. If a resident is placed in Isolation for any reason, he is assessed by counselors, treatment directors, superintendents, or staff every 4 hours.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, Program Services, Intake and Orientation, requires at admission and during the orientation process youth shall undergo the following: 1. A screening for medical, mental health, and dental issues designed to protect the health of the youth and other juveniles in the population and prevent the introduction of disease; 2. A trauma screener; 3. A screening for human trafficking; 4. A PREA vulnerability assessment; and 5. An orientation to the program's procedures, rules, programs, and services in language that the youth understands.

Stated in Sections A. Admission criteria for residential programs shall be as set forth in DJJPP Chapter 2. B. The referring agent shall provide the program superintendent or designee appropriate information on each youth at the time of referral for admission into the program. The following information shall be included in the youth's Individual Client Record (ICR): 1. Identifying data: name, address, date of birth, sex, race, ethnicity, and origin; 2. Name of referring agency or committing authority and date of information gathered; 3. Reason for referral, legal status, and legal aspects of the case including jurisdiction, length, and conditions of placement; 4. Probation, commitment, or sentencing order; 5. Legal history and prior placements; 6. Social history; 7. Religious declaration; 8. Recreational preferences and needs assessment; 9. Education and school history, including vocational interests and experience; 10. Psychological evaluation, including intellectual assessment; 11. Special medical, dental, substance abuse, or mental health problems or needs; 12. Housing unit assignment which requires separate sleeping rooms for males and females; 13. Staff recommendations or concerns; and 14. Whom to notify in case of emergency.

In Section C. At the time of admission, medical, dental, and mental health screening shall be conducted in accordance with DJJPP Chapter 4 (Admission Screening for Physical and Behavioral Health Challenges). Staff shall be informed of any special

needs of the youth, to include physical or mental health problems that may require medical attention. D. Staff shall be trained in proper screening techniques. E. Staff shall provide the individual being screened with a verbal overview of the procedure intended to be used. F. General Screening Procedures 1. Staff shall be trained in screening techniques designed to protect persons involved and preserve evidence. 2. All facilities shall provide gloves and other needed equipment for searches that protect staff safety and ensure chain of custody for confiscated items.

In section G. Screenings 1. Initial Health Screening, a. Only health trained staff shall conduct the initial health screening. b. If possible, two (2) staff that are the same gender as the youth. all conduct the initial health screening, except when the screening is being performed by a nurse. One (1) staff shall facilitate the process and the second staff person shall observe the process to verify that the correct procedure is followed. c. Staff shall direct the youth to the designated private location, outside of the view of other staff and residents. d. Staff shall direct youth to remove all personal clothing and items and dress in facility supplied tank tops and boxer shorts. e. Staff shall instruct the youth to verbally indicate the location of any scars, bruises, birthmarks, tattoos, or any other marks known. h. Conditions of the skin including trauma markings, bruises, lesions, jaundice, rashes and infestations, recent tattoos and needle marks, or other indications of drug use shall be documented. f. Health trained staff shall review the body identification section of the Initial Health screening in accordance with DJJPP Chapter 4. 2. Ectoparasite Screening, Staff shall follow procedures in DJJPP Chapter 4 (Ectoparasite Control). If the delousing procedure is to be conducted: a. Staff conducting the ectoparasite screening shall be the same gender as the youth. When possible, two (2) staff shall conduct the screening, except when the screening is being performed by a nurse.

One (1) staff shall facilitate the process and the second staff person shall observe the process to verify that the correct procedure is followed. b. Staff shall provide the youth with towel, washcloth, and state issued clothing to put on after the youth showers. 3. Human Trafficking Screening A. Human trafficking screening shall be conducted for every youth following completion of the Individual Treatment Plan (ITP) but no later than 30 days after admission. b. If the youth score a yes for any item on the screening tool or self-reports anytime thereafter, the staff conducting the screening or receiving the report shall: i. Immediately notify the Cabinet for Health and Family Services via the Child Protective Services hotline at 1-877-KYSAFE1 or the Kentucky Online Child/Adult Protective Services Reporting System. ii. Email notification to the youth's attorney no later than the next business day; iii. If the youth is a resident of or has resided in another state or country within the last year, call the National Human Trafficking Hotline at 1-888-373-7888 and notify the DJJ Interstate Compact Office; iv. If the juvenile is a foreign national, contact the Catholic Charities of Louisville at 502-974-4947 to request assistance with an eligibility letter and coordinating support services; and v. Up-line to the next line supervisor and DJJ Office of Legal Services. c. A copy of the screening shall be maintained in the juvenile's ICR. d. If the youth is a victim of human trafficking and remains committed to the Department, the juvenile shall receive appropriate treatment services. 4. PREA vulnerability assessment shall be completed as set

forth in DJJPP Chapter 9 Prison Rape Elimination Act of 2003 (PREA). 5. Mental health screening shall be completed within twenty-four (24) hours of admission as set forth in DJJPP Chapter 4 (Mental Health Assessments).

Section H. Each program admission shall include the following: 1. Receiving ongoing treatment work for the youth, if applicable; 2. Receiving and verifying current prescribed medications for the youth; 3. Photographing the youth; 4. Conducting a search of the youth and their accompanying possessions; 5. Completing identifying data sections of the Wanted Absconder Notice and Cancellation form; 6. Inventorying of personal property and assigning a property number, if necessary. Items that are inappropriate for possession and clothes that are deemed inappropriate to wear shall be stored or returned to the parent or caregiver; 7. Assigning a specific staff member for treatment planning and counseling duties; 8. Documenting receipt of both verbal and written explanation of: a. Youth rights; b. Duties and responsibilities; c. The right to file a grievance, as well as the location of the grievance documentation; d. Information regarding the prevention of sexual abuse and sexual assault; e. The purpose of drug screens, the consequences of positive test results, and the consequences of failure or refusal to cooperate by providing a specimen; and f. Procedures concerning how outside investigative units may be contacted for the reporting of any act in which the health or welfare of a resident is perceived to have been harmed or threatened with harm; 9.

Documenting receipt of both verbal and written notice that a youthful offender (YO) may be transferred to the Department of Corrections (DOC) by the sentencing circuit court if the youth has been aggressive, escaped, or caused serious disruption to the program; 10. Providing written orientation materials to the youth and parent or caregiver; 11. Providing showering and hair care, if necessary; 12. Issuing personal hygiene articles; 13. Issuing clean, laundered, and properly fitted clothing, as needed; 14. Assigning a housing unit and a brief tour of the unit; 15. Recording information to be used for mail, telephone contact, and visitation lists, as verified by the Juvenile Service Worker (JSW); and 16. Assisting youth in notifying their parent or caregiver of admission and procedures for mail and visiting. Section I.

Orientation shall be used to observe the youth's behavior and to identify needs. 1. Orientation shall include: a. Distributing written materials about the facility programs, rules and regulations, and tracks and shall not be impeded by isolation status. This shall occur within twenty-four (24) hours and receipt of the written materials shall be documented by a Resident Reception Summary and Youth Acknowledgment documentation signed and dated by the juvenile and staff; b. Discussing program goals, services, rules governing conduct, program rules, chargeable offenses, range of penalties, incentives for good behavior, and possible disciplinary actions. This shall occur within twenty-four (24) hours; c. Orientation may include informal classes; and d. A youth's Orientation Treatment Plan shall be written within seven (7) days of admission. The plan shall be in accordance with protocol approved by the program Treatment Director or Superintendent and shall be signed by the youth and the assigned youth counselor. 2. Each program shall provide foreign language interpretation of orientation materials for both youth and parent or caregiver when a language barrier exists; 3. Each program shall assist the

youth in understanding material when a literacy, hearing, or visual impairment problem exists and shall provide interpretation if needed; and 4. Completion of orientation shall be documented by a signed and dated statement by the youth. J. During orientation youth shall be enrolled in the education program, provided reading materials, be permitted to attend religious services, receive exercise on the same schedule as the general population, have contact with a parent or caregiver, and perform work assignments with their assigned group.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, sections F. Each staff shall maintain the integrity of private or confidential information. Staff shall not seek information beyond that needed to perform their job responsibilities. Staff shall not reveal information to anyone not having professional use for such. All staff, consultants, contract personnel, interns, and volunteers shall sign a Confidentiality/ Security Form as a condition of employment or service. G. Staff shall respect and protect the right of the public to be safeguarded from criminal activity. H. Staff shall report any corrupt, unethical behavior, or policy violations which may affect either a youth or the integrity of the organization and any abuse or neglect as required by KRS 620.030.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 132, Administration, Privacy of Health Information, policy section requires the Department of Juvenile Justice to protect the privacy of individually identifiable health information in compliance with federal and state laws governing the use and disclosure of protected health information (PHI) pursuant to the requirements of the HIPAA privacy rule (45 CFR 164.500 et seq.). Parental access to a minor's PHI shall be in accordance with state law.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 149, Administration, Information Systems, section A. Overall authority and responsibility for information systems in DJJ shall be assigned to the Division of Administrative Services, Information Systems (IS) Branch. B. Information systems shall include youth record management programs and any other application that is designed to maintain information on Department functions. The design and format of the information system shall be the sole responsibility of the IS Branch and shall be based on current technology, overall usability, and best practices for similar types of systems. D. Data security shall be imposed by the system to only allow access to appropriate DJJ staff with a legitimate need for the information. DJJ information shall be protected by appropriate security measures as determined by the IS Branch. Data shall be backed up and stored according to procedures developed by the IS Branch according to best practices in data collection and retention. F. Youth records maintained in the data system shall be maintained according to the DJJ Records Retention Schedule.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 328, Program Services, Intake and Orientation, policy section requires the Department of Juvenile Justice (DJJ) staff shall maintain appropriate, accurate documentation within an individual client record (ICR)

established for each youth. ICR management shall include the establishment, use and content of youth records, right to privacy, secure placement of records, and a schedule for retiring and destroying inactive records. Section A. All juvenile records shall be clearly marked "Confidential". B. Every effort shall be made to ensure that information entered in the electronic file is not duplicated in the hard case file. C. An ICR shall be maintained for each juvenile according to the following outline. Information in each section shall be filed in chronological order, except where otherwise noted. Any information.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 912, PREA, Sexual Orientation and Gender Identity, dated March 9, 2018, policy section requires in accordance with state and federal laws, each juvenile under the jurisdiction of the

Department for Juvenile Justice (DJJ), shall have the right to live in an environment free of harassment and discrimination. DJJ shall be committed to providing a healthy and accepting setting for juveniles placed in the custody, care, or supervision of DJJ. DJJ staff shall respect the dignity of heterosexual, lesbian, gay, bisexual, transgender, questioning, and intersex (LGBTQI) juveniles and create an environment that is safe and free of discrimination. In procedures section E. LGBTQI juveniles shall not be placed in isolation or segregation as a means of keeping them safe from discrimination, harassment, or abuse. LGBTQI juveniles shall not be treated or classified as a juvenile sex offender (JSO) unless required by a court. F. Facility staff shall make housing decisions for all juveniles including transgender and intersex juveniles based on the individualized needs of a juvenile; and shall prioritize the emotional and physical safety of a juvenile, taking into account the perception of where they will be most secure, as well as any recommendations from the health care provider of the juvenile. H. DJJ shall provide transgender and intersex juveniles with safety and privacy when using the shower and bathroom and when dressing and undressing. I. DJJ staff shall not require transgender and intersex juveniles to shower or undress in front of other juveniles; and transgender juveniles shall be permitted to use single occupancy bathrooms and showers, if available. Such accommodation shall be provided in a sensitive manner. J. DJJ staff shall provide LGBTQI juveniles access to medical and mental health care providers who are knowledgeable about the health care needs of LGBTQI juveniles. K. LGBTQI juveniles shall not participate in JSO treatment or counseling, unless required to do so by a court or as necessary to address sexually offending behaviors.

The Ashland Group Home uses all information obtained pursuant to § 115.341 and subsequently uses the information to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. The agency and facility use the Victimization and Sexual/Physical Aggression Screener instrument. The facility Superintendent and PREA Coordinator provided the auditor with the Ashland Group Home Room/Bed Assignment/Change Form details specific bedroom numbers, the resident's name and signature informing residents of their assigned bed placements. The second section of the form is completed only by the facility PREA Coordinator noting the date, resident's name and the type of alert based on the PREA the Victimization and

Sexual/Physical Aggression Screener instrument results indicating a youth's assessment results identifying the resident as follows: Vulnerability to sexual victimization (VSV), Susceptibility to sexually aggressive behavior (SAB), Vulnerability to Physical Victimization (VPV) and Susceptibility to violent aggressive behavior (VAB). The results and planned interventions for the resident determines what bedroom a resident is placed if the resident is in a single or double assigned bedroom. While on-site, the auditor, Superintendent, and PREA Coordinator verified all seven resident bed and room assignments resulting all residents were properly placed according to the Room/Bed Assignment/Change Form and the placement of each resident. The form is updated when issues are presented and when newly admitted residents are placed at Ashland Group Home. Only the treatment team has the approve to re-assign resident's bed placement and programming assignments.

The facility appropriately placed residents who are categorized at higher risk for sexual victimization in the high bedrooms. The two residents that identified as transgender were appropriately placed in suitable bedrooms that were located closer to a staff desk where supervision is increased.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation was 0.
- In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, treatment or special education services was 0.
- In the past 12 months, the average period residents at risk of sexual victimization were held in isolation to protect them from sexual victimization was 0.

Interview Results:

- Interviews with the Agency Designee, facility Superintendent, PREA Coordinator, Intake Staff, and staff performing risk screenings indicated that the facility will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units or wings solely based on identification status for protecting such residents. Interviewed specialized staff indicated that the facility is not subject to a consent decree, legal settlement, or legal judgment.
- Staff indicated that the facility ensures against placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated units or wings solely based on their sexual orientation, genital status, or gender identity. They specified that the facility would house these residents in the general population unless requested by the resident for special housing for safety issues.
- Documents confirming compliance, the auditor reviewed resident files

	<p>identifying among others the DJJ Ashland Group Home resident notes indicating bed and programming assignments, Victimization and Sexual/Physical Aggression Screener and Youth Acknowledgement.</p> <ul style="list-style-type: none"> • There were zero residents that were placed in isolation. The facility Superintendent and PREA Coordinator explained the facility does not use any forms of isolation. Staff were aware of the agency policy that states any form of isolation any isolation 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. Isolation is not used in cases related to PREA allegations. • Two resident interviews who identify as transgender explained they are housed in a bedroom where they feel safe and sexually safe. The resident's housing and programming assignments are not restricted, and housed within the general population similar to any and all residents are placed at AGH. • Based on the above listed information, the agency and facility meet the standard for the relevant review period.
--	---

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 906, Reporting and Investigating PREA Violations revised 9/7/21 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 907, Resident PREA Education, revised 9/7/21 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 205, Admissions, Youth Rights, revised 9/7/21
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, dated December 1, 2014
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 140, Administration, Reporting of Special Incidents, revised 9/7/21
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 310, Program Services, Programs and Services, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 310, Program Services, Programs and Services, revised 9/7/21
- Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions, male and female version
- Kentucky Department of Juvenile Justice Resident Education presentation in English and Spanish versions, and male and female versions
- Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish versions, and male and female versions
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, Program Services, Intake and Orientation, dated April 5, 2019
- Youth Education Curriculum Guide
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Kentucky Revised Statutes (KRS) 600.020 definitions and KRS 620.030, duty to report, mandatory reporting laws
- Kentucky Revised Statutes (KRS) 500 KAR 13:020. Office of Investigations, procedures for investigations
- Kentucky Revised Statutes (KRS) 15A.020 Organization of Justice and Public Safety Cabinet.
- Memorandum of Clarification on resident reporting abuse outside of KDJJ custody
- New Hire Orientation Packet
- Employee Handbook
- Youth Education Curriculum Guide
- KDJJ Website for Reporting Information
- Resident Education Trifold Brochure, English and Spanish versions
- Grievance Form
- Kentucky DJJ Ashland Group Home Orientation Handbook
- Grievance Log for past twelve months
- Acknowledgement of PREA New Hire Orientation Packet Forms

Interviews:

- Agency Designee
- Facility Superintendent
- PREA Coordinator
- Random Staff
- Random Residents
- Residents who Report Sexual Abuse

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, policy section requires the Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to conduct administrative investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ.

In section A. DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. 1. Investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any sexual misconduct shall be conducted and documented by IIB in accordance with 500 KAR 13:020. 2. An investigator with IIB shall complete Prison Rape Elimination Act of 2003 (PREA) and sexual abuse investigations training prior to conducting investigations as required by 28 C.F.R. 115.334. 3. The DJJ Ombudsman shall investigate cases of juvenile-on-juvenile sexual harassment. 4. DJJ shall cooperate and provide support for the prosecution of all substantiated PREA cases. 5. The Department of Public Advocacy (DPA) Post-Disposition Branch or the Louisville Metro Public Defenders office shall be notified by the Agency PREA Coordinator whenever law enforcement is contacted to conduct an investigation to ensure that the youth's legal rights are protected.

Section C. DJJ staff, volunteers, interns, and contractors who witness, suspect, or receive a report that a juvenile has been a victim of sexual abuse, sexual contact, or any sexual misconduct, while in a residential or detention facility, shall immediately report it to the IIB hotline, their direct supervisor, the facility Superintendent, and the Facility PREA Coordinator. The facility Superintendent shall be responsible for notification to the Facilities Regional Administrator (FRA), the Regional Director, Agency PREA Coordinator, the Deputy Commissioner, and the Commissioner. D. DJJ staff, volunteers, interns, or contractors who have reason to suspect that a juvenile has been a victim of sexual abuse, sexual harassment, sexual contact, or any sexual misconduct, while on furlough from a facility or in the community, shall immediately report it to the IIB hotline, their direct supervisor, and the Superintendent or Director of Community and Mental Health Services, and the Facility PREA Coordinator or the Community PREA Coordinator. The Superintendent shall be responsible for notification to the FRA, the Regional Director, Director of Community

and Mental Health Services, Agency PREA Coordinator, the Deputy Commissioner, and the Commissioner. The Director of Community and Mental Health Services shall be responsible for notification to the Superintendent, if applicable, the Regional Director, Agency PREA Coordinator, the Deputy Commissioner, and the Commissioner.

In section E. Juveniles shall have the right to report sexual abuse, sexual harassment, sexual contact, or any sexual misconduct to a staff member or the IIB hotline. F. If a juvenile submits a grievance, regarding sexual abuse, sexual contact, or sexual misconduct, staff shall immediately report the alleged details of the allegations to their direct supervisor, the Superintendent, the Facility PREA Coordinator, and the IIB hotline. The Superintendent shall be responsible for notification to the FRA, the Regional Director, Agency PREA Coordinator, the Deputy Commissioner, and the Commissioner. A grievance regarding PREA allegations shall not be processed as a grievance and shall immediately be forwarded to IIB. L. DJJ shall provide the general public with information regarding PREA audits, the Department's annual PREA report, PREA policies, and the Bureau of Justice Statistics annual survey report on the official DJJ website. M. DJJ shall provide a third-party reporting mechanism for the public on the DJJ website and through the IIB hotline. N. DJJ shall provide general information regarding PREA pursuant with the Kentucky Open Records Act. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures 906, Reporting and Investigating PREA Violations complies with policy 906.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, section A. DJJ staff shall be responsible for providing juveniles with age-appropriate information and documentation explaining: 1. The zero tolerance policy regarding sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct; 2. How to report incidents or inappropriate behavior to the Internal Investigations Branch (IIB) hotline or staff; and 3. How to access Kentucky Association of Sexual Assault Programs (KASAP) services and what services are provided. Section K. Juveniles shall have access to the IIB hotline telephone to report an incident, allegation, or complaint. In a facility that does not have a direct access to the IIB hotline juveniles shall be permitted to use a facility telephone. The 1-800 IIB hotline number shall be clearly posted. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures 907, Resident PREA Education, follows the guidelines in policy 907.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, sections B. If any facility staff learns that a juvenile is at substantial risk of imminent danger of sexual abuse or has received a report of sexual abuse, sexual harassment, or sexual contact, the staff shall take immediate action to protect the juvenile. F. If sexual abuse or sexual assault has occurred, the location of the incident shall immediately be cleared of juveniles and staff. Staff shall erect barriers to rope off the area to ensure the area remains undisturbed until law enforcement arrives. 4. Staff who directly receive the report or

witness the sexual abuse or sexual assault shall complete an incident report. Any other staff who witnessed or have relevant information shall complete an addendum to the incident report.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, sections C. Youth shall have access to the communication media through written requests or through media visits. All requests shall be subject only to the limitations necessary to maintain order and security and to protect the youth's rights, or as provided by law. Requests for media contact shall be acted upon in accordance with DJJPP Chapter 1 (News Media Contacts). Section H. Youth shall be treated in a humane manner and shall have the right to be protected from exploitation, neglect, and physical, sexual, and emotional abuse. This shall include corporal punishment, intentional injury, use of intimidation, threatening, or abusive language toward the youth, either verbally, in writing, or by gesture. Any suspected abuse or neglect of youth shall be reported in accordance with KRS 620.030 and DJJPP Chapter 1 (Staff Code of Ethics). Section BB. Youth in Day Treatment shall have access to a telephone to initiate and receive emergency personal calls. Youth in detention shall have the right to make successful contact with family members, attorneys, or other approved individuals during the admission process. Each youth in group homes, residential and detention programs shall be provided access to the telephone to make and receive personal calls, within the limits of the orderly operation of the facility, in order to maintain community and family ties and maintain contact with attorneys. CC. Youth shall have the right to report any problems or complaints without fear of reprisal. There shall be a written grievance procedure, which shall be explained and posted in living and program areas, which allows for at least one (1) level of appeal. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation, complies with policy 908.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, section A reads, Special Incidents in Youth Development Centers, Group Homes, Detention Centers, and contracted placements. 1. The Justice and Public Safety Cabinet's Internal Investigation Branch (IIB) shall conduct investigations of all special incidents at all residential treatment and youth development centers, group homes, and detention centers operated by the Department of Juvenile Justice. 2. A toll-free number, or in Youth Development and Treatment Centers telephones programmed to dial direct to the IIB and maintained in good working order, shall be accessible to youth and staff for use in the reporting of special incidents. 3. It is the responsibility of all staff to immediately report special incidents to the Superintendent or designee. If more than one staff witnesses or become knowledgeable of the occurrence or alleged occurrence of a special incident, each holds individual responsibility for making report to the Superintendent. Reports to the Superintendent are required whether staff observe the incident, are verbally informed of the incident from youth or staff or it is reported some other way. Reporting is required regardless of whether staff think that the incident has already been reported or will be reported. 4. The

Superintendent shall make immediate report to the IIB. The Superintendent may use either the 800-phone number or, in Youth Development and Treatment Centers, telephones programmed to dial directly to IIB. A voice mailbox system shall be available for reporting Special Incidents after normal work hours.

The Kentucky Revised Statutes (KRS) 600.020 definitions and KRS 620.030, duty to report, mandatory reporting laws requires all staff who become knowledgeable or reasonable cause that a youth was abused or neglected must file a report with the local law enforcement or the Department of Kentucky State Police within 48 hours. The Kentucky Revised Statutes (KRS) 15A.020 Organization of Justice and Public Safety Cabinet specifies which agencies are required to make a report to include the Department of Juvenile Justice staff. The Kentucky Revised Statutes (KRS) 500 KAR 13:020, Office of Investigations, establishes procedures for investigations by the Office of Investigations.

The auditor contacted a multitude number of community advocate organizations such as Just Detention International, Kentucky Sexual Assault Kentucky Association of Sexual Assault Programs (KASAP), Pathways Inc. to inquire if that agency or facility had received any information regarding the facility. A check of their records at the five organizations showed no complaints on file regarding the parent agency, KDJJ or the facility.

Seven residents indicated they can make a report of sexual abuse using both internal and external methods, specifically, two to three methods such as tell a trusted staff member, third party reporting by telling a parent, attorney, or court officer, call the IIB 1-800 call number, and the local social services agency. The methods to submit a report by filing a grievance and calling the hotline which all residents have reasonable access to use for reporting purposes. All seven interviewed residents indicated they can make a report of sexual abuse using both internal and external methods, specifically, two to three methods such as tell a trusted staff member, third party reporting by telling a parent, attorney, or court officer, call the IIB 1-800 call number, and the local social services agency. All residents explained they had unlimited and reasonable access to make a telephone call to report sexual abuse either through their attorney or parent and guardian.

A test call was completed to the IIB 1-800 number and the investigator responded in an immediate time frame and he explained the reporting and investigating process when a resident reports sexual abuse and harassment. The auditor tested the grievance process by placing a form in one grievance box. The Facility YSPS notified the auditor of receiving the notice and was within the required timeline pursuant to the agency policy. The resident's knowledge and understanding of all the ways they can make a report of sexual abuse was very impressive and emphasized the agency and facilities importance of resident sexual safety and taking significant seriousness to implementing the PREA standards both in policy, procedures, and applying into daily operations. It is very clear that implementation of the PREA standards have been established into practice for the past several years. Memorandums of clarification from the facility Superintendent indicates residents are not detained solely for civil immigration purposes shall be provided information on how to contact

relevant consular officials and relevant officials at the Department of Homeland Security and that during the current review period there have been no circumstances where a youth made a verbal report of abuse or harassment to staff that required the report to be documented.

When on-site at AGH, the auditor observed the physical storage area of information collected and maintained in hard copy pursuant to the PREA Standards. Information such as risk screening information, medical and mental health records and determined the area as secured in a locked file cabinet and the respected staff office. Electronic safeguards of information collected and maintained on electronic databases were observed while interviewing the Facility Director and supervisory staff. The electronic information was password protected on facility owned computer equipment. The agency and facility use a wide array of resources to education residents on multiple ways to report sexual abuse and harassment, such as the Kentucky Department of Juvenile Justice, Ashland Group Home Orientation Handbook, documentation on the grievance process, youth education curriculum, acknowledgement forms, and agency/facility brochures and pamphlets. During the tour, posters and notices were observed throughout the facility and are designed with bright colors. They were eye-catching and give the five ways to report sexual abuse and harassments.

The facility staff has a method to privately report sexual abuse and harassment of residents. They may do so by calling the PREA IIB Hotline for private reporting. Staff must accept and promptly document reports that are made verbally, in writing, anonymously, and from third parties. The agency distributes publicly through the KDJJ website the e-mail, address, and information on how to report sexual abuse and sexual harassment on behalf of the resident and the KDJJ policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations. At the time of hire, staff complete the new hire orientation PREA training and sign the acknowledgment form. On a yearly basis, all staff receives refresher training to include methods to make a private report of sexual abuse or harassment such as calling the IIB hotline number by completing the Phase 1 PREA Training and sign the acknowledgement form indicating they understood the training. Staff members are instructed to keep the reported information confidential and only discuss it with the appropriate officials who have a need to know to perform their duties. Persons who report sexual misconduct will be free from retaliation. Residents can report sexual abuse and harassment to a private entity outside of the facility by reporting such incidents to the IIB hotline. The notice (in the form of a poster) had the mailing address where residents can report in writing.

Interview Results:

- Seven (7) residents interviewed confirmed they received information through a numerous sources instructing them how to report any allegations of sexual abuse, sexual harassment, and retaliation.
- The residents gave many ways they could report sexual abuse and harassment; they can report verbally, in writing and through third parties. All

	<p>residents stated that they have more than two to three ways to report such as staff member they could trust to report sexual abuse, namely their counselor, Superintendent, and PREA Coordinator.</p> <ul style="list-style-type: none"> • Seven residents were aware of how to access the hotline. They also were knowledgeable of the grievance process and expressed no doubt or uncertainty that if they filed a grievance, the matter would be taken seriously and the matter would be resolved in a timely manner. • Twelve random staff were knowledgeable and knew of many ways both staff and residents could report sexual abuse and harassment. All staff knew they were considered mandatory reporters and if they receive a report of sexual abuse, sexual harassment, or abuse they are required by state law to inform their supervisor and report the allegation to the appropriate agencies. • Based on the above listed information, the agency, and facility meets the standard for the relevant review period.
--	--

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, dated December 1, 2014 • Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 140, Administration, Reporting of Special Incidents, dated June 16, 2023 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, Program Services, Intake and Orientation, dated April 5, 2019 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 331, Programs and Services, Grievance Procedure, dated April 5, 2019 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice

Policy and Procedures, policy number 209, Admissions, Youth Access to Outside Investigative Agencies, dated January 4, 2016

- Kentucky Revised Statutes (KRS) 600.020 definitions and KRS 620.030, duty to report, mandatory reporting laws
- Kentucky Revised Statutes (KRS) 500 KAR 13:020. Office of Investigations, procedures for investigations
- Kentucky Revised Statutes (KRS) 15A.020 Organization of Justice and Public Safety Cabinet.
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of Clarification from Facility Accreditation Manager dated 8/29/23 regarding grievances filed alleging sexual abuse
- Memorandum of Clarification from Facility Superintendent dated 7/18/23 regarding grievances filed alleging sexual abuse
- Grievance Log for past twelve months
- Grievance Form Sample

Interviews:

- Agency Designee
- Facility Superintendent
- Facility PREA Coordinator, Grievance Officer
- Administrative/Accreditation Assistant
- Random Staff
- Random Residents
- Residents who Report Sexual Abuse

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, section F states if a juvenile submits a grievance, regarding sexual abuse, sexual contact, or sexual misconduct, staff shall immediately report the alleged details of the allegations to their direct supervisor, the Superintendent, the Facility PREA Coordinator, and the IIB hotline. The Superintendent shall be responsible for notification to the FRA, the Regional Director, Agency PREA Coordinator, the Deputy Commissioner, and the Commissioner. A grievance regarding PREA allegations shall not be processed as a grievance and shall immediately be forwarded to IIB.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, sections A. and B reads, Special Incidents in Youth Development Centers, Group Homes, Detention Centers, and contracted placements. 1. The Justice and Public Safety Cabinet's Internal Investigation Branch (IIB) shall conduct investigations of all special incidents at all residential treatment and youth development centers, group homes, and detention centers operated by the Department of Juvenile Justice. 2. A toll-free number, or in Youth Development and

Treatment Centers telephones programmed to dial direct to the IIB and maintained in good working order, shall be accessible to youth and staff for use in the reporting of special incidents. 3. It is the responsibility of all staff to immediately report special incidents to the Superintendent or designee. If more than one staff witnesses or become knowledgeable of the occurrence or alleged occurrence of a special incident, each holds individual responsibility for making report to the Superintendent. Reports to the Superintendent are required whether staff observe the incident, are verbally informed of the incident from youth or staff or it is reported some other way. Reporting is required regardless of whether staff think that the incident has already been reported or will be reported. 4. The Superintendent shall make immediate report to the IIB. The Superintendent may use either the 800-phone number or, in Youth Development and Treatment Centers, telephones programmed to dial directly to IIB. A voice mailbox system shall be available for reporting Special Incidents after normal work hours.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, Program Services, Intake and Orientation, section H. Each program admission shall include the following: 10. Providing written orientation materials to the youth and parent or caregiver.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 331, Programs and Services, Grievance Procedure, policy section, requires youth shall be provided an internal grievance mechanism for complaints arising from institutional matters. D. Prior to filing a grievance, an effort shall be made to resolve the issue informally, without staff retaliation. A special incident shall not be handled informally or through the grievance process and shall be reported immediately to the Superintendent and the Internal Investigation Branch (IIB).

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, sections D. If a facility staff becomes aware of a threat of sexual abuse, sexual contact, or any sexual misconduct, the staff shall take the following steps: 1. The alleged perpetrator shall immediately be separated from the intended victim and other juveniles and shall be placed in an isolated area until safety measures are put in place to prevent the abuse. Staff shall make a report to the IIB hotline; and 2. If the alleged perpetrator is a staff, the staff shall be separated from direct contact and access to all juveniles.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 209, Admissions, Youth Access to Outside Investigative Agencies, policy section, requires youth placed in Department of Juvenile Justice (DJJ) operated Day Treatment and residential facilities or contracted residential facilities shall have access to outside investigative agencies for the reporting of any act in which the health or welfare of a resident is harmed or threatened with harm by another youth or facility staff person. Section A. In accordance with KRS 15A.020 and 500 KAR 13:020, the Internal Investigations Branch (IIB) of the Justice and Public Safety Cabinet shall conduct investigations of

all allegations of special incidents at all residential treatment and youth development centers, group homes, and detention centers operated by or contracted with the Department of Juvenile Justice. Additionally, IIB may investigate allegations and incidents as outlined in 500 KAR 13:020. B. Accessing the IIB: 1. Upon admission, the Superintendent or designee shall inform each youth, both verbally and in writing, of procedures concerning how outside investigative units may be contacted for the reporting of any act in which the health or welfare of a resident is harmed or threatened with harm by a facility staff person. The youth shall sign acknowledging receipt of such procedures. This signed acknowledgement shall be placed in youth's record. 2. Telephones programmed to dial directly to the IIB shall be installed and kept in good working order in each residential facility. 3. A toll-free number for contacting the IIB shall be available and conspicuously posted in youth access areas of group homes and detention facilities. 4. Telephones shall be located in areas that provide maximum availability while preserving program scheduling and services. C. Youth involved in Day Treatment or any other community based DJJ program may also report allegations of special incidents to the Cabinet of Health and Family Services (CHFS) office.

The Kentucky Revised Statutes (KRS) 600.020 definitions and KRS 620.030, duty to report, mandatory reporting laws requires all staff who become knowledgeable or reasonable cause that a youth was abused or neglected must file a report with the local law enforcement or the Department of Kentucky State Police within 48 hours. The Kentucky Revised Statutes (KRS) 15A.020 Organization of Justice and Public Safety Cabinet specifies which agencies are required to make a report to include the Department of Juvenile Justice staff. The Kentucky Revised Statutes (KRS) 500 KAR 13:020, Office of Investigations, establishes procedures for investigations by the Office of Investigations.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, sections CC. Youth shall have the right to report any problems or complaints without fear of reprisal. There shall be a written grievance procedure, which shall be explained and posted in living and program areas, which allows for at least one (1) level of appeal. DD. Youth who believe that their rights have been violated shall have the right to file a grievance as set forth in DJJPP Chapter 3 and 11 (Grievance Procedure) for youth in a day treatment, group home, or YDC or a service complaint as set forth in DJJPP Chapter 6 (Service Complaints) for youth in community or other placements.

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, section A. requires DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. 1. Investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any sexual misconduct shall be conducted and documented by IIB in accordance with 500 KAR 13:020. 2. An investigator with IIB shall complete Prison Rape Elimination Act of 2003 (PREA) and sexual abuse investigations training prior to conducting investigations as required by 28 C.F.R. 115.334. 3. The DJJ Ombudsman shall investigate cases of juvenile-on-juvenile sexual harassment. 4. DJJ shall

cooperate and provide support for the prosecution of all substantiated PREA cases. 5. The Department of Public Advocacy (DPA) Post-Disposition Branch or the Louisville Metro Public Defenders office shall be notified by the Agency PREA Coordinator whenever law enforcement is contacted to conduct an investigation to ensure that the youth's legal rights are protected.

In section C. DJJ staff, volunteers, interns, and contractors who witness, suspect, or receive a report that a juvenile has been a victim of sexual abuse, sexual contact, or any sexual misconduct, while in a residential or detention facility, shall immediately report it to the IIB hotline, their direct supervisor, the facility Superintendent, and the Facility PREA Coordinator. The facility Superintendent shall be responsible for notification to the Facilities Regional Administrator (FRA), the Regional Director, Agency PREA Coordinator, the Deputy Commissioner, and the Commissioner. F. If a juvenile submits a grievance, regarding sexual abuse, sexual contact, or sexual misconduct, staff shall immediately report the alleged details of the allegations to their direct supervisor, the Superintendent, the Facility PREA Coordinator, and the IIB hotline. The Superintendent shall be responsible for notification to the FRA, the Regional Director, Agency PREA Coordinator, the Deputy Commissioner, and the Commissioner. A grievance regarding PREA allegations shall not be processed as a grievance and shall immediately be forwarded to IIB. M. DJJ shall provide a third-party reporting mechanism for the public on the DJJ website and through the IIB hotline.

The facility Superintendent and Accreditation Manager submitted a memorandum of clarification advising that during the current audit period there have been no occurrences of grievances alleging sexual abuse. On the second day of the on-site visit, the auditor, the youth grievance system was tested by placing a grievance letter into the box located on the living unit and administration building resulting in the facility PREA Coordinator notifying receipt on the same day. The Superintendent and facility PREA Coordinator submitted a grievance log for the past twelve months. The log reported there were zero grievances of any PREA complaints over the past twelve-month reporting period. The facility Superintendent and Accreditation Manager submitted a memorandum of clarification which stated in the past twelve months there have been no grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of grievances filed that alleged sexual abuse reported was zero (0).
- In the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed reported was zero (0).
- The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline, reported was zero (0).

- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months reported was zero (0).
- The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions with five days reported was zero (0).
- In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith reported was zero (0).

Interview Results:

- According to all staff interviews, the facility does not require a resident to use any informal grievance process as it relates to PREA or to attempt to resolve the issue with staff, for an alleged incident of sexual abuse. Staff interviews confirmed there is a grievance process relating to sexual abuse or sexual harassment complaints at the facility.
- The methods to submit a report by filing a grievance and calling the hotline. The seven residents interviewed explained they have reasonable accessibility by asking staff to let them out of their room to call the IIB hotline.
- The seven residents interviewed indicated they have not filed a grievance for non-sexual abuse complaints. The seven residents stated they have not at any time during their stay had filed any grievances due to their needs were being met by facility staff and administrators. The residents were aware of how the grievance process works as explained by staff and written in the resident handbook. The residents knew grievances are to be handled in a timely manner, and without reprisal or threat of reprisal.
- During the on-site visit, the auditor met with the grievance officer that checks the grievance box on a daily basis and addresses the issue and resolves the issues in a timely manner. The Accreditation Manager logs grievances into the facility database system. Staff provided documentation to verify the residents in questioned that filed grievances, grievances were resolved in a timely manner and without reprisal or threat of reprisal. There were two grievances files over 2022 and 2023 year to date.
- During the intake and admissions, most residents stated they receive a facility handbook and supplemental information on the grievance process. Residents acknowledge receipt by signing the appropriate form.
- Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 132, Administration, Reporting of Special Incidents, dated December 1, 2014
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 310, Prison Rape Elimination Act of 2003 (PREA), Facility Security Management, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 300.1, Program Services, Programs and Services
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 301, Program Services, Intake and Orientation, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 121, Administration, Youth Access to Courts, Attorneys, and Law Enforcement Officials, dated May 15, 2017
- Kentucky Department of Juvenile Justice, Ashland Group Home Handbook
- Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions, male version
- Kentucky Department of Juvenile Justice Resident Education presentation in English and Spanish versions, and male version
- Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish versions, and male version
- Youth Education Curriculum Guide
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

- Kentucky Revised Statutes (KRS) 600.020 definitions and KRS 620.030, duty to report, mandatory reporting laws
- Kentucky Revised Statutes (KRS) 500 KAR 13:020. Office of Investigations, procedures for investigations
- Kentucky Revised Statutes (KRS) 15A.020 Organization of Justice and Public Safety Cabinet.
- Memorandum of Clarification
- KDJJ Website for Reporting Information
- Memorandum of Understanding between KDJJ and Kentucky Association of Sexual Assault Programs (KASAP) dated 2021
- Kentucky Association of Sexual Assault Programs (KASAP) Regional Map and contact information list
- KDJJ-KASAP Processes
- KASAP, Pathways Inc. pamphlets and informational packet

Interviews:

- Agency Designee
- Facility Superintendent
- PREA Coordinator
- Random Staff
- Random Residents
- Residents who Report Sexual Abuse
- Pathway's Inc. Victim Advocate

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, dated March 9, 2018, shall provide education to all juveniles in the custody, care, or supervision of DJJ regarding the Prison Rape Elimination Act of 2003 (PREA). The education material shall include general information regarding the zero-tolerance policy prohibiting sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct directed toward a juvenile in the custody, care, or supervision of DJJ and shall provide instructions for reporting sexual misconduct of any type. Section A: Procedures, DJJ staff shall be responsible for providing juveniles with age-appropriate information and documentation explaining: 3. How to access Kentucky Association of Sexual Assault Programs (KASAP) services and what services are provided.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, section E. If a sexual assault has been witnessed by staff or staff is alerted that a sexual assault is occurring, staff shall take the following steps in caring for the juvenile victim: 10. If a Children's Advocacy Center is available, DJJ staff shall collaborate with the Children's Advocacy Center to provide care for victims. For youth in detention who have not been committed to DJJ, approval shall be obtained from the court. N. DJJ

shall enter into a memorandum of understanding (MOU) or an agreement with community service providers that are able to provide juveniles with emotional support services related to sexual abuse. Each facility Superintendent shall utilize the crisis and counseling services associated with KASAP when an incident of sexual abuse has occurred at a facility.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, policy section requires upon admission to a Department of Juvenile Justice (DJJ) program, youth shall be advised of their rights, duties, and responsibilities including their right to file a grievance. A. Written enumeration of rights shall be provided to each youth during the admission process and signed by the youth. The original shall be filed in the youth's record and a copy shall be provided to the youth. The following rights shall be afforded to all youth: A. Youth shall have the right of access to the courts and confidential contact with attorneys. Z. Youth shall have the right to receive visits, subject only to the limitations necessary to maintain order and security, or where visitation is determined by the treatment team to be detrimental to the youth's progress. Each program shall specify or designate day, time, and area for visitation. Procedures for visitation in group homes and youth development centers shall relate to treatment of the youth as specified in the treatment plan. Section AA. Youth in group homes, residential and detention programs shall have the right to send mail, excepting commercial enterprise ventures, and shall be provided up to five (5) postage stamps weekly, excluding legal correspondence and subject to any limitation contained in DJJPP Chapters 3 (Family and Community Contacts: Mail, Telephone, and Visitation) and 7 (Family and Community Contact). Youth shall not bear the cost of postage.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, section A. requires each YDC, and group home shall provide or make arrangements for the provision of the following services: 5. Psychological assessment for youth in a YDC and group home; 9. Emergency medical and mental health services. Section B. Each YDC and group home shall provide or make arrangements for the provision of: 2. Psychiatric and ongoing mental health services. Section C. Staff shall utilize community resources as necessary, either through referral for service or by contractual agreement, to provide youth with services to meet their developmental needs. Provisions shall be made, as necessary, to assist youth and, when appropriate, their family in accessing services and community resources.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, section O. requires any PREA violation, that is criminal in nature, shall be referred to the Kentucky State Police (KSP) unless the facility is located in Lexington or Louisville, Kentucky. For those facilities, potentially criminal violations shall be referred to local law enforcement.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile

Justice Policy and Procedures, policy number 310, Program Services, Family and Community Contracts: Mail, Telephone, and Visitation, section B requires telephone use shall be provided as follows: 1. In a YDC and group home: a. Each youth shall be provided access to the telephone to make and receive personal calls, within the limits of the orderly operation of the facility, in order to maintain community and family ties and contact with attorneys. b. Youth shall have access to reasonably priced telephone services with rates and charges commensurate with those charged to the general public for like services. c. Youth, with hearing or speech disabilities, shall be afforded access to a Telecommunications Device for the Deaf (TDD), or comparable equipment. d. Each facility shall develop SOPs that detail hours and location for telephone access, by youth, and a method for determining and providing notice to staff of approved callers for each youth. e. Procedures for access to the telephone may relate to the progress of the youth, as demonstrated by advancement through the level system, except calls to and from the youth's legal representative or juvenile service worker (JSW). f. Youth shall be permitted phone contact with a parent or caregiver no less than once per week, unless the Superintendent determines there is a threat to the maintenance of facility order, treatment, or security. g. Calls may be monitored, except those calls to and from the youth's legal representative. h. Each facility shall have provisions for transmitting messages to youth. 2. A day treatment program shall provide youth access to a telephone to initiate and receive emergency personal calls.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 121, Administration, Youth Access to Courts, Attorneys, and Law Enforcement Officials, IV. section A. requires youth shall have uncensored, confidential contact by telephone, in writing, or in person with their legal representative. The youth shall have the right to contact and visit with counsel. Program staff shall assist youth in making confidential contact with attorneys and authorized representatives. Such contact includes, but is not limited to, telephone communications, uncensored correspondence, and visits. B. Access to Legal Representation 1. Youth in DJJ operated and contracted programs shall have the right to consult with an attorney of their choice at a time reasonably convenient for all parties concerned, including management of the facility. 2. Upon admission to a youth development center (YDC), group home (GH), or regional juvenile detention center (RJDC) youth shall be informed both verbally and in writing of the method by which they may access a Department of Public Advocacy (DPA) attorney. This information shall also be contained in the youth's orientation handbook. Youth shall sign an acknowledgement form indicating receipt of this information. 3. A sign-up system shall be implemented in each YDC for youth who desire to speak with an attorney from DPA. 4. Attorneys shall not be permitted to conduct blanket interviews with youth not signed up for legal consultation.

Forensic examiners and victim advocates can respond on a twenty-four (24) hours, seven (7) days a week basis. Sexual Assault Forensic Nurse Examiners (SAFE) that can conduct examinations through King's Daughter Medical Center. The Nursing staff from the medical center stated forensic medical examinations are offered without financial cost to the victim or victim's family and conducted in a

professional and in a confidential manner. When the Medical Center is notified of a sexual assault, they contact the local rape crisis center, Pathways Inc. for a victim advocate to respond in person to the health system. According to the victim advocate at Pathway's, victim advocates provide a wide range of victim centered services such as support services including hospital accompaniment during the forensic examination, in-hospital investigatory interviews, emotion support referral, and determine aftercare services. The auditor received a Memorandum of Understanding between KDJJ and Kentucky Association of Sexual Assault Programs (KASAP), victim advocates respond to King's Daughter Medical Center, the local SAFE/SANE hospital for the facility.

When a rape crisis center is not available to provide victim advocate services, the facility can provide a qualified staff member from a community-based organization or a qualified agency staff member, there are staff employed by the facility that received education concerning sexual assault and forensic examination issues in general and can stand in as a qualified staff member. One staff member is designated as qualified agency/facility staff members. They have been screened for appropriateness to serve the role and have received education concerning sexual assault and forensic examination issues in general. According to the facility PREA Coordinator, the social service worker is qualified staff member has is available to respond and provide victim advocate services should the need arise. The facility provided the Kentucky Sexual Assault SPOC list dated 2022 identifying the local rape crisis center and the victim advocate by name and contact information.

Interview Results:

- Seven residents interviewed were aware and knew if there were services available outside of the facility for dealing with sexual abuse if they would ever need it. Residents interviewed knew what kinds of services were available for dealing with sexual abuse, and remember received mailing addresses, and understood the information remains private and what is told to or listened to by someone else.
- Throughout their placement stay, all residents receive information in many formats, the Kentucky Department of Juvenile Justice trifold brochure, English and Spanish versions, male version, the Kentucky Department of Juvenile Justice Resident Education presentation in English and Spanish versions, and Kentucky Department of Juvenile Justice Resident Safety Education flyer presentation in English and Spanish version.
- Seven residents interviewed knew if there were services available outside of the facility for dealing with sexual abuse if they would ever need, knew what kinds of services were available, when they could speak with such services, and what is said remains private. All residents receive the Kentucky Association of Sexual Assault Programs (KASAP) Regional Map, and the map is posted in several locations within the facility. The auditor was impressed on the resident's overall knowledge on this related topic. There were no residents within the population at Ashland Group Home that reported sexual abuse or harassment allegations.

	<ul style="list-style-type: none"> Based on the above listed information the agency and facility meet the standard for the relevant review period.
--	---

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018 Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 906, Reporting and Investigating PREA Violations, revised 2023 Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) Facility to Parent Introductory Letter Photographs of Facility Postings for Third Party Reporting IIB Website DJJ Website Memorandum of Clarification from Superintendent dated 7/13/23 <p>Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, policy section, requires the Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to conduct administrative investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any type of sexual offense directed toward juveniles who are in the custody, care, and supervision of DJJ. Section A. requires all DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. 1. Investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any sexual misconduct shall be conducted and documented by IIB in accordance with 500 KAR 13:020. 3. The DJJ Ombudsman shall investigate cases of juvenile-on-juvenile sexual harassment. L. DJJ shall provide the general public with information regarding PREA audits, the Department’s annual PREA report, PREA policies, and the Bureau of Justice Statistics annual survey report on the official DJJ website. M. Any PREA violation, that is criminal in nature, shall be referred to the Kentucky State Police (KSP) unless the facility is located in Lexington or Louisville,</p>

Kentucky. For those facilities, potentially criminal violations shall be referred to local law enforcement.

The Agency Designee advised that Department of Juvenile Justice PREA reporting information is available through the DJJ website (<http://djj.ky.gov>). This information along with facility contact information is also shared with residents and parents/guardians during the admission process. Letters are sent with facility and program information to the family to explain the reporting process. The Department distributes information on how to report sexual abuse and sexual harassment on behalf of the residents we serve through a web site that is maintained by the agency. The information provided is the hotline number that is used by the agency which is a direct line to the investigating entity for the Department of Juvenile Justice. Additional information is provided via information flyers, brochures, posters, and facility resident handbooks that are made available to the public. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 906, Reporting and Investigating PREA Violations complies with policy 906.

A memorandum of clarification was submitted by the facility Superintendent advising that Department of Juvenile Justice PREA reporting information is available through the DJJ website (<http://djj.ky.gov>). This information along with facility contact information is also shared with residents and parents/guardians during the admission process. Letters are sent with facility and program information to the family to explain the reporting process. The Department of Juvenile Justice distributes information on how to report sexual abuse and sexual harassment on behalf of the residents we serve through a web site that is maintained by the agency. The information provided is the hotline number that is used by the agency which is a direct line to the outside investigating entity, IIB, for the Department of Juvenile Justice. Additional information is provided via information flyers, brochures, posters, and facility resident handbooks that are made available to the public. During the site review, the auditor observed posting and printed signage throughout the facility in the form of posters and pamphlets.

Signage includes audit notices, how to report sexual abuse and sexual harassment, access to outside victim emotional support services, and other relevant PREA information. The signage language was clear, easy to understand, and at an appropriate reading level. Signage was in two written formats, both English and Spanish. Overall signage was not obscured, unwritten able with graffiti, or missing due to damage or building renovation and located in accessible areas traveled by staff, residents, and members of the public. PREA information is continuously and readily available and observed throughout the facility. During the site visit, the auditor recommended the facility post where accessible to the public to include parents/guardians, attorney's, and contractors and volunteers, to post a specific stand-alone notice for third party reporting using the already assigned toll free telephone number. On October 26, 2023, the facility Superintendent provided photographs of the newly created notices posted in main entrances and living room areas. The auditor conducted and documented a test call to the designated third-party reporting entity using the same method provided to residents and the public as written on signage and on the agency website. The methods to submit third-

party reports was confirmed by speaking to the IIB investigator. The same method for resident accessibility was accessible to all residents. Seven residents interviewed explained they have reasonable accessibility by asking staff to let them out of their room to call the IIB hotline and that it can be used as a third party reporting line.

Interviews:

- Agency Designee
- Facility Superintendent
- PREA Coordinator
- Investigator
- Random Staff
- Random Residents

Interview Results:

- Seven resident interviews, their knowledge on third party reporting was satisfactory. Both the seven residents and twelve random staff knew how third-party reporting operates and gave at least two to three examples such as the IIB hotline, tell a parent, attorneys, or case workers, and aware of information published by the facility.
- The administrative investigator explained residents and staff can make a third-party report by calling the hotline number or using the agency website.
- Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures 906, Reporting and Investigating PREA Violations, revised 9/7/21 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9,

2018

- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures 908, AGH Response to a report of a PREA Violation, revised September 7, 2021
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 321, Program Services, Incident Reporting, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, dated December 1, 2014
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures 140, Reporting of Special Incidents, revised 9/7/21
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures 205, Youth Rights, revised September 7, 2021
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, dated December 1, 2014
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 102, Code of Ethics dated September 7, 2021
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Ashland Group Home Sexual Assault Responder Plan
- Memorandum of Clarification dated 7/18/23 from Superintendent
- Facility incident report
- Internal Investigations Branch Case Report dated 1/29/23
- Internal Investigations Branch Intake Form dated 12/13/22
- Incident Debriefing form dated 12/8/22

Interviews:

- Agency Designee
- Facility Superintendent
- PREA Coordinator
- Random Staff
- Medical and Mental Health Staff
- Intake Staff
- Investigator

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting

of Special Incidents, section A. Special Incidents in Youth Development Centers, Group Homes, Detention Centers, and contracted placements. 3. It is the responsibility of all staff to immediately report special incidents to the Superintendent or designee. If more than one staff witnesses or become knowledgeable of the occurrence or alleged occurrence of a special incident, each holds individual responsibility for making report to the Superintendent. Reports to the Superintendent are required whether staff observe the incident, are verbally informed of the incident from youth or staff or it is reported some other way.

Reporting is required regardless of whether staff think that the incident has already been reported or will be reported. 4. The Superintendent shall make immediate report to the IIB. The Superintendent may use either the 800-phone number or, in Youth Development and Treatment Centers, telephones programmed to dial directly to IIB. A voice mailbox system shall be available for reporting Special Incidents after normal work hours. B. Special Incidents in Day Treatment Centers and Community Service Offices. Staff of the Department and contract programs who have knowledge of an alleged situation of abuse or neglect shall immediately make report to the local Department of Community Based Services (DCBS) office. This report shall be followed by completing the DSS-115, Report of Suspected Child Abuse or Neglect or Dependency and mailing it to the local DCBS office. DJJ staff filing the DSS-115 shall forward a copy of the report to the DJJ Ombudsman. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures 140, Reporting of Special Incidents complies with the agency policy 140.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 321, Program Services, Incident Reporting, requires the Department of Juvenile Justice (DJJ) shall have a system for facilities to report incidents involving youth. Prompt reporting shall take place in accordance with established procedures. Section A. states that events involving youth which compromise the health, safety, or security of youth, staff, or any other individual, or the orderly management of the facility shall be considered incidents. The following situations shall constitute an incident: 4. Sexual assault or attempted sexual assault, involving physical contact of: a. Youth on youth; b. Youth on staff; c. Staff on youth; or d. Youth on other; 5. Inappropriate sexual behavior or sexual harassment: a. Youth on youth; b. Youth on staff; c. Staff on youth or d. Youth on other.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, sections C,D,G states C. DJJ staff, volunteers, interns, and contractors who witness, suspect, or receive a report that a juvenile has been a victim of sexual abuse, sexual contact, or any sexual misconduct, while in a residential or detention facility, shall immediately report it to the IIB hotline, their direct supervisor, the Superintendent and the Facility PREA Coordinator. The facility Superintendent shall be responsible for notification to the Facilities Regional Administrator (FRA), the Regional Director, Agency PREA Coordinator, the Deputy Commissioner, and the Commissioner. D. DJJ staff, volunteers, interns, or contractors who have reason to suspect that a juvenile has been a victim of sexual abuse, sexual harassment, sexual contact, or any sexual

misconduct, while on furlough from a facility or in the community, shall immediately report it to the IIB hotline, their direct supervisor, and the Superintendent or Director of Community and Mental Health Services, and the Facility PREA Coordinator or the Community PREA Coordinator. The Superintendent shall be responsible for notification to the FRA, the Regional Director, Director of Community and Mental Health Services, Agency PREA Coordinator, the Deputy Commissioner, and the Commissioner. The Director of Community and Mental Health Services shall be responsible for notification to the Superintendent, if applicable, the Regional Director, Agency PREA Coordinator, the Deputy Commissioner, and the Commissioner. G. DJJ staff shall not retaliate against staff or a juvenile for reporting a PREA violation. Staff who violate this policy shall be subject to disciplinary action up to and including dismissal. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures 906, Reporting and Investigating PREA Violations complies with policy 906.

Review Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, sections B and D, states B. If any facility staff learns that a juvenile is at substantial risk of imminent danger of sexual abuse or has received a report of sexual abuse, sexual harassment, or sexual contact, the staff shall take immediate action to protect the juvenile. C. Staff at each facility shall develop and implement a coordinated written plan that shall dictate the actions of first responders, medical and mental health staff, and contacts to be made, immediately following a report of sexual abuse, sexual harassment, sexual contact, or any sexual misconduct. D. If a facility staff becomes aware of a threat of sexual abuse, sexual contact, or any sexual misconduct, the staff shall take the following steps: 1. The alleged perpetrator shall immediately be separated from the intended victim and other juveniles and shall be placed in an isolated area until safety measures are put in place to prevent the abuse. Staff shall make a report to the IIB hotline; and 2. If the alleged perpetrator is a staff, the staff shall be separated from direct contact and access to all juveniles. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures 908, DJJ Response to a Report of a PREA Violation, follows the guidelines in policy 908.

The Ashland Group Home Sexual Assault First Responder Plan is available for staff reference in paper and database forms located in the staff office. The plan outlines the roles and responsibilities of safety and security staff, first responders, important contact numbers, and an area to document telephone contacts and numbers called during an allegation. All random staff interviews validated this knowledge of actions to be taken upon learning that a resident was sexually abused; random staff interviewed had the confidence and knowledge in providing the action steps identified in the policies and procedures.

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, written enumeration of rights shall be provided to each youth during the admission process and signed by the youth. The original shall be filed in the youth's record and a copy shall be provided to the youth. The following rights shall be afforded to all

youth: E. Confidentiality of the youth's record shall be maintained as provided by statutes and department policy (Reference KRS 610.320, 610.340 and 635.120). The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures 205, Youth Rights complies with policy 205.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, section F. requires each staff shall maintain the integrity of private or confidential information. Staff shall not seek information beyond that needed to perform their job responsibilities. Staff shall not reveal information to anyone not having professional use for such. All staff, consultants, contract personnel, interns, and volunteers shall sign a Confidentiality/Security Form as a condition of employment or service. H. Staff shall report any corrupt, unethical behavior, or policy violations which may affect either a youth or the integrity of the organization and any abuse or neglect as required by KRS 620.030. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 102, Code of Ethics.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, section A. requires DJJ staff, volunteers, interns, and contractors shall receive education and training regarding PREA and the juvenile standards. B. The Agency PREA Coordinator or designee shall ensure that important information is continuously and readily available to all staff regarding PREA. DJJ staff shall train all employees who have contact with juvenile residents on; 10. How to comply with mandatory reporting laws and understanding other laws regarding PREA as they relate to juveniles.

Interview Results:

- Twelve random and two specialized staff interviews indicated they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred at the facility; retaliation against residents or staff who reported the incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Random and specialized staff also are aware of the facility procedure for reporting any information related to a resident sexual abuse allegation.
- Interview with the Ombudsman confirms the reporting requirements as established in policy.
- The one (1) Medical, (1) Mental Health staff, and two (2) Intake staff indicated that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the incident. Unless otherwise precluded by Federal, State, or local law, mental health practitioners shall be required to report sexual abuse and to inform residents of the practitioner's duty to report, and the limitations of confidentiality at the initiation of services.

	<ul style="list-style-type: none"> • On December 8, 2022, one male resident escaped and went AWOL from the facility. He was apprehended and transported to the local detention center. During his intake, the resident made an allegation he was sexually assaulted by a staff and that was the reason for his AWOL. According to the facility incident and internal investigative report by IIB staff followed the agency reporting duties based on policy and the standards. Interviews with the facility Superintendent, PREA Coordinator, and investigation confirmed the facility followed agency reporting duties to include reporting to IIB, KSP, and followed mandatory reporting laws by contacting the Department of Community Based Services. • Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.
--	---

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation, revised September 7, 2021 • Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Ashland Group Home Resident Sexual Assault Incident Notification List and Action Plan • AGH First Responder Plan • Memorandum of Clarification from Superintendent dated July 18, 2023 <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Head or Designee • Facility Superintendent • PREA Coordinator • Random Staff • Residents

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, section B, C, F requires if any facility staff learns that a juvenile is at substantial risk of imminent danger of sexual abuse or has received a report of sexual abuse, sexual harassment, or sexual contact, the staff shall take immediate action to protect the juvenile. C. Staff at each facility shall develop and implement a coordinated written plan that shall dictate the actions of first responders, medical and mental health staff, and contacts to be made, immediately following a report of sexual abuse, sexual harassment, sexual contact, or any sexual misconduct. F. If sexual abuse or sexual assault has occurred, the location of the incident shall immediately be cleared of juveniles and staff. Staff shall erect barriers to rope off the area to ensure the area remains undisturbed until law enforcement arrives. Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation complies with policy 908.

The Ashland Group Home Sexual Assault First Responder Plan lists immediate steps related to first responder duties to include the following: 1. Separate the alleged victim and abuser. 2. Obtain Medical Care. If the first staff responder is NOT a security staff member, the responder is required to request that the alleged victim not take any action that could destroy physical evidence, and then notify security staff. 3. If the abuse occurred within 72-hour time period that still allows for the collection of physical evidence, request that the alleged victim and perpetrator not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. 4. Preserve and protect any crime scene until law enforcement can take appropriate steps to collect any evidence. Youth and staff will be removed from the area. The area will be blocked off with barriers (caution tape), until law enforcement arrives. Nothing shall be removed from the scene of the incident. (Clothing, linens, bodily fluids, etc. If law enforcement chooses not to investigate IIB will collect evidence. IF the abuse occurred longer than 72-hours prior, the Superintendent will decide if the area will remain secure. (IIB will be consulted.) 5. The first responder shall notify the Internal Investigations Branch, the Kentucky State Police, the Shift Supervisor, the Facility Superintendents, Regional Facility Administrator, Division Director, JPA, and Deputy Commissioner. 6. If the alleged perpetrator is staff, that staff shall not have direct contact or access with juveniles. 7. The First Responder shall complete the incident report. All witnesses shall write statements. 8. The alleged perpetrator and any youth that witnessed the incident are to be evaluated by medical staff, mental health staff, or designee for counseling.

In addition, the PREA Coordinator provided the auditor the Ashland Group Home Resident Sexual Assault Notification List and AGH First Responder Plan identifying what staff's requirements are when responding to a resident who is at imminent risk and possibly been sexually abused. All seven residents interviewed reported they feel safe and, more importantly, sexual safe at this facility and none had ever reported to staff that they were at substantial risk of imminent sexual abuse.

A review of the Pre-Audit Questionnaire and confirmed by random staff interviews:

	<ul style="list-style-type: none"> • In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse reported was zero (0). • If the agency or facility made such determinations in the past 12 months, the average amount of time that passed before taking action: One hour, Immediately. The longest time passed (in hours or days) before taking action: One hour, immediately. <p>Interview Results:</p> <ul style="list-style-type: none"> • Interview with the Agency Designee, facility Superintendent, PREA Coordinator, and twelve random staff indicated that when they learn that a resident is subject to a substantial risk of imminent sexual abuse, the facility separates the residents involved, modifies the residents bed assignment, and transfers residents to another living unit based on the safety and security of all residents. • Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.
--	--

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 906, Reporting and Investigating PREA Violations revised September 7, 2021 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation, revised September 7, 2021 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of

Special Incidents

- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 140, DJJ Response to a Report of a PREA Violation, revised September 7, 2021
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, dated December 1, 2014
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of Clarification regarding allegations from other KDJJ facilities

Interviews:

- Agency Designee
- Facility Superintendent
- PREA Coordinator
- Random Staff

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, section A.1. requires if a facility staff is witness to or hears about a juvenile making inappropriate sexual comments, the staff shall advise the juvenile that comments of a sexual nature are prohibited and that sanctions shall be put in place if the behavior does not stop. If a pattern of inappropriate communication continues by the juvenile, the staff or the juvenile shall report this conduct to the Internal Investigations Branch (IIB) hotline. Section C. DJJ staff, volunteers, interns, and contractors who witness, suspect, or receive a report that a juvenile has been a victim of sexual abuse, sexual contact, or any sexual misconduct, while in a residential or detention facility, shall immediately report it to the IIB hotline, their direct supervisor, the facility Superintendent, and the Facility PREA Coordinator. The facility Superintendent shall be responsible for notification to the Facilities Regional Administrator (FRA), the Regional Director, Agency PREA Coordinator, the Deputy Commissioner, and the Commissioner. D. DJJ staff, volunteers, interns, or contractors who have reason to suspect that a juvenile has been a victim of sexual abuse, sexual harassment, sexual contact, or any sexual misconduct, while on furlough from a facility or in the community, shall immediately report it to the IIB hotline, their direct supervisor, and the Superintendent or Director of Community and Mental Health Services, and the Facility PREA Coordinator or the Community PREA Coordinator. The Superintendent shall be responsible for notification to the FRA, the Regional Director, Director of Community and Mental Health Services, Agency PREA Coordinator, the Deputy Commissioner, and the Commissioner. The Director of Community and Mental Health Services shall be responsible for notification to the Superintendent, if applicable, the Regional Director, Agency PREA Coordinator, the Deputy Commissioner, and the Commissioner. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures

number 906, Reporting and Investigating PREA Violations follows the guidelines in policy 906.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, section D requires if a facility staff becomes aware of a threat of sexual abuse, sexual contact, or any sexual misconduct, the staff shall take the following steps: 1. The alleged perpetrator shall immediately be separated from the intended victim and other juveniles and shall be placed in an isolated area until safety measures are put in place to prevent the abuse. Staff shall make a report to the IIB hotline. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation, follows the guidelines in policy 908.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, section A. 1, Special Incidents in Youth Development Centers, Group Homes, Detention Centers, and contracted placements. 1. The Justice and Public Safety Cabinet's Internal Investigation Branch (IIB) shall conduct investigations of all special incidents at all residential treatment and youth development centers, group homes, and detention centers operated by the Department of Juvenile Justice. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 140, DJJ Response to a Report of a PREA Violation follows policy 140.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, section H. requires staff shall report any corrupt, unethical behavior, or policy violations which may affect either a youth or the integrity of the organization and any abuse or neglect as required by KRS 620.030. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 102, DJJ Response to a Report of a PREA Violation follows the guidelines set forth in policy 102.

The facility Superintendent submitted a memorandum of clarification and advised that there were no allegations of sexual abuse the facility received from another DJJ facility. The agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was 0.
- During the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was 0.

	<p>Interview Results:</p> <ul style="list-style-type: none"> • Interviews with the Agency Head Designee, Facility Superintendent, PREA Coordinator indicated that when the facility receives an allegation from another agency facility, the Superintendent will directly contact the facility Superintendent where the incident of sexual abuse or sexual harassment occurred at their facility. • Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.
--	--

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation, revised September 7, 2023 • Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Memorandum of Clarification dated 7/18/23 from the Superintendent reporting zero allegations requiring first responder duties over past 12 months • Isolation/Incident Log past 12 months • Ashland Group Home Sexual Assault First Responder Plan <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Designee • Facility Superintendent • PREA Coordinator • Medical and Mental Health Staff • Non-Security and Security Staff First Responders • Random Staff • Volunteer and Contractor <p>Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile</p>

Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, policy section requires the Department of Juvenile Justice (DJJ) shall have a coordinated response system in place to address incidents of sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ.

The policy further states in section C, staff at each facility shall develop and implement a coordinated written plan that shall dictate the actions of first responders, medical and mental health staff, and contacts to be made, immediately following a report of sexual abuse, sexual harassment, sexual contact, or any sexual misconduct. D. If a facility staff becomes aware of a threat of sexual abuse, sexual contact, or any sexual misconduct, the staff shall take the following steps: 1. The alleged perpetrator shall immediately be separated from the intended victim and other juveniles and shall be placed in an isolated area until safety measures are put in place to prevent the abuse. Staff shall make a report to the IIB hotline; and 2. If the alleged perpetrator is a staff, the staff shall be separated from direct contact and access to all juveniles. E. If a sexual assault has been witnessed by staff or staff is alerted that a sexual assault is occurring, staff shall take the following steps in caring for the juvenile victim: 2. The nurse or health trained staff shall ensure that the juvenile is medically conscious and is mobile. Staff shall only provide treatment for conditions that are life-threatening. If additional treatment is needed, the closest emergency medical facility shall provide medical care; 3. The juvenile victim shall not be permitted to shower or otherwise clean themselves until they are examined by hospital emergency medical staff and cleared by the emergency medical facility to do so; 4. DJJ staff shall make contact with local Kentucky Association of Sexual Assault Programs (KASAP) to request a hospital advocate for the juvenile victim.

In section F. reads, if sexual abuse or sexual assault has occurred, the location of the incident shall immediately be cleared of juveniles and staff. Staff shall erect barriers to rope off the area to ensure the area remains undisturbed until law enforcement arrives. 1. Staff and the juvenile shall not remove any items from the scene, including clothing, linens, and towels. Bodily fluids that are on the floor, furniture, or linens shall not be compromised. 2. If the abuse occurred within a time period that still allows for the collection of physical evidence, staff shall ensure that the alleged perpetrator does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, smoking, drinking, or eating. 5. The juvenile victim of the sexual abuse or sexual assault shall be separated until they can be interviewed by law enforcement or law enforcement confirms that the juvenile victim does not need to be interviewed. 6. The alleged perpetrator and any other juvenile or staff who witnessed or were involved in the incident shall be evaluated by medical staff and the Regional Psychologist, Treatment Director, or designee for any necessary treatment or counseling, immediately after the safety and security of the victim is ensured.

Section G. states, if the sexual abuse or sexual assault occurred less than seventy-two (72) hours prior to the report, the juvenile victim shall be transported to the closest emergency medical facility by DJJ staff, and the juvenile shall be examined

by qualified medical staff. If transportation is not readily available, a 911 emergency operator shall be utilized. H. If the sexual abuse or sexual assault occurred more than seventy-two (72) hours prior to the report, sealing off the area may not be practical due to traffic, contamination, and use of the area. The Superintendent or Regional Director shall consult with IIB to determine what areas to close and what evidence to collect. I. If the sexual abuse or sexual assault occurred more than seventy- two (72) hours prior to the report, transportation to an emergency medical facility shall be at the discretion of the facility medical staff, in consultation with the Superintendent and the Division Director of Medical Services.

All facility staff are trained on first responder security protocols - all non-direct care staff who may receive a disclosure are trained to immediately inform a security staff of the PREA allegation. Those staff designated as non-security staff members such as volunteers, interns, and contractors, acknowledge and understand they inform a security staff that is posted within the immediate area. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation complies with policy 908. The Ashland Group Home Sexual Assault First Responder Plan is available for staff reference in paper and database forms located in the staff office. The plan outlines the roles and responsibilities of safety and security staff, first responders, important contact numbers, and an area to document telephone contacts and numbers called during an allegation. All random staff interviews validated this technical knowledge of actions to be taken upon learning that a resident was sexually abused; random staff interviewed had the confidence and knowledge in providing the action steps identified in the policies and procedures. A memorandum of clarification written by the facility PREA Coordinator, during the current audit period there have been no occurrences of allegations that required response by first responders.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of allegations that a resident was sexually abused: zero (0).
- Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: zero (0).
- In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: zero (0).
- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: zero (0).
- Of these allegations in the past twelve months, the number of times the first security staff member requested that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: zero (0).

	<ul style="list-style-type: none"> • Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: zero (0). • Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: zero (0). • Of those allegations responded to first by a non-security staff member, the number of times that staff member: zero (0). • Requested that the alleged victim not take any actions that could destroy physical evidence. • Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: zero (0). <p>Interview Results:</p> <ul style="list-style-type: none"> • Twelve random staff interviewed could confidently indicate the action steps identified in the policies and procedures and were very knowledgeable of their responsibilities and duties as first responders. • The one medical contractor, one mental health staff, and one volunteer interviewed were aware of their non-security related duties and actions steps to immediately inform security staff providing direct supervision of residents. There were no residents who reported sexual abuse over the past twelve months as well as the past three years at Ashland Group Home. • Based on the above listed information, the facility meets the standard and complies with the standard for the relevant review period.
--	--

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation, revised September 7, 2021 • Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

- Ashland Group Home PREA First Responder Plan
- Updated Facility Institutional Response Plan

Interviews:

- Agency Designee
- Facility Superintendent
- PREA Coordinator

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, policy section requires the Department of Juvenile Justice (DJJ) shall have a coordinated response system in place to address incidents of sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ. Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation, revised June 16, 2023 adheres to policy 908.

Approximately one month ago, the Ashland Group Home facility written institutional plan was revised to better coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical, and mental health practitioners, investigators, and facility leadership and community partners such as the local SAFE hospital and emotional support services center. The plan clearly details the duties and responsibilities assigned to all professional and outlines the roles and responsibilities of safety and security staff, first responders, important contact numbers, and an area to document telephone contacts and numbers called during an allegation. On October 19, 2023, the Superintendent and PREA Coordinator facilitated a staff training to review the revised institutional plan and had all staff sign and acknowledge they understood the training. The staff training sign in sheets were provided to the auditor prior to the completion of the report.

Interview Results:

- Interviews with the Agency Designee, facility Superintendent, PREA Coordinator, and twelve random staff indicated the facility has in place a plan in providing the staff with clear actions to be taken by each discipline for assessing, contacting administrative staff, medical and mental health staff, and contacting law enforcement, victim advocate services, and several other individuals.
- Twelve random staff interviewed were asked where the coordinated response plan was in designated areas which were strategically placed within the facility and were aware of the plan's location.
- Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Kentucky revised statutes KRS 336.130,132 • Memorandum of Clarification DJJ Agency Designee <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Designee <p>After review of the Kentucky revised statutes KRS 336.130 and .132, to maximize individual freedom of choice in the pursuit of employment and to encourage an employment climate conducive to economic growth, that the right to work shall not be subject to undue restraint or coercion. The right to work shall not be infringed or restricted in any way based on membership in, affiliation with, or financial support of a labor organization or on refusal to join, affiliate with, or financially or otherwise support a labor organization. A memorandum from the agency level designee confirms 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.</p> <p>Interview Results:</p> <ul style="list-style-type: none"> • The Agency Designee explained that Kentucky is a right to work state and is not involved in collective bargaining nor does the agency have any union representation for its employees. According to the Agency Designee, there is nothing that limits the agency's ability to remove staff who are alleged sexual abusers from contact with juveniles pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. Furthermore, the conduct of the disciplinary process is not affected, and investigation information will not be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated. • Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.367	Agency protection against retaliation
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 344 1134 378">Supporting Documents, Interviews and Observations:</p> <ul data-bbox="352 445 1449 1312" style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, dated April 5, 2019 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, dated December 1, 2014 • Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • PREA Retaliation Monitoring Form Template • Memorandum of Clarification regarding retaliation monitoring from Superintendent dated 7/18/23 <p data-bbox="280 1357 459 1391">Interviews:</p> <ul data-bbox="352 1458 719 1570" style="list-style-type: none"> • Agency Head/Designee • Facility Superintendent • PREA Coordinator <p data-bbox="280 1615 1474 2063">A review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, policy section requires the Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to conduct administrative investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ. Section G. states that DJJ staff shall not retaliate against staff or a juvenile for reporting a PREA violation. Staff who violate this policy shall be subject to disciplinary action up to and including dismissal.</p>

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, policy section requires the Department of Juvenile Justice (DJJ) shall provide education to all juveniles in the custody, care, or supervision of DJJ regarding the Prison Rape Elimination Act of 2003 (PREA). The education material shall include general information regarding the zero-tolerance policy prohibiting sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct directed toward a juvenile in the custody, care, or supervision of DJJ and shall provide instructions for reporting sexual misconduct of any type.

In Section F. requires within seventy-two (72) hours of intake into a facility, DJJ staff shall obtain signed and dated PREA acknowledgement documentation, from the juvenile, stating that they have received comprehensive information on the right to be free from sexual abuse, sexual harassment, sexual contact, and any sexual misconduct, reporting instructions, and the right to be free from retaliation for reporting such incidents. The documentation shall be placed in the hard case file and the electronic record, if applicable of the juvenile.

A review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, section 4. J. requires after an allegation of any type of sexual misconduct has been made, the facility shall protect the reporting juvenile, facility staff, or any cooperating individual from retaliations by other juvenile or facility staff. 1. Facility staff shall be designated to monitor for retaliatory behavior or actions. 2. Facility staff shall use protective measures, such as changes in residential housing for juvenile victims, transfer of juveniles to other facilities, and change of work assignments for alleged staff. 3. Facility staff shall provide emotional support for juveniles and staff, who fear retaliation from reporting sexual abuse, sexual harassment, sexual contact, or any sexual misconduct through residential counseling and the Kentucky Employee Assistance Program (KEAP). 4. Facility staff shall monitor the treatment of the juvenile and staff for ninety (90) days following a report of sexual abuse or sexual harassment, and if the victim exhibits change that may suggest possible retaliation by other juveniles or staff the facility shall act immediately to address any retaliation. 5. Juvenile disciplinary reports, housing assignments, facility staff reassignments, program changes, and any negative performance reviews of facility staff involved in the allegation shall be monitored for indications of retaliation. 6. Monitoring shall continue beyond ninety (90) days if any indication of retaliation is noted. 7. The facility may terminate the monitoring process if through investigation it is determined that the allegations are unfounded.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, policy section requires that upon admission to a Department of Juvenile Justice (DJJ) program, youth shall be advised of their rights, duties, and responsibilities including their right to file a grievance. In Section 4.H., written enumeration of rights shall be provided to each youth during the admission process and signed by the youth. The original shall be filed in the youth's record and a copy shall be provided to the

youth. The following rights shall be afforded to all youth: H. Youth shall be treated in a humane manner and shall have the right to be protected from exploitation, neglect, and physical, sexual, and emotional abuse. This shall include corporal punishment, intentional injury, use of intimidation, threatening, or abusive language toward the youth, either verbally, in writing, or by gesture. Any suspected abuse or neglect of youth shall be reported in accordance with KRS 620.030 and DJJPP Chapter 1 (Staff Code of Ethics).

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, policy section requires the Department of Juvenile Justice (DJJ) that all reports of special incidents shall be reported in accordance with the Kentucky Revised Statutes. It is the obligation of staff to report any special incident of which they have knowledge. Failure to report may result in disciplinary action. All reporters of suspected and known special incidents shall be protected from retaliation and all staff and juveniles shall be informed of their right to be free from retaliation.

The facility Superintendent and PREA Coordinator are designated to monitor for retaliation as described in standard § 115.367. For at least 90 days following a report of sexual abuse or sexual harassment, the Facility PREA Coordinator shall monitor the conduct or treatment of juveniles or staff who reported sexual abuse. If someone other than the alleged victim reported abuse, the Facility PCMs shall monitor the juveniles who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by juveniles or staff and shall act promptly to remedy any such retaliation. If retaliation against staff by other staff is suspected, the Facility PCM shall communicate findings to the facility Superintendent and agency PREA Coordinator.

To monitor retaliation related to the case of juveniles, such monitoring shall include periodic status checks with the staff and/or juvenile, a review of any incident reports accumulated by the juvenile, a review of any sanctions against the juvenile, any housing, or program changes, or negative performance reviews or reassignments of staff. Monitoring efforts shall be documented by the facility Superintendent and PREA Coordinator. They shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. If any other individual who cooperates with an investigation expresses a fear of retaliation, KDJJ shall take appropriate measures to protect that individual against retaliation. Retaliation monitoring occurs in increments until at least 90 days following a report of sexual abuse and is documented on the facility PREA Retaliation Monitoring Form.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of times an incident of retaliation occurred in the past 12 months was zero (0).

Interview Results:

	<ul style="list-style-type: none"> • Interviews with the Agency Head/Designee, Facility Superintendent, and PREA Coordinator indicated in cases of sexual abuse allegations, monitoring for retaliation begins immediately following a report and continues for a period of 90 days. • There were no allegations reported by staff or residents of sexual abuse during the last twelve months. The facility PREA Coordinator is the designee assigned to monitor for retaliation and was knowledgeable on monitoring the treatment of residents or staff who reported sexual abuse and who were suffered sexual abuse, any changes that suggests any and all forms of retaliation, and acting promptly to remedy any such retaliation. • Based on supporting documentation submitted the agency and facility are compliant with this standard during the reporting period.
--	---

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation dated September 7, 2021 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 912, Sexual Orientation and Gender Identity, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 912, Sexual Orientation and Gender Identity, revised September 7, 2021 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 905, Juvenile Vulnerability Assessment, revised September 7, 2021 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318, Program Services, Behavior Management, dated April 5, 2019 • Kentucky Department of Juvenile Justice, Ashland Group Home Standard

Operating Procedures number 318, Program Services, Behavior Management, dated September 7, 2021

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 323, Program Services, Isolation, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandums of Clarification from Superintendent on Isolation

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, page 2, section D. requires if a facility staff becomes aware of a threat of sexual abuse, sexual contact, or any sexual misconduct, the staff shall take the following steps: 1. The alleged perpetrator shall immediately be separated from the intended victim and other juveniles and shall be placed in an isolated area until safety measures are put in place to prevent the abuse. Staff shall make a report to the IIB hotline; and 2. If the alleged perpetrator is a staff, the staff shall be separated from direct contact and access to all juveniles. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, DJJ Response to a Report of a PREA Violation, revised August 6, 2018 follows all guidelines of DJJ 908.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 912, Sexual Orientation and Gender Identity, page 2, sections E, F, H, I, K requires KDJJ, LGBTQI juveniles shall not be placed in isolation or segregation as a means of keeping them safe from discrimination, harassment, or abuse. LGBTQI juveniles shall not be treated or classified as a juvenile sex offender (JSO) unless required by a court. F. Facility staff shall make housing decisions for all juveniles including transgender and intersex juveniles based on the individualized needs of a juvenile; and shall prioritize the emotional and physical safety of a juvenile, taking into account the perception of where they will be most secure, as well as any recommendations from the health care provider of the juvenile. H. DJJ shall provide transgender and intersex juveniles with safety and privacy when using the shower and bathroom and when dressing and undressing. I. DJJ staff shall not require transgender and intersex juveniles to shower or undress in front of other juveniles; and transgender juveniles shall be permitted to use single occupancy bathrooms and showers, if available. Such accommodation shall be provided in a sensitive manner. K. LGBTQI juveniles shall not participate in JSO treatment or counseling, unless required to do so by a court or as necessary to address sexually offending behaviors. L. The juvenile sex offender treatment program (JSOTP) shall not discriminate based on sexual orientation, gender expression, intersex condition, or gender identity and shall not criminalize LGBTQI identity. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 912, Sexual Orientation and Gender Identity, revised August 27, 2018 follows all guidelines of DJJ 912.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy

and Procedures, policy number 323, Program Services, Isolation, policy section requires youth who threaten the safety, security, and orderly management of the facility may be separated from the general population and placed in special isolation units to allow for individualized intervention. A youth shall not be isolated longer than necessary. Isolation shall never be used as a punishment or disciplinary sanction. Section A. state the following situations may constitute a threat to safety or security of the facility, staff, or youth and may result in an isolation placement: 2. Sexual Assault or attempted sexual assault.

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318, Program Services, Behavior Management, pages 3,4, section H. states a youth requiring protection from others shall be separated from the general population until alternative permanent housing is found within the facility or the youth is transferred to another facility. 1. The treatment team may develop a Special Management Plan (SMP) to assure the safety and continuous services and programming for the youth. 2. Separation from the general population beyond twenty-four (24) hours shall require approval by the Superintendent and Treatment Director. The Chief of Mental Health Services and Regional Psychologist shall be consulted. 3. This action shall be reviewed by the treatment team within seventy-two (72) hours. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 318, Program Services, Behavior Management, dated July 8, 2016 follows all guidelines of DJJ 318. The facility Superintendent provided a memorandum of clarification indicated that that Ashland Group Home does not use segregated housing as a means of protections for alleged sexual abuse.

Interviews:

- Agency Designee
- Facility Superintendent
- PREA Coordinator AGH
- Facility Superintendent AGH
- Medical and Mental Health Staff
- Random Staff

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: zero (0).
- The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: zero (0).
- The average period residents who allege to have suffered sexual abuse held in isolation to protect them from sexual victimization in the past 12 months: zero (0).

	<p>Interview Results:</p> <ul style="list-style-type: none"> • Interviews with the Agency Head/Designee, facility Superintendent, and PREA Coordinator indicated that when and if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment involving staff occurred at their facility, they will put that staff on no-contact. If the allegation involves a resident, staff will monitor and document until investigation is completed. • Specialized and twelve random staff indicated that the alleged abuser would be moved to another room or another facility. Seven random residents and all staff interviewed stated they do not have any forms of isolation or segregated housing at the facility. • Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.
--	---

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 142, Administration, Staff Involved in Special Incident Allegations, dated February 15, 2004 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, dated December 1, 2014 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, dated December 1, 2014

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 133, Administration, Ombudsman dated December 1, 2014
- Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-001, dated May 21, 2013
- Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-002, dated December 11, 2013
- Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-013, dated June 23, 2021
- Internal Investigations Branch Case Report dated 1/29/23
- Internal Investigations Branch Intake Form dated 12/13/22
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Review of the Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 901, Reporting and Investigating PREA Violations, policy section requires the Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to conduct administrative investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ. Section 4 A. requires DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. 1. Investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any sexual misconduct shall be conducted and documented by IIB in accordance with 500 KAR 13:020. 2. An investigator with IIB shall complete Prison Rape Elimination Act of 2003 (PREA) and sexual abuse investigations training prior to conducting investigations as required by 28 C.F.R. 115.334. 3. The DJJ Ombudsman shall investigate cases of juvenile-on-juvenile sexual harassment. 4. DJJ shall cooperate and provide support for the prosecution of all substantiated PREA cases.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018, requires the Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to conduct administrative investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ.

In section 4, Procedures, requires A. DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. 1. Investigations regarding allegations of sexual abuse, sexual harassment

between juveniles and staff, sexual contact, or any sexual misconduct shall be conducted and documented by IIB in accordance with 500 KAR 13:020. In section B. DJJ staff, volunteers, interns, and contractors shall be responsible for being alert to signs of situations in which sexual abuse, sexual harassment, sexual contact, or any sexual misconduct may occur. C. DJJ staff, volunteers, interns, and contractors who witness, suspect, or receive a report that a juvenile has been a victim of sexual abuse, sexual contact, or any sexual misconduct, while in a residential or detention facility, shall immediately report it to the IIB hotline, their direct supervisor, the Superintendent and the Facility PREA Coordinator. The facility Superintendent shall be responsible for notification to the Facilities Regional Administrator (FRA), the Regional Director, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner. E. Juveniles shall have the right to report sexual abuse, sexual harassment, sexual contact, or any sexual misconduct to a staff member or the IIB hotline. F. If a juvenile submits a grievance, regarding sexual abuse, sexual contact, or sexual misconduct, staff shall immediately report the alleged details of the allegations to their direct supervisor, the Superintendent, the Facility PREA Coordinator, and the IIB hotline. The Superintendent shall be responsible for notification to the FRA, the Regional Director, Agency PREA Compliance Officer, the Deputy Commissioner, and the Commissioner. A grievance regarding PREA allegations shall not be processed as a grievance and shall immediately be forwarded to IIB.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, Section E. requires if a sexual assault has been witnessed by staff or staff is alerted that a sexual assault is occurring, staff shall take the following steps in caring for the juvenile victim: 1. Kentucky State Police (KSP) and 911 Emergency Responders shall be immediately notified, unless the incident happened in the cities of Lexington or Louisville, Kentucky in which case DJJ staff shall contact the local police department and a report shall be filed. Staff shall also contact the IIB hotline. Section F. If sexual abuse or sexual assault has occurred, the location of the incident shall immediately be cleared of juveniles and staff. Staff shall erect barriers to rope off the area to ensure the area remains undisturbed until law enforcement arrives. 1. Staff and the juvenile shall not remove any items from the scene, including clothing, linens, and towels. Bodily fluids that are on the floor, furniture, or linens shall not be compromised. 2. If the abuse occurred within a time period that still allows for the collection of physical evidence, staff shall ensure that the alleged perpetrator does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, smoking, drinking, or eating. 3. If law enforcement chooses not to investigate, staff shall contact IIB for instructions regarding evidence collection and preservation. 7. The Superintendent shall review, download, and preserve all videos in or around the area that could contain evidence of a Prison Rape Elimination Act of 2003 (PREA) violation.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 142, Administration, Staff Involved in Special

Incident Allegations, policy section requires when allegation of a special incident is substantiated, disciplinary action shall be initiated with the perpetrating employee. Contact between an alleged perpetrator and an alleged victim shall cease at any point the alleged victim is determined to be at risk. Section A. states, 1. In situations where a staff member has evidence or reason to believe that a special incident has occurred, steps shall be taken to assure immediate report of the incident is made to the Internal Investigations Branch (IIB) in accordance with DJJPP 140.

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 102, Administration, Code of Ethics, section 4.H. requires staff shall report any corrupt, unethical behavior, or policy violations which may affect either a youth or the integrity of the organization and any abuse or neglect as required by KRS 620.030.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, policy section, requires the Department of Juvenile Justice (DJJ) that all reports of special incidents shall be reported in accordance with the Kentucky Revised Statutes. It is the obligation of staff to report any special incident of which they have knowledge. Failure to report may result in disciplinary action. All reporters of suspected and known special incidents shall be protected from retaliation and all staff and juveniles shall be informed of their right to be free from retaliation. In Section A. Special Incidents in Youth Development Centers, Group Homes, Detention Centers, and contracted placements. 1. The Justice and Public Safety Cabinet's Internal Investigation Branch (IIB) shall conduct investigations of all special incidents at all residential treatment and youth development centers, group homes, and detention centers operated by the Department of Juvenile Justice. 2. A toll-free number, or in Youth Development and Treatment Centers telephones programmed to dial direct to the IIB and maintained in good working order, shall be accessible to youth and staff for use in the reporting of special incidents.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 142, Administration, policy section, states when allegation of a special incident is substantiated, disciplinary action shall be initiated with the perpetrating employee. Contact between an alleged perpetrator and an alleged victim shall cease at any point the alleged victim is determined to be at risk. Section A. requires in situations where a staff member has evidence or reason to believe that a special incident has occurred, steps shall be taken to assure immediate report of the incident is made to the Internal Investigations Branch (IIB) in accordance with DJJPP 140.

Policy review of Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 133, Administration, Ombudsman, policy section, requires the Office of the Ombudsman shall work to ensure fairness and equality in all services and programs provided by the Department of Juvenile Justice and to facilitate communications between the Department, its staff, its clients and their families, governmental bodies, and the general public. The Office of the Ombudsman shall receive and respond to inquiries and records requests and

provide written and oral information to citizens, government agencies, and current or former youth and their attorneys. Section A. states the duties of the Ombudsman assigned to conduct complaint investigations shall include: 1. Report to the Commissioner or designee; 2. Monitor the implementation and use of the Internal Grievance Procedure in all program areas; 3. Review the final decision of the facility superintendent concerning an internal grievance to ensure that it complies with policy and procedure, fairness and equality; 4. Advocate for needed or improved services to clients and their families; 5. Request corrective action for services not provided according to policy and procedure, fairness and equity, when necessary; 6. Respond to concerns and complaints from the general public and members of governmental bodies as they pertain to services of the Department; 7. Coordinate with the Internal Investigation Branch (IIB) to identify complaints received via the 800 hotline that need immediate attention; 8. Have access to all documents necessary for investigation. All staff shall be required to cooperate on inquiry being made by the Ombudsman.

The investigator's primary concern in an incident that places the resident in imminent danger shall be the safety of the resident. In addition to this concern, the investigator should be cognizant of the need to preserve any evidence involving the incident. Authorities at the facility should be requested to document and preserve any evidence that was generated in the incident. Investigators shall document any and all action taken to protect the resident and preserve evidence. 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. If during the course of an investigation, the alleged offender is placed on administrative leave, that investigation will be given a higher priority. Investigations that possibly contain time sensitive material should also be given a higher priority.

The review of the Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-001, dated May 21, 2013, 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. (PREA 115.371). 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.

The Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-013, dated June 23, 2021, establishes guidelines for IIB investigators for conducting investigations into allegations that meet the criteria under PREA. IIB has the responsibility for conducting administrative investigations into all allegations of sexual abuse involving youth in custody of the DJJ or sexual harassment of DJS youth by staff. If an allegation is criminal in nature, the allegations shall be referred to the appropriate law enforcement agency with jurisdiction over the location where the allegation is alleged to have occurred. If the criminal investigation is initiated, the administrative investigation shall cease until the criminal investigation is complete or the primary investigator in the criminal investigation reports proceeding with the administrative investigation would not have a negative impact on the criminal investigation. IIB investigators shall provide any assistance or information to the criminal investigator with the exception of that which would be prohibited by the *Garrity v. NJ* court decision.

Once an allegation is received that meets the criteria of sexual abuse of a youth by staff the allegation shall be assigned for investigation and the investigation be conducted and documented in accordance with SOP IIB-001. 1) 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. 2) The investigation shall not be terminated solely because the source of the allegation recants the allegation. 3) 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 youth or staff. 4) During the course of an investigation, an effort shall be made to determine whether staff actions or failures to act contributed to the abuse. 5) Investigators shall document in written reports a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. 6) During the interview of victims, at the requests 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.

The facility Superintendent advised that during the current review period there was one (1) sexual abuse allegation, staff sexual misconduct dated 12/13/22. The Internal Investigative Branch conducted an administrative investigation and the report conducted the investigation and did so in a prompt, thorough, and objective manner. The investigative report showed the need gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interviews of the alleged victim, suspected perpetrator, and witnesses; and reviewed prior complaints and reports of sexual abuse involving the suspected perpetrator. The law enforcement agency was contacted of the allegation and a criminal investigation was conducted by KSP. The

administrative investigation was placed on hold until the criminal investigation was completed. The criminal investigation was completed and IIB investigator continued the investigation and the results of the investigation resulted in an outcome finding of unfounded. The criminal case was forwarded to the Boyd County Commonwealth Attorney for review. When on-site at AGH, the auditor observed the physical storage area of information collected and maintained in hard copy pursuant to the PREA Standards. Information such as risk screening information, medical and mental health records and determined the area as secured in a locked file cabinet and the respected staff office. Electronic safeguards of information collected and maintained on electronic databases were observed while interviewing the Superintendent. The electronic information was password protected on facility owned computer equipment.

Interviews:

- Agency Head or Designee
- Facility Superintendent
- PREA Coordinator
- Administrative Investigator

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of substantiated allegations of conduct that appears to be criminal that were referred for prosecution since the last PREA audit was 0.
- There were one (1) allegations of sexual abuse or harassment over the past 12-month reporting period.

Interview Results:

- Interview with the Agency Designee, facility Superintendent, and PREA Coordinator indicated when a sexual abuse allegation occurs the agency investigators are notified and begin the investigation. When an outside agency investigates allegations of sexual abuse the agency remains informed of the progress of the sexual abuse investigation by maintaining contact with the assigned agency investigator, state and local law enforcement agencies, and the prosecutor's office.
- The interview with the one investigator who conduct administrative investigations indicated when they conduct investigations into allegations of sexual abuse and sexual harassment, they do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. One investigator interviewed explained she completed the training requirements in 115.331 and .334. The investigator described that direct and circumstantial evidence gather in an investigation of an incident of sexual abuse consisted of collecting physical and DNA evidence, electronic monitoring data, interviews, and prior complaints and reports of sexual abuse.

	<ul style="list-style-type: none"> • The one (1) investigator indicated that the outside agency that investigates criminal sexual abuse keeps the facility informed of the progress of the investigation thru emails and the release of the final investigation report, when evidence is discovered that a prosecutable crime may have taken place; it is turned in for review then the prosecutor is consulted. According to the investigator cases for prosecution are referred when there are substantiated allegations of conduct that appear to be criminal. The investigator stated when a staff alleged to have committed sexual abuse terminates employment prior to a completed investigation into the conduct; the investigator continues the investigation until completion and all investigations are documented. The documentation includes descriptions of physical, testimonial, and documentary evidence, as well as attached copies of documentary evidence. • When interviewed, the Agency Designee, Administrative Investigator, facility Superintendent were knowledgeable with the standard related to administrative or criminal investigations. • Based on the above listed information, the auditor determination is the agency facility meets the standard.
--	---

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-001, dated May 21, 2013 • Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Internal Investigations Branch Case Report dated 1/29/23 • Internal Investigations Branch Intake Form dated 12/13/22 <p>Interviews:</p> <ul style="list-style-type: none"> • Administrative Investigator <p>The review of the Kentucky Justice and Public Safety Cabinet, Internal Investigations Branch, Procedures for the Internal Investigations Branch, policy number IIB-001, dated May 21, 2013, requires investigators shall make a finding to the investigation of the incident. The investigator may make a finding of Substantiated, Not</p>

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). (PREA 115.372) The findings are defined as follows; (PREA 115.5)

1. Substantiated- means the incident occurred proven by an admission of the person responsible or by the preponderance of the evidence.
2. Not Substantiated- means there is insufficient evidence to determine if an incident occurred or if the accused was involved in the incident.
3. Exonerated- means the incident occurred, but the accused's actions were justified or proper.
4. Unfounded- means the charges are false or the employee was not involved in the incident.
5. Pending Further Investigation- means a critical witness or offender cannot be located or refuses to cooperate with the initial investigation, or there is other interference with the investigation, beyond the control of IIB, that prevents IIB from making a final determination for its finding.

The facility Superintendent advised that during the current review period there was one (1) sexual abuse allegation, staff sexual misconduct dated 12/13/22. The Internal Investigative Branch conducted an administrative investigation and the report conducted the investigation. The law enforcement agency was contacted of the allegation and a criminal investigation was conducted by KSP. The administrative investigation was placed on hold until the criminal investigation was completed. The criminal investigation was completed and IIB investigator continued the investigation and the results of the investigation resulted in an outcome finding of unfounded. The agency imposed a standard of a preponderance of evidence of proof for determining whether the allegation of sexual abuse was substantiated, unsubstantiated, or unfounded.

Interview Results:

- Interview with the Administrative Investigator confirmed that the agency or program does conduct administrative investigations and determines evidentiary standards. When there is evidence that a prosecutable crime has taken place, the IIB consults with prosecutors before conducting compelled interviews.
- Based on the above listed information, the auditor determination is the agency facility meets the standard.

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Reporting and Investigating PREA Violations, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, dated December 1, 2014
- Memorandum of Clarification dated 3/23/23 regarding allegations past 12 months
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 321, Program Services, Incident Reporting, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Internal Investigations Branch Case Report dated 1/29/23
- Internal Investigations Branch Intake Form dated 12/13/22
- Victim Letter dated 11/1/23 to victim from Commissioner
- Victim Confirmation Letter dated 11/3/23
- Report of Investigative Outcome to Resident

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Reporting and Investigating PREA Violations, dated March 9, 2018, policy section, requires the Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to conduct administrative investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ.

In Section J. requires the Department shall inform the resident in writing as to whether an allegation has been substantiated, not substantiated, unfounded, or exonerated. If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency to inform the resident. All notifications or attempted notifications shall be documented in the youth's individual client record (ICR). 1. If the alleged abuser is a staff member, the Department shall inform the resident victim (unless the agency has determined that the allegation is unfounded) when: a. The staff member is no longer posted within the resident's unit, b. The staff member is no longer employed at the facility, or c. The Department learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. 2. If the alleged abuser is another resident, the Department shall inform the resident victim when: a. The Department learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility, b. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility, or c. The abuser has been moved to another program or facility. The agency designee- and the Agency PREA Coordinator, when the investigation is concluded and a determination is made, the office completes the report of investigative outcome to all residents.

The agency Commissioner and/or the PREA Compliance Manager of the Kentucky Department of Juvenile Justice completes the Report of Investigative Outcome to resident following a resident's allegation that another resident or staff member has committed sexual abuse against the resident. The resident (victim) who reported sexual abuse confirm receiving written notification and the letter was placed on the resident's file.

A review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 140, Administration, Reporting of Special Incidents, policy section, the Department of Juvenile Justice (DJJ) that all reports of special incidents shall be reported in accordance with the Kentucky Revised Statutes. It is the obligation of staff to report any special incident of which they have knowledge. Failure to report may result in disciplinary action. All reporters of suspected and known special incidents shall be protected from retaliation and all staff and juveniles shall be informed of their right to be free from retaliation.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 321, Program Services, Incident Reporting, policy section, requires the Department of Juvenile Justice (DJJ) shall have a system for facilities to report incidents involving youth. Prompt reporting shall take place in accordance with established procedures. Section A. states that events involving youth which compromise the health, safety, or security of youth, staff, or any other individual, or the orderly management of the facility shall be considered incidents. The following situations shall constitute an incident: 4. Sexual assault or attempted sexual assault, involving physical contact of: a. Youth on youth; b. Youth on staff; c. Staff on youth; or d. Youth on other; 5. Inappropriate sexual behavior or sexual harassment: a. Youth on youth; b. Youth on staff; c. Staff on youth or d. Youth on other. B. The primary staff directly involved in an incident shall complete the incident report by the end of the shift.

The facility Superintendent advised that during the current review period there was one (1) sexual abuse allegation, staff sexual misconduct dated 12/13/22. The agency determined the investigative outcome of unfounded. Due to technological issues within IIB with providing documentation of the youth notification outcome letter, the agency Commissioner resubmitted and completed an additional letter sent to the victim dated 11/1/23 along with a victim confirmation letter dated 11/3/23 showing the victim was made aware and signed acknowledgement indicating the outcome of the investigation.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months was one (1).
- Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation was one (1).

	<ul style="list-style-type: none"> • The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was 1. The outside investigative agency who conducted the criminal investigation is the Kentucky State Police. • Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was 1. • In the past 12 months, the number of notifications to residents that were provided pursuant to this standard were 1. <p>Interview Results:</p> <ul style="list-style-type: none"> • Interviews with the Agency Designee, facility Superintendent, PREA Coordinator, and Administrative Investigator indicated that the program notifies residents- who make an allegation of sexual abuse- in writing who when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. • The agency and facility meet the standard and is compliant for the relevant rating period.
--	--

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 902, Prison Rape Elimination Act of 2003 (PREA), Personnel Procedures, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 104, Administration, Code of Conduct, dated December 1, 2014

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 105, Administration, Management Response to Work Guideline Violations Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated December 1, 2014
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 142, Administration, Staff Involved in Special Incident Allegations, dated February 15, 2004
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre Audit Questionnaire (Juvenile Facilities)
- Memorandum of Clarification dated 7/18/23, staff discipline

Interviews:

- Agency Designee
- Facility Superintendent
- PREA Coordinator
- Facility Human Resources staff

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, section 4. A requires DJJ staff, volunteers, interns, and contractors shall not sexually abuse, sexually harass, have sexual contact with, or engage in any type of physical or verbal sexual misconduct, or grooming behavior, directed toward a juvenile in the custody, care, or supervision of DJJ, whether on or off duty. Consensual status shall not be a factor when determining whether a violation has occurred. 1. Any DJJ staff violating this policy shall be subject to disciplinary action up to and including dismissal or termination. A staff that is dismissed, terminated, or resigns as a result of a substantiated PREA violation shall be reported to law enforcement agencies and the local prosecutor's office for criminal prosecution.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 902, Prison Rape Elimination Act of 2003 (PREA), Personnel Procedures, policy section requires the Department of Juvenile Justice (DJJ) shall conduct background checks for DJJ staff, applicants, volunteers, interns, and contractors and explicitly indicate the prohibitions for employment or service with DJJ in accordance with the Prison Rape Elimination Act of 2003 (PREA). Section 4, Procedures, N. Staff shall be subject to disciplinary sanctions up to and including termination or dismissal for any violation of the PREA policies.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 104, Administration, Code of Conduct, policy section requires staff, volunteers, interns, and contract personnel shall conduct themselves in a professional manner. All persons shall be aware that their personal conduct reflects upon the integrity of the agency and its ability to provide services to youth. Stated in Section 4, Procedures, W. Abuse, or other mistreatment of youth in the

care or custody of the department shall not be tolerated. Staff abusing youth shall be subject to disciplinary action up to and including dismissal under 101 KAR 1:345. All persons suspected of abuse are subject to investigation and prosecution under all applicable laws. X. All persons shall act in a manner that provides youth with a positive role model. Y. All persons shall be expected to maintain a professional relationship with youth at all times. The following rules help delineate this relationship and prevent complications in treatment of youth. Z. All staff is prohibited from the following actions: 6. Entering into an intimate or romantic relationship or having sexual contact with an individual who is currently under the custody, care, or supervision of DJJ. (reference KRS 510.020 (3)(e) regarding consent); or 7. Having an intimate or romantic relationship with a juvenile that has been in the direct custody, care, and supervision of that employee or in a facility where the employee worked while the juvenile was in custody, for a minimum of ten (10) years after the juvenile has been officially released from DJJ.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 105, Administration, Management Response to Work Guideline Violations Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, policy section, requires Department staff are expected to comply with all work guidelines that are applicable to their respective job duties. Management staff are expected to teach and train their subordinate staff on relevant work guidelines and how to implement them. Section A. Department staff shall adhere to all work guidelines. Work guidelines shall include: 1. The Code of Federal Regulations (CFR); 2. Kentucky Revised Statutes (KRS); 3. Kentucky Administrative Regulations (KAR); 4. Department of Juvenile Justice Policies and Procedures (DJJPP); 5. General Directives (GD); and 6. Other management directives. B. Professional guidelines shall be considered work guidelines only when they are a part of professional licensure or certification that is required to perform a staff's assigned job duties.

In section C. General Guidelines for Management Responses to Work Guideline Violations 1. Supervisors shall conduct themselves with professionalism, integrity, and consistency. a. Supervisors shall not accept gifts or favors from subordinate staff, except in situations involving holiday exchanges, retirement, and in celebration of life events (e.g., birthday, marriage, new child). b. Supervisors shall not engage in romantic or sexual relationships with subordinate staff. c. Supervisors shall make decisions without consideration of personal relationships or other non-work-related factors including race, color, religion, national origin, sex, age, disability, political affiliation, sexual orientation, gender identity, genetic information, or veteran's status. 2. A management response to work guideline violations shall be given only after deliberation, consultation with the next line supervisor, and with consideration of the following: a. Severity of the offense; b. Staff's level of experience; c. Staff's previous work history; d. Staff's capabilities and limitations; and e. Whether or not the offense resulted in harm to youth, another staff, or the general public. 3. Management responses shall be fair and consistent with the ultimate goal of helping the violating staff improve their work performance and avoiding a repetition of the violation. Coaching and verbal conferences shall be

used, when appropriate, to provide positive feedback and assistance to staff.

In section D of the policy states, Request for Disciplinary Action Guidelines 1. Requests for Disciplinary Action shall be completed according to a format established by the Personnel Branch and approved by the Division Director of Administrative Services. 2. All Requests for Disciplinary Action shall: a. Include a detailed account of each work guideline violation; b. Contain all supporting documentation that supports the management contention that work guideline violations occurred; c. Include a complete listing of any previous disciplinary actions that have been taken against the staff; d. Include a complete listing of any current or completed documented verbal conferences and PIPs for the violating staff; and e. Include a written statement provided by the violating staff regarding the request for discipline. The written statement shall be signed by the violating staff and requesting Supervisor. If the violating staff fails to comply with the requirement of providing a written statement, the requesting supervisor shall note the failure to comply in the written request for discipline.

A written statement shall be obtained from violating staff on leave immediately upon their return, if applicable. 3. The Supervisor requesting disciplinary action shall provide the violating staff a copy of the request and all supporting documentation at the time of the submission. 4. Supervisors may seek advice and counsel from management within their chain of command, the Office of Legal Counsel, Director of Administrative Services Division, or the Personnel Branch Manager. 5. Supervisors shall only discuss the details of a Request for Disciplinary Action within their chain of command, with the Personnel Branch, with the Director of Administrative Services Division, or with the Office of Legal Counsel. 6. Requests for Disciplinary Action shall be submitted through the chain of command to the Commissioner, a. Each request should be reviewed and approved by each level of management. Supervisors and each level of management may provide a recommendation regarding the recommended level of discipline to be issued based upon the submitted request. 7. A Request for Disciplinary Action shall not be considered pending discipline once the request has been approved by all levels of management.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 142, Administration, Staff Involved in Special Incident Allegations, policy section, requires when allegation of a special incident is founded, disciplinary action shall be initiated with the perpetrating employee.

Contact between an alleged perpetrator and an alleged victim shall cease at any point the alleged victim is determined to be at risk. Section B. FOUNDED INVESTIGATIONS 1. Upon receipt of a "founded" investigation from the Internal Investigations Branch (IIB) or the Department of Community Based Services (DCBS): a. The Commissioner shall provide copy of the founded report to the Executive Assistant to the Commissioner, the Deputy Commissioner, the Ombudsman, the Personnel Branch Manager, the Office of General Counsel, and the appropriate Division Director. b. The Division Director shall FAX copy of the report immediately to the respective Regional Facilities Administrator (RFA) or Regional/Branch Manager. c. The RFA or Regional/Branch Manager and Superintendent or District Office Supervisor shall immediately determine a proposed Action Plan—Staff

Disciplinary Response. d. The Action Plan, with supporting justification, shall be faxed to the Personnel Branch Manager for response. The Personnel Branch manager shall access the Office of General Counsel and the Office of the Commissioner for consultation as needed. e. The Personnel Manager shall advise the RFA or Regional/Branch Manager of the approved Action Plan. f. The approved Action Plan, with appropriate disciplinary format, shall be forwarded immediately from the RFA or Regional/Branch Manager to the Division Director for approval. The Division Director shall then forward the plan to the Office of the Commissioner for signature and forwarding to the Personnel Branch Manager. The approved Action Plan shall be received by the Office of the Commissioner no later than fifteen (15) days from receipt of the substantiated investigation in the respective region. g. The approved disciplinary action, with appropriate letter to the employee, shall be forwarded to the Commissioner for review and signature by the Personnel Branch Manager no later than twenty-one (21) days from receipt of the founded investigation in the respective region. h. The Commissioner shall provide written notice of the disciplinary action to the Justice Cabinet Secretary, with copy to the Director of the Internal Investigations Branch, no later than thirty (30) days from receipt of founded investigation in the respective region. i. The Office of the Commissioner shall maintain log of all founded IIB and DCBS investigations to include: IIB or DCBS report number, perpetrator, victim, date received, date forwarded to region, date response due, date response received, disciplinary action taken and date of notice to the Justice Cabinet Secretary. 2. In those instances of founded special incidents where the perpetrating employee is terminated, the department shall defend the agency action pursuant to the employee's appeal before the Kentucky Personnel Board. Should the Personnel Board overturn the termination decision of the agency and order the employee's return to the department, the agency shall avoid placing the employee in a position directly interacting with youth pending any final review and/or appeal.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 906 , Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, policy section, requires the Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to conduct administrative investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ. Section O. requires any PREA violation, that is criminal in nature, shall be referred to the Kentucky State Police (KSP) unless the facility is located in Lexington or Louisville, Kentucky. For those facilities, potentially criminal violations shall be referred to local law enforcement. The facility Superintendent submitted a Memorandum of Clarification regarding 115.376, advised that there have been no incidents of terminations, resignations, or sanctions of staff for violations of sexual abuse or harassment policies during this review period.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

	<ul style="list-style-type: none"> • In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies was zero (0). • In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was zero (0). • In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies reported was zero (0). • In the past 12 months, the number of staff from the facility who have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies reported was zero (0). <p>Interview Results:</p> <ul style="list-style-type: none"> • Interviews with the Agency Designee, facility Superintendent, facility Human Resources staff, and validated that technical knowledge of the staff discipline process is consistent with agency policies and procedures. • Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.
--	---

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 104, Administration, Code of Conduct, dated December 1, 2014 • Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Memorandums of Clarification from Superintendent dated 7/18/23

Interviews:

- Agency Designee
- Administrative Investigator
- Facility Superintendent
- PREA Coordinator
- Volunteers and Contractor

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, policy section, requires in accordance with the Prison Rape Elimination Act of 2003 (PREA), the Department of Juvenile Justice (DJJ) has a zero tolerance policy prohibiting sexual abuse, sexual harassment, sexual contact, or any misconduct directed toward a juvenile who is in the custody, care, or supervision of DJJ. Section 4.A. 2,3,4 requires DJJ staff, volunteers, interns, and contractors shall not sexually abuse, sexually harass, have sexual contact with, or engage in any type of physical or verbal sexual misconduct, or grooming behavior, directed toward a juvenile in the custody, care, or supervision of DJJ, whether on or off duty. Consensual status shall not be a factor when determining whether a violation has occurred. 1. Any DJJ staff violating this policy shall be subject to disciplinary action up to and including dismissal or termination. A staff that is dismissed, terminated, or resigns as a result of a substantiated PREA violation shall be reported to law enforcement agencies and the local prosecutor's office for criminal prosecution. 2. Contractors violating this policy shall be reported to the administrator of the contracted entity and denied access to all DJJ facilities, offices, programs, and juvenile residents. A contractor who violated PREA policies shall not be permitted to work in a DJJ facility or office. A report shall be referred to law enforcement and to the local prosecutor's office for criminal prosecution. 3. A volunteer violating this policy shall be denied access to DJJ facilities, offices, programs, and juvenile residents. A volunteer, who violates PREA policies, shall not be permitted to work in a DJJ facility or office. A report shall be referred to law enforcement and the local prosecutor's office for criminal prosecution. 4. An intern violating this policy shall be denied access to DJJ facilities, offices, programs, and juvenile residents. An intern, who violates PREA policies, shall not be permitted to work in a DJJ facility or office and the intern's college shall be notified of the separation from the internship. A report shall be referred to law enforcement and the local prosecutor's office for criminal prosecution.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 911, Prison Rape Elimination Act of 2003 (PREA), DJJ Staff PREA Education and Training, requires the Department of Juvenile Justice (DJJ) shall educate and train DJJ staff, volunteers, interns, and contractors on the Prison Rape Elimination Act of 2003 (PREA) juvenile standards. In Section 4. A, B., Procedures, requires DJJ staff, volunteers, interns, and contractors shall receive education and training regarding PREA and the juvenile standards. B. The Agency PREA Coordinator or designee shall ensure that important information is continuously and readily available to all staff regarding PREA. DJJ staff shall train all

employees who have contact with juvenile residents on: 1. The zero tolerance policy for sexual abuse and sexual harassment; 2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 3. Resident's 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 harassment; 5. The dynamics of sexual abuse and sexual harassment in 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; and 10. How to comply with mandatory reporting laws and understanding other laws regarding PREA as they relate to juveniles.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 104, Administration, Code of Conduct, requires staff, volunteers, interns, and contract personnel shall conduct themselves in a professional manner. All persons shall be aware that their personal conduct reflects upon the integrity of the agency and its ability to provide services to youth. Section X and AA state that all persons shall act in a manner that provides youth with a positive role model. Y. All persons shall be expected to maintain a professional relationship with youth at all times. The following rules help delineate this relationship and prevent complications in treatment of youth. AA. DJJ staff are persons holding a position of authority and special trust as defined in KRS 532.045. DJJ prohibits any staff, regardless of his or her age, from subjecting anyone under the custody, care, or supervision of DJJ, with whom he or she comes into contact as a result of his or her position, to sexual contact. The facility Superintendent submitted a memorandum of clarification and advised that there have been no reports of sexual abuse by contractors or volunteers during this review period.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of resident was 0.
- In the past 12 months, the number of contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of a resident was 0.

Interview Results:

- Interviews with the Agency Designee, facility Superintendent, PREA Coordinator, and Investigator confirmed the process for corrective action for contractors and volunteers.
- Interviews with two volunteers and one contractor indicated they received PREA training, reviewed the PREA policy, and consequences for violating the agency's sexual abuse policy and procedures.

	<ul style="list-style-type: none"> • The two volunteers and one contractor interviewed explained they completed all requirements from the agency and facility and are in good standing. • The facility has one contractor (medical nurse) and two volunteers that provide services and have contact with residents, the agency and facility report there were zero incidents who were reported to law enforcement agencies or relevant licensing bodies. • Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.
--	--

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 901, PREA, Zero-tolerance of any type of sexual misconduct, revised 9/7/21 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 906, PREA, Reporting and Investigating PREA Violations, revised 9/7/21 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 907, PREA, Resident PREA Education, revised 9/7/21 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018 • Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 908, PREA, DJJ Response to a Report of a PREA

Violation, revised 9/7/21

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 205, PREA, Admissions, Youth Rights revised 9/7/21
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318, Program Services, Behavior Management, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 318, PREA, Program Services, Behavior Management revised 9/7/21
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318.1, Program Services, Graduated Responses, Sanctions, and Incentives, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 318.1, PREA, Program Services, Graduated Responses, Sanctions, and Incentives, revised June 16, 2023
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318.2, Program Services, Disciplinary Review, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 318.2, Program Services, Disciplinary Review revised 9/7/21
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 323, Program Services, Isolation, dated April 5, 2019
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 323, PREA, Program Services, Isolation, revised 9/7/21
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandums of Clarification from Superintendent dated 7/13/23

Interviews:

- Agency Designee
- Facility Superintendent
- PREA Coordinator
- Medical and Mental Health Staff

The initial review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 901, Prison Rape Elimination Act of 2003 (PREA), Zero tolerance of any type of sexual misconduct, policy section, requires in accordance with the Prison Rape Elimination Act of 2003 (PREA), the

Department of Juvenile Justice (DJJ) has a zero tolerance policy prohibiting sexual abuse, sexual harassment, sexual contact, or any misconduct directed toward a juvenile who is in the custody, care, or supervision of DJJ.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 906, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, policy section, requires the Department of Juvenile Justice (DJJ) shall utilize the Internal Investigations Branch (IIB), within the Justice and Public Safety Cabinet, to conduct administrative investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ.

Section 4. A.1,3,4,5, Procedures requires, A. DJJ staff, volunteers, interns, contractors, juveniles, and the general public shall have direct access to the IIB hotline at all times. 1. Investigations regarding allegations of sexual abuse, sexual harassment between juveniles and staff, sexual contact, or any sexual misconduct shall be conducted and documented by IIB in accordance with 500 KAR 13:020. 3. The DJJ Ombudsman shall investigate cases of juvenile-on-juvenile sexual harassment. 4. DJJ shall cooperate and provide support for the prosecution of all substantiated PREA cases. 5. The Department of Public Advocacy (DPA) Post-Disposition Branch or the Louisville Metro Public Defenders office shall be notified by the Agency PREA Coordinator whenever law enforcement is contacted to conduct an investigation to ensure that the youth's legal rights are protected.

Sections H. A report made by a staff or a juvenile regarding a sexual incident that is made in good faith based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, if the investigation does not establish evidence to substantiate the allegation. I. A staff or a juvenile, who makes a report which is investigated, and it is established by IIB that the staff or juvenile knowingly made a false report, shall be subject to program sanctions or staff disciplinary action up to and including termination or dismissal. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 906, Reporting and Investigating PREA Violations follows DJJ Policy 906 as outlined above.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, policy section, requires the Department of Juvenile Justice (DJJ) shall provide education to all juveniles in the custody, care, or supervision of DJJ regarding the Prison Rape Elimination Act of 2003 (PREA). The education material shall include general information regarding the zero-tolerance policy prohibiting sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct directed toward a juvenile in the custody, care, or supervision of DJJ and shall provide instructions for reporting sexual misconduct of any type.

Section D. Within seventy-two (72) hours of intake into a DJJ facility, staff shall provide comprehensive age-appropriate education to residents either in person or through video on the following: 7. Potential disciplinary action, including

prosecution, for engaging in any type of abuse or sexual activity or for making false allegations.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, section requires the Department of Juvenile Justice (DJJ) shall have a coordinated response system in place to address incidents of sexual abuse, sexual harassment, sexual contact, or any type of sexual misconduct directed toward juveniles who are in the custody, care, or supervision of DJJ. Section E. If a sexual assault has been witnessed by staff or staff is alerted that a sexual assault is occurring, staff shall take the following steps in caring for the juvenile victim: 1. Kentucky State Police (KSP) and 911 Emergency Responders shall be immediately notified, unless the incident happened in the cities of Lexington or Louisville, Kentucky in which case DJJ staff shall contact the local police department and a report shall be filed. Staff shall also contact the IIB hotline. Section F.8. requires for an allegation of juvenile-on-juvenile sexual abuse, sexual assault, sexual harassment, sexual contact, or any type of sexual misconduct, the Superintendent may submit an administrative transfer request (ATR) to the Division of Placement Services, to move the alleged perpetrator from the facility. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 907, Resident PREA Education, revised August 6, 2018 requires the facility to follow agency policy 907.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, policy section, requires upon admission to a Department of Juvenile Justice (DJJ) program, youth shall be advised of their rights, duties, and responsibilities including their right to file a grievance. Section I. Youth charged with major rule violations shall be afforded due process, including the right to appeal. J. All youth shall be provided due process consisting of notice of intent to transfer to another out-of-home placement, and an opportunity for the youth to respond either verbally or in writing at the time of notice. In the case of emergency transfers, the youth shall be provided the aforementioned due process as soon as practical.

Stated in Section L. At least two hours of recreation, one hour of which shall be active recreation, shall be provided per day in group homes, youth development centers and detention programs, under the direction of a designated recreation leader. Special arrangements to provide this hour of recreation shall be made if the youth is to be separated from the group. Day Treatment programs shall provide a recreation program approved by the Regional Director. Under circumstances involving a medical condition, a youth may be denied recreational activity on a day-to-day basis. The youth's recreational privileges shall be restored with the approval of authorized medical personnel. In section M. An academic and vocational program to meet individual youth's needs shall be provided in accordance with applicable education statutes. Section P. Access to medical, dental, and mental health care, including twenty-four (24) hour emergency medical services, shall be provided, excluding Day Treatment. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 205, Admissions, Youth Rights

follows all guidelines of DJJ 205.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318, Program Services, Behavior Management, dated April 5, 2019, policy section, requires staff shall utilize behavior management methods and techniques to promote an environment that supports treatment and teaches new skills to youth. Staff shall respond to youth behavior in a controlled, well-disciplined, and safe manner. In Section A. policy requires staff shall model appropriate behavior. 1. Staff shall model appropriate social skills by demonstrating courteous, professional, and respectful behaviors when interacting with other staff, the public, or youth. 2. Staff shall present themselves as a role model for youth according to the DJJ Employee

Code of Ethics and Employee Code of Conduct. Examples of this role modeling may include a. Establishing positive and respectful relationships; b. Engaging youth in addressing treatment plan goals and tasks; c. Using positive and affirming language in communicating with youth and staff; and d. Exhibiting appropriate hygiene practices. B. Staff shall discourage and deter inappropriate behavior by youth. 1. Staff shall be observant of circumstances which may trigger inappropriate behaviors; 2. Staff shall use these observations to anticipate possible reactions and plan; accordingly, 3. Staff shall maintain a preapproved structured schedule to keep youth occupied with constructive, organized activities.

In Section C. Staff shall reinforce positive behavior by youth. 1. Staff shall have developmentally appropriate expectations for youth and offer praise when youth take positive steps to meet those expectations. 2. Staff may allow preapproved rewards for appropriate behaviors as determined by the Superintendent or designee. D. Staff shall utilize least restrictive behavior management techniques that will safely manage the behavior of youth. The following are examples of possible techniques beginning with least restrictive: 1. Planned "ignoring" of a problem behavior, which can be "ignored", as determined by the Individual Treatment Plan (ITP) such as non-aggressive or non-destructive behavior; 2. Gesturing which can be non-verbal signaling to call attention to inappropriate behavior; 3. Use of proximity as a purposeful movement toward a youth to call attention to the inappropriate behavior; 4. Use of redirection by verbally calling a youth's attention to an inappropriate behavior to allow the youth to adjust the behavior before receiving a consequence; and 5. Use of time out as a brief cooling off period.

In section E. Staff shall utilize agency approved and trained methods to introduce and teach youth the following skills: 1. Staff shall provide opportunities for youth to learn and utilize positive decision-making skills. These skills may be utilized by youth to accomplish treatment goals; 2. Youth shall be encouraged to utilize conflict management skills; and 3. Youth shall be encouraged to practice and utilize anger management skills for everyday problem solving. Section F. Staff shall utilize approved and trained methods for the management of aggressive youth. 1. Staff shall utilize de-escalation techniques in an attempt to diffuse situations that occur, related to the management of aggressive youth. If any of the above skills are not

applicable or successful, staff may utilize restraint techniques per DJJ policy. 2. Once a youth regains control of their behavior, it shall be the staff's responsibility to assist the youth in the reintegration into the treatment environment and to identify follow-up services needed. Section G. Each treatment team shall develop an Individual Program Plan for youth with assaultive behavior, chronic program disruption, or who present a danger to themselves. 1. The Individual Program Plan shall be written in accordance with DJJ policy regarding youth rights and shall include the following: a. Specific timeframes and goals for completion; b. The reason the youth is being placed on the plan; and c. A detailed description of the behaviors and expectations that the youth will have to achieve. d. The Individual Program Plan shall be signed by the Treatment Director and forwarded to the Superintendent for approval prior to implementation. 2. The Superintendent or shift supervisor may order immediate separation of these individuals from the general population to allow for individualized attention. The Treatment Director shall be consulted immediately. 3. Separation from the general population beyond twenty-four (24) hours shall require approval by the Superintendent and the Treatment Director. The Chief of Mental Health Services and Regional Psychologist shall be consulted. 4. This action shall be reviewed by the treatment team within seventy-two (72) hours. 5. Youth shall be returned to their original status once the behavioral expectations of the plan are met.

In section H. A youth requiring protection from others shall be separated from the general population until alternative permanent housing is found within the facility or the youth is transferred to another facility. 1. The treatment team may develop a Special Management Plan (SMP) to assure the safety and continuous services and programming for the youth. 2. Separation from the general population beyond twenty-four (24) hours shall require approval by the Superintendent and Treatment Director. The Chief of Mental Health Services and Regional Psychologist shall be consulted. 3. This action shall be reviewed by the treatment team within seventy-two (72) hours. I. No individual youth or group of youth shall be given control or authority over other youth. Higher level youth shall be encouraged to model appropriate behaviors and coach peers through the treatment process.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318.1, Program Services, Graduated Responses, Sanctions, and Incentives, policy section requires the Department of Juvenile Justice (DJJ) programs shall use a range of graduated responses, sanctions, and incentives to reward, motivate, or establish consequences for youth behavior. The use of mechanical restraints, the denial of meals, snacks, or changes in the established menus, and the interference with daily functions of living, such as eating or sleeping shall be prohibited as punitive consequences. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures number 318 shall follow all guidelines of DJJ 318.

Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 318.2, Program Services, Disciplinary Review, policy section requires when there is evidence or allegations that a youth has committed a major rule violation, a disciplinary review shall be scheduled with the treatment

team. C. A disciplinary review for a major rule violation shall be held by the treatment team within seven (7) business days after the penalty slip issuance. The treatment team chairperson, or designee, shall set the date and time of the disciplinary review. D. The youth, alleged to have committed the major rule violation, shall be given written notice twenty-four (24) hours prior to the disciplinary review of the place, date, and time of the review, except when the youth sign a waiver to allow the review to take place sooner. Section Q. If it is determined that an offense petition shall be filed, the Disciplinary Review process will be suspended until the criminal prosecution is complete. R. If the Disciplinary Review Committee fails to conduct the review within the designated timeframe, then the infraction shall be deemed unfounded. S. If the juvenile is released from the facility prior to the scheduled review, the Disciplinary Review Committee shall note in the documentation that the review was not held due to the juvenile being released. T. The Disciplinary Hearing record of the proceedings is maintained in the Disciplinary Committee's records.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 323, Program Services, Isolation, section C. requires the nurse shift program supervisor or on-call nurse designee shall be notified immediately to determine if there are contra-indications for the youth being placed in isolation. 1. The facility nurse or health trained staff shall immediately conduct an assessment of youth placed in isolation or as soon as it is safe to do so, as dictated by the Director of Medical Services. 2. Injuries, bruises, or scratches, and observations shall be noted by a minimum of two (2) staff. The nurse or designee shall document the date, time, and results of the assessment. A memorandum of clarification dated 7/18/23 written by the facility Superintendent advised that there have been no incidents of resident sexual conduct requiring disciplinary action during this review period and do not use any form of isolation at Ashland Group Home.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility was zero (0).
- In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility was zero (0).
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0.
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: 0.
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities: 0.

Interview Results:

	<ul style="list-style-type: none"> • Interviews with the Agency Designee, facility Superintendent, PREA Coordinator, medical and mental health staff confirm that if the facility has any resident found to have violated any of the agency’s sexual abuse or sexual harassment policies, they will be subject to sanctions pursuant to the behavior management program. Furthermore, the facility ensures resident sanctions are imposed for comparable offenses by other residents with similar histories and residents are not denied daily large-muscle exercise. • Sanctions imposed for comparable offenses by other residents with similar histories, educational programming or special education services, other program, and work opportunities to the extent possible. • Interviews with medical and mental health staff confirmed crisis intervention and counseling are offered to residents. Medical and mental health staff confirmed youth are offered therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse and the facility offers services to the offending resident and the victim. The residents are not required to participate as a condition of access to programming or other benefits. • Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.
--	--

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.1, Health, and Safety Services, Admission Screening for Physical and Behavioral Health Challenges, dated October 5, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.3, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 400.1, Health and Safety Services, Health Services, dated October 5, 2018

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 403, Health and Safety Services, Medical Records, dated November 4, 2020
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Kentucky Revised Statutes (KRS) 600.020 definitions and KRS 620.030, duty to report, mandatory reporting laws
- Victimization and Sexual/Physical Aggression Screener (VSPA-S) Forms
- Victimization and Sexual/Physical Aggression Screener (VSPA-S) Medical/Mental Health Referral Form
- Vulnerability Medical/Mental Health Referral of residents
- Department of Juvenile Justice Emergency Medical Treatment Form
- DJJ Sexual Abuse/Assault Education Form
- KDJJ Initial Screening Form- Male Ashland Group Home
- MAYSI-2 Questionnaire sample forms
- Visual Opinion sample form
- Mental Health Evaluation sample form
- Memorandum of Clarification regarding previously perpetrated sexual abuse
- Individual Client Record (ICR) content file guidelines
- DJJ Treatment Team Meeting Signature Forms

Interviews:

- Facility Superintendent
- PREA Coordinator
- Medical and Mental Health Staff
- Random Residents
- Residents who Disclose Sexual Victimization at Risk Screening

The initial review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, policy section requires the Department of Juvenile Justice (DJJ) shall conduct a vulnerability assessment on each juvenile that will be placed in a DJJ facility in order to determine the most appropriate housing and program needs for each juvenile. Section 4G. states a juvenile that reveals a history of sexual abuse, is identified as at risk for sexual victimization, or as high risk of assaultive behavior, shall be offered a follow-up meeting with medical or mental health practitioner within seven (7) days. These juveniles shall be identified, monitored, counseled, and provided appropriate services.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.1, Health and Safety Services,

Admission Screening for Physical and Behavioral Health Challenges, policy section, requires all youth shall have an initial screening, which includes substance abuse screening, upon admission to identify any physical and behavioral impairment. All youth shall receive referral for care of acute psychiatric and other serious illness or injuries. Those who require health care beyond the resources available in the facility, or whose adaptation to the facility environment is significantly impaired may be transferred to a facility where such care is available. Section 4. A. states the Initial Health Screening Form shall be completed by the facility registered nurse (RN), L.P.N., or health trained staff member immediately upon arrival of a youth. If the form is completed by an L.P.N. or health trained staff member, it shall be reviewed and signed by the RN. It shall also be made available to the primary health care provider. The initial screening shall be conducted in accordance to assessment protocol approved by the Medical Director. The responsible health care practitioner in cooperation with the health authority and superintendent establishes written procedures and health-screening protocols. All findings are recorded on a health-screening form approved by the health authority.

In section D. After the initial health screening is completed, upon admission the facility Qualified Mental Health Professional (QMHP) or a staff member trained in the use of the screening instrument shall complete the initial mental health screening. In Youth Development Centers, it shall be reviewed and signed by the facility QMHP; in group homes and detention centers it shall be reviewed and signed by the superintendent or designee. E. An instrument approved by the Chief of Mental Health Services shall be administered to each youth to provide further screening for behavioral health issues. 1. This screening tool shall be completed by trained staff within twenty-four (24) hours of admission. In Youth Development Centers, the completed mental health screening shall be reviewed and signed by the Treatment Director. In Group Homes and Detention Centers the completed mental health screening shall be reviewed and signed by the trained counselor or Superintendent. Any significant results from the screening shall be followed up by the qualified staff. 2. Further assessment shall screen for the following items: a. Potential vulnerabilities or tendencies of acting out with sexually aggressive behavior; b. High risk with a history of assaultive behavior; or c. At risk for sexual victimization.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.3, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, policy requires a health assessment and physical examination shall be performed on each youth in accordance with a protocol approved by the Medical Director. Section J. Additional investigation shall be carried out regarding: 4. Any history of violence, including child and domestic abuse, sexual abuse, and any personal victimization.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 400.1, Health and Safety Services, Health Services, dated October 5, policy section requires each Department of Juvenile Justice (DJJ) operated or contracted program shall provide comprehensive health care by qualified personnel to protect the health and wellbeing of the youth. Adequate staff, space, equipment, supplies, materials, and publications shall be

provided for the performance of health care delivery as determined by the health authority. Religious beliefs and practices of youth and parent or caregiver may be taken into consideration when conducting medical services

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, dated April 5, 2019 Section 300.1 policy section requires the Department of Juvenile Justice (DJJ) shall provide services for the rehabilitation of committed youth through residential programs. These programs shall be designed to offer different levels of services and security as required in order to meet the needs of the youth and protect the public. Section 4.A states each group home shall provide or make arrangements for the provision of the following services: 5. Psychological assessment for youth in a group home; 9. Emergency medical and mental health services; 5. Religious services and education. Section C. Staff shall utilize community resources as necessary, either through referral for service or by contractual agreement, to provide youth with services to meet their developmental needs. Provisions shall be made, as necessary, to assist youth and, when appropriate, their family in accessing services and community resources.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 403, Health and Safety Services, Medical Records, dated November 4, 2020, policy section requires a confidential Medical Record shall be maintained for each youth and shall be available to, and used for documentation by, all facility health care practitioners in each clinical encounter with youth. C. The Medical Record shall be marked as confidential, and secured unless in use.

Confidentiality shall be maintained in accordance with DJJPP Series 100. Information in the Medical Record shall not be released to any person unless a release signed by the youth and guardian states specifically that medical information may be released. Behavioral health information shall not be released to any person unless a release signed by the youth and guardian specifically states that behavioral health information may be released. Reference Chapter 1 (Records Request).

During the site review, the auditor observed the physical storage area of information collected and maintained in hard copy pursuant to the PREA Standards. Information such as risk screening information, medical and mental health records and determined the area as secured in a locked file cabinet and the respected staff office. Electronic safeguards of information collected and maintained on electronic databases were observed while interviewing the Superintendent. The electronic information was password protected on facility owned computer equipment.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past twelve (12) months the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a mental health practitioner: 100%. There were two residents interviewed that disclosed prior sexual victimization during the intake/admissions process. The facility provided documentation for the seven residents to include the

Victimization and Sexual/Physical Aggression Screener (VSPA-S) Forms, Victimization and Sexual/Physical Aggression Screener (VSPA-S) Medical/Mental Health Referral Form, Youth Acknowledgement of PREA Education and PREA Documentation

- In the past twelve (12) months the percent of residents who disclosed prior perpetrated sexual abuse, as indicated during screening who were offered a follow-up meeting with a mental health practitioner: 100%.

Interview Results:

- There were two residents within the current population who disclosed prior sexual victimization and the facility reported to the proper child protective agency. When interviewed, they did disclose prior sexual abuse to this auditor. The two residents stated they received a follow-up meeting with medical or mental health practitioners within 14 days of the intake screening. The facility provided documentation to indicate the residents were seen by the appropriate staff. The auditor reviewed the two resident files and documentation was present indicating residents were seen within the time frame and by medical or mental health practitioners.
- Interviews with Medical and Mental Health staff indicated that at the initiation of services to a resident, staff disclose the limitations of confidentiality and duty to report. When reports of sexual abuse are disclosed by residents, staff make all required notifications including the Reporting Hotline, preserve evidence, conduct an initial assessment, and make a KDJJ incident report. There was documentation provided that showed mental health staff notified the proper child abuse agency.
- Medical and Mental Health staff are aware that residents reporting sexual victimization or prior sexual aggressiveness are to be referred for a follow-up meeting. They stated that services were offered including evaluation, treatment and safety planning, and follow-up services. Information related to sexual victimization or abusiveness that occurred in the facility is strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions. The Vulnerability Medical/Mental Health Referral Form indicates the Vulnerability Assessment was completed and residents have been identified as needing further counseling or intervention when reporting a history of sexual victimization, sexually aggressive behavior, or at high risk for assaultive behavior. A follow up meeting with mental health or medical staff is offered at which time the resident can accept or decline services. The form is reviewed with the facility Social Services Worker/Clinician.
- Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 307, Program Services, Counseling Services, dated April 5, 2019
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402, Health and Safety Services, Access to Treatment and Continuity of Care, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.6, Health and Safety Services, Emergency Medical Services, dated October 5, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Mental Health Referral Form
- VSPA Vulnerability Assessment Form on resident who reported prior sexual abuse
- Sexual Abuse/Assault form of resident
- Mental Health Evaluation on resident
- Memorandum of Clarification from PC on reporting resident who disclosed prior sexual victimization
- KDJJ Consultation and Treatment sample form
- Memorandum of Clarification regarding emergency medical and mental health services
- DJJ Ashland Group Home Sample Resident Progress Notes
- DJJ Ashland Group Home Sample Resident Health Education Guidelines and Review Forms
- MAYSI-2 Mental Health Screening
- Care Plans/Documentation of Care
- DJJ Authorization and Consent for Medical Services

Interviews:

- Agency Designee
- Facility Superintendent
- PREA Coordinator
- Medical and Mental Health Staff
- Random Staff, Non-Security Staff
- Residents who Reported Sexual Abuse

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 907, Prison Rape Elimination Act of 2003 (PREA), Resident PREA Education, section D. requires within seventy-two (72) hours of intake into a DJJ facility, staff shall provide comprehensive age-appropriate education to residents either in person or through video on the following: 5. Obtaining medical assistance, counseling services, and treatment if victimized.

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, requires section E. If a sexual assault has been witnessed by staff or staff is alerted that a sexual assault is occurring, staff shall take the following steps in caring for the juvenile victim: 2. The nurse or health trained staff shall ensure that the juvenile is medically conscious and is mobile. Staff shall only provide treatment for conditions that are life-threatening. If additional treatment is needed, the closest emergency medical facility shall provide medical care; 7. Upon return from emergency medical services, in consultation with facility medical and counseling staff, the Superintendent or Regional Director shall make appropriate arrangements regarding housing or group assignment for the juvenile victim and the alleged perpetrator.

In section F. If sexual abuse or sexual assault has occurred, the location of the incident shall immediately be cleared of juveniles and staff. Staff shall erect barriers to rope off the area to ensure the area remains undisturbed until law enforcement arrives. 6. The alleged perpetrator and any other juvenile or staff who witnessed or were involved in the incident shall be evaluated by medical staff and the Regional Psychologist, Treatment Director, or designee for any necessary treatment or counseling, immediately after the safety and security of the victim is ensured. L. If sexual abuse occurs in a private childcare facility, therapeutic foster care home, or in a mental health medical facility, DJJ staff shall, upon receiving notice, do the following: 5. The Division Director of Community and Mental Health Services, the Director of Placement Services or designee, and the Deputy shall case conference the matter to determine the best placement arrangement and treatment needs for the DJJ juvenile or juveniles involved. N. DJJ shall enter into a memorandum of understanding (MOU) or an agreement with community service providers that are able to provide juveniles with emotional support services related to sexual abuse. Each facility Superintendent shall utilize the crisis and counseling services associated with KASAP when an incident of sexual abuse has occurred at a facility.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, section A. Each YDC and group home shall provide or make arrangements for the provision of the following services: 5. Psychological assessment for youth in a YDC and group home; 9. Emergency medical and mental health services; 12. Social services; and 17. Aftercare, including re-entry. 18. Transition. B. Each YDC and group home shall provide or make arrangements for the provision of 2. Psychiatric and ongoing mental health services. Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, section P. Access to medical, dental, and mental health care, including twenty-four (24) hour emergency medical services, shall be provided, excluding Day Treatment.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 307, Program Services, Counseling Services, section A requires each program shall utilize a trauma informed approach and evidence-based practices in the provision of counseling services as approved by the Chief of Mental Health Services. C. Staff shall be available to provide counseling in emergency situations and upon a youth's request in accordance with each youth's ITP. D. Each youth placed in a YDC, or group home shall have an opportunity for individual, group, and family counseling. E. Family counseling sessions required on development level and demonstration level can replace one (1) hour of individual counseling for that same week. G. Individual counseling shall be: 1. Conducted by the youth's assigned counselor. If the assigned counselor is absent, one (1) of the following staff shall provide counseling services: The Treatment Director, another youth counselor, Superintendent, or Superintendent's designee; 2. Provided to each youth at a minimum of one (1) scheduled hour per week. Any exceptions to this protocol shall be approved through the Treatment Director by the Regional Psychologist or Chief of Mental Health Services. Individual counseling sessions may be held more often to meet the treatment needs of the youth or as deemed appropriate by the treatment team; 3. Utilized to help the youth make changes in thinking and behavior consistent with pro-social norms; 4. Utilized to assist youth in meeting goals and tasks identified on the youth's ITP; and 5. Documented in the Individual Client Record (ICR) within seven (7) days. In circumstances when critical information pertinent to safety and security is gained during individual counseling, that critical information shall be documented in the appropriate facility log by the end of the shift and up lined through the chain of command.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402, Health and Safety Services, Access to Treatment and Continuity of Care, A. Access to Medical Treatment 1. All youth shall be informed, both verbally and in writing in a language that is easily understood, within 24 hours of admission about how to gain access to medical, dental, and behavioral health services and the right to file a formal grievance.

Documentation that the youth has received this information shall be kept in the Medical Record. No staff member shall impede the juvenile's requests for access to health care services. 2. If Non-English speaking or hearing-impaired youth are

admitted, the necessary interpreter shall be utilized to explain the procedure. 3. Any medical service rendered shall be performed with consideration for the youth's dignity and feelings. Clinical encounters with youth shall be conducted in private, with a chaperone present when indicated, and in a manner to encourage subsequent use of health services. When risk to the safety of self or others is a potential, facility staff shall chaperone during the health encounter and every effort shall be made to provide auditory and visual privacy. The health authority shall share information with the superintendent concerning a juveniles' medical management within the guidelines of confidentiality. 4. The names and addresses of all emergency care services to include dentist, doctors, and Emergency Medical Services (EMS), shall be posted conspicuously in each program. 5. DJJ facilities shall provide safe transportation and adequate supervision for youth to medical, dental, behavioral health and other health-related providers. All outside medical appointments for youth with chronic medical conditions shall receive top priority. Outside medical appointments for youth shall not be cancelled unless it is approved by the facility's medical staff. The Nurse Shift Program Supervisor (NSPS), contract facility nurse, or designee shall record missed appointments on the health services Monthly Report and include a brief explanation. 6. Documentation of care, as ordered by qualified personnel, shall be included in the Medical Record.

In Section B. Consent for Medical Treatment; 1. As part of the admission process, each DJJ program (except detention centers) shall seek the consent of each youth's parent or legal guardian for medical, dental, and behavioral health treatment on the DJJ Parental Consent Authorization Form. The parent, guardian, or legal custodian shall be informed about medical care in a language that is easily understood. 2. In the event the parent or guardian fails to return the Consent Authorization Form, a second copy of the form shall be forwarded to the parent. The NSPS or designee shall maintain documentation that the second request was forwarded. In the event the parent or legal guardian fails to return the consent form, the NSPS or designee shall maintain documentation of notification efforts. 3. The Emergency Medical Consent Authorization Form shall also be completed for each youth and signed by the superintendent or designee. This form shall be filed in the Medical Record and a copy placed in a designated area for accompaniment to an emergency medical center if such medical, dental, or behavioral health treatment should become necessary. 4. Copy of the above noted forms shall be placed in the youth's Individual Client Record and the originals filed in the youth's Medical Record. 5. In the event that surgery or hospitalization is indicated, the parent or guardian and Juvenile Service Worker shall be notified. The parent or guardian shall be informed of the need for the procedure, the benefits and risks of the procedure, and any existing alternatives to the procedure. A specific consent for invasive procedures shall be obtained from the parent or guardian and the Superintendent. The Consent Authorization Form signed by the parent or guardian shall also accompany the youth to the hospital. If the parent or guardian cannot be reached, notification efforts shall be documented in the Medical Record. Consent is implied in life-threatening situations. 6. Non-Emergency medical care. a. Consent authorization form shall be completed and signed by the superintendent or designee for committed youth. b. Judicial authorization shall be used for non-committed youth in

detention centers, if judicial authorization is not available, the superintendent or designee shall complete the consent authorization.

In section C. Informed Consent and Refusal of Medical Treatment; 1. Prior to any medical, dental, or behavioral health examination, treatment or procedure, the attending primary health care provider, behavioral health provider or nurse shall explain to the youth in detail the nature of the examination, treatment, or procedure, including risks and side effects and alternatives to the procedure. The youth shall also be made aware of the risk of not having the examination or procedure. Verbal permission shall be obtained before any procedure is performed on the youth. Rectal or pelvic examinations, when indicated, shall be completed with the verbal consent of the youth. 2. In the event that a youth refuses any medical, dental, or behavioral health protocol and this refusal may adversely affect the health of the youth as determined by a responsible medical professional, the parents and/or guardians shall be advised and, if possible, enlisted to assist; education and counseling related to medical issues shall be expanded; and the consequences of refusing early intervention shall be clearly communicated to the youth. The medical staff shall also continue to educate and counsel the youth regarding the consequences of failing to follow proper medical or nursing protocol. 3. Any refusal of medical, dental, or behavioral health examination, treatment or procedure shall be documented. A facility staff member shall witness and sign a declination form if the youth declines to sign the form. 4. Documentation of refusals shall be maintained in the youth's Medical Record. 5. The Treatment Team, Superintendent of the detention center, Medical Director, or Chief of Mental Health Services and parent or guardian, shall be informed of the youth's refusal when the refusal may seriously impact the youth's physical or behavioral health. D. Consultations/Decision Making Regarding Special Medical Problems 1. Consultation shall occur between the Superintendent, the nurse and the primary health care provider or Qualified Mental Health Professional (QMHP) prior to actions being taken regarding youth being diagnosed as having significant medical or psychiatric illnesses. a. The nurse, QMHP or primary health care provider shall initiate the consultation with the superintendent regarding significant medical or psychiatric conditions. b. The following areas shall be considered for residents with significant health conditions: (1) Suitability for travel; (2) Preparation of a transfer or discharge summary and pertinent health records; (3) Instructions to transporting personnel regarding medication or treatment required in route; (4) Availability of resources; (5) Intellectual or develop mental capabilities and limitations. (6) Ability to participate in work projects, sports, exercise programs, or outings. c. If the consultation does not produce agreement between the nurse, QMHP and the Superintendent, the Medical Director, Regional Psychologist, or Chief of Mental Health Services shall be consulted to facilitate an acceptable solution to the situation. 2. If medical treatment is recommended by someone other than the primary health care provider, a copy of the recommendation shall be placed in the youth's Medical Record. The decision to implement recommendations shall be made by the primary health care provider. The final decision to implement recommendations shall be made by the Medical Director when there is a question of the overall therapeutic outcome to the youth. 3. The nurse shall maintain documentation of such

consultations.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.6, Health and Safety Services, Emergency Medical Services, A. Each DJJ program shall make arrangements in advance for providing in-patient and emergency care for medical conditions. A memorandum of understanding shall exist between the program and one or more local hospitals, emergency and urgent care centers providing medical or dental care which cannot be provided at the program. A copy of each memorandum of understanding shall be forwarded to the Medical Director. B. Each program shall prepare a plan to provide emergency medical and dental care by outlining the necessary actions to be taken by staff in the following situations: 1. Emergency evacuation of the youth from the facility; 2. Use of an emergency medical vehicle; 3. Use of one or more designated hospital emergency department(s) or other appropriate health facility; 4. Emergency on-call primary health care provider, dentist, and mental health services when the emergency health facility is not located nearby; 5. On-site emergency first aid and crisis intervention; and 6. Security procedures that provide for the emergency transfer of youth when appropriate. C. Youth Workers, and other personnel as designated, shall complete Life Safety Training including annual skills review. D. The registered nurse (RN) or designee shall prepare, update, and ensure availability of emergency care telephone numbers and procedures for obtaining emergency medical and dental care. E. First aid kits shall be available in state vehicles, youth living areas, and work areas. Each DJJ program shall have an urgent care kit available in a central location. F. In all circumstances, with the exception of a life-threatening emergency, the facility RN or designee shall be contacted and initiate the call for medical assistance. If unavailable, a facility supervisor shall initiate the call. Transportation shall be coordinated with the Superintendent or designee. G. When a life-threatening emergency exists, staff shall call Emergency Medical Services (EMS) by the most direct access. H. At least one state vehicle shall be kept on grounds at all times at 24-hour facilities located in areas where ambulance service is not readily available for the transfer of a youth for medical care. I. The Superintendent and any other appropriate personnel shall be contacted as soon as possible for notification of the youth's parent or legal guardian. J. The facility RN or Director of Medical Services shall be contacted upon return of the youth from the emergency or urgent care provider and shall provide direction for follow-up care. If treatment is to be provided in the facility, the Superintendent or designee shall ensure the availability of adequate staffing, including health-trained staff, to provide continuity of care.

Interview Results:

- Interviews with one facility Medical and Mental Health Care staff indicated all victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services from the local hospital.
- Medical and Mental Health Care staff indicated that evaluation and treatment of residents who have been victimized entail follow-up services, treatment plans, and when necessary, referrals for continued care after

	<p>leaving the facility. An interview with the Emergency Room Staff at Kings Daughter’s Medical Center indicated residents would be seen for emergency medical services (SAFE exams) and Pathway’s Inc. Victim Advocate, and indicated and confirmed the victim’s access to mental health services, emotional support services.</p> <ul style="list-style-type: none"> • The facility can contact a qualified staff trained as victim advocates to immediately respond at the facility until a victim advocate is present. To date, the staff member was not utilized due to the victim was sent in a timely manner to the local emergency room at the local medical center. • The one (1) sexual abuse allegation reported by the facility did not required any emergency medical treatment after the resident disclosed of the allegation. The resident was seen by the appropriate medical and mental health staff when processed through the intake and screening process. The resident who reported the allegation was no longer at the facility when the auditor was conducting the site review. • Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.
--	--

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 400.1, Health and Safety Services, Health Services, dated October 5, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, dated March 9, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 405, Health and Safety Services, Behavioral Health Services Administration and Personnel, dated October 5, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 405.1, Health and Safety Services, Emergency Medical Services, Health and Safety Services, Behavioral Health Screening and Evaluation, dated October 5, 2018 • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice

- Policy and Procedures, policy number 405.3, Health and Safety Services, Referral for Behavioral Mental Health Services, dated October 5, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 405.5, Health and Safety Services, Behavioral Health Emergencies, dated October 5, 2018
 - Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402.1, Health and Safety Services, Continuity of Care, dated October 5, 2018
 - Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.3, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, October 5, 2018
 - Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.6, Health and Safety Services, Emergency Medical Services, dated October 5, 2018
 - Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, dated March 9, 2018
 - Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, dated April 5, 2019
 - Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402, Health and Safety Services, Access to Treatment and Continuity of Care, dated October 5, 2018
 - Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 302, Program Services, Individual Treatment Plan and Aftercare Plan, dated April 5, 2019
 - Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
 - Memorandum of Clarification regarding emergency medical and mental health services

Interviews:

- Facility Superintendent
- PREA Coordinator
- Medical and Mental Health Staff
- Random Staff, Non-Security Staff
- Residents who Reported Sexual Abuse

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 400.1, Health and Safety Services, Health Services, section A. requires the Department's Medical Director shall administer the management of medical services. The Department's Chief of Mental Health Services shall administer the management of mental health services. B. Medical, including physical, behavioral health and dental health services shall be an

integral part of the overall treatment program. Matters of medical, behavioral health and dental judgment shall be the sole authority of the responsible primary health care provider. D. Medical, dental, and behavioral health services shall be provided by DJJ or contracted staff pursuant to a written agreement, contract, or job description approved by the health authority. Verification of current job descriptions are on file in the facility. Day treatment programs shall enter into written agreement with one or more hospitals, clinics, or other providers for the provision of emergency medical services. The DJJ Medical Director or designee shall approve contracts for health care services. E. Treatment by health-trained staff or nursing personnel shall be performed pursuant to direct orders written and signed by personnel authorized by law to give such orders. DJJ programs shall not use "standing orders". Nursing protocols shall be developed by DJJ Central Office medical staff and approved by the Medical Director. This policy shall not preclude protocols for emergencies when immediate action is required.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402, Health and Safety Services, Access to Treatment and Continuity of Care, A. Access to Medical Treatment 1. All youth shall be informed, both verbally and in writing in a language that is easily understood, within 24 hours of admission about how to gain access to medical, dental, and behavioral health services and the right to file a formal grievance. Documentation that the youth has received this information shall be kept in the Medical Record. No staff member shall impede the juvenile's requests for access to health care services. 2. If Non-English speaking or hearing-impaired youth are admitted, the necessary interpreter shall be utilized to explain the procedure. 3. Any medical service rendered shall be performed with consideration for the youth's dignity and feelings. Clinical encounters with youth shall be conducted in private, with a chaperone present when indicated, and in a manner to encourage subsequent use of health services. When risk to the safety of self or others is a potential, facility staff shall chaperone during the health encounter and every effort shall be made to provide auditory and visual privacy. The health authority shall share information with the superintendent concerning a juveniles' medical management within the guidelines of confidentiality. 4. The names and addresses of all emergency care services to include dentist, doctors, and Emergency Medical Services (EMS), shall be posted conspicuously in each program. 5. DJJ facilities shall provide safe transportation and adequate supervision for youth to medical, dental, behavioral health and other health-related providers. All outside medical appointments for youth with chronic medical conditions shall receive top priority. Outside medical appointments for youth shall not be cancelled unless it is approved by the facility's medical staff. The Nurse Shift Program Supervisor (NSPS), contract facility nurse, or designee shall record missed appointments on the health services Monthly Report and include a brief explanation. 6. Documentation of care, as ordered by qualified personnel, shall be included in the Medical Record.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 402.1, Health and Safety Services, Continuity of Care, section A. 1. DJJ staff shall make every attempt to obtain previous medical and

psychiatric histories on youth entering DJJ programs. 2. While in DJJ youth development centers, the Treatment Director and nurse shall ensure that youth are provided with continuity of care from admission to discharge, including referral to community care when indicated. In group homes and detention centers, the Superintendent and a registered nurse shall ensure that youth are provided with continuity of care from admission to discharge, including referral to community care when indicated. 3. Youth identified with having long-term or potentially serious physical or behavioral conditions shall be referred to appropriate community health providers upon release, accompanied by relevant health information. 4. A discharge summary shall be completed for all youth released from a facility. Group homes and youth development centers shall forward a copy to the community worker and provide a copy to the parent or guardian. In case a youth is eighteen (18) years old, the copy shall be given to the youth. A final copy shall be maintained in the Medical Record. 5. Youth transferred or released from a DJJ facility shall be provided a minimum of 3 business day supply of prescription medication(s).

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.3, Prison Rape Elimination Act of 2003 (PREA), Reporting and Investigating PREA Violations, section B. The health assessment, appraisal of behavioral health status, and physical examination shall be completed within the first seven (7) days after admission. 1. Youth entering a DJJ facility directly from the community shall receive a complete health assessment and physical examination. 2. Youth entering a DJJ facility from a residential program or detention facility outside the DJJ system for whom documentation of a physical examination completed within the previous ninety (90) days is presented shall not be required to repeat the physical examination. The prior results shall be reviewed by the RN and the primary care provider and examinations updated as needed. The physical examination shall be required to be repeated if the previous physical examination is over ninety (90) days old or if written documentation of the previous examination is not provided. 3. Youth entering as an intra-system transfer from another DJJ residential program or detention center within one year of the last health assessment and physical examination shall not be required to repeat the process. The prior assessment shall be reviewed by the facility RN and the primary care provider and the protocol for annual health assessment shall be followed. Section D. The Health Assessment shall include: 3. Necessary laboratory or diagnostic tests to detect communicable diseases including sexually transmitted diseases and tuberculosis. (Minimum testing may include urinalysis, gonorrhea culture, chlamydia, RPR, and TB skin tests. Additional tests shall be determined by the primary care provider or the Medical Director. 6. The initiation of therapy, when required; and, J. Additional investigation shall be carried out regarding: 4. Any history of violence, including child and domestic abuse, sexual abuse, and any personal victimization.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 404.6, Health and Safety Services, Emergency Medical Services, A. Each DJJ program shall make arrangements in advance for providing in-patient and emergency care for medical conditions. A memorandum of

understanding shall exist between the program and one or more local hospitals, emergency and urgent care centers providing medical or dental care which cannot be provided at the program. A copy of each memorandum of understanding shall be forwarded to the Medical Director. Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 405, Health and Safety Services, Behavioral Health Services Administration and Personnel, section requires B. DJJ shall employ doctoral level psychologists to serve as Regional Psychologists and oversee behavioral health care for youth within DJJ. The Regional Psychologists shall: 4. Conduct and review behavioral health evaluations of youth as appropriate.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 405.1, Health and Safety Services, Emergency Medical Services, Health and Safety Services, Behavioral Health Screening and Evaluation, requires in sections A. Behavioral health screening, to include screening for drug and alcohol abuse, shall be completed at the time of admission in accordance with procedures approved by the Chief of Mental Health Services. 1. In youth development centers the screening shall be completed by the facility Qualified Mental Health Professional (QMHP) or trained designee. After the initial screening is completed, the facility QMHP shall review and sign both the medical and behavioral health screening forms. 2. In detention centers the screening shall be completed by the facility Qualified Mental Health Professional (QMHP) or trained designee. After the initial screening is completed, the facility QMHP shall review and sign both the medical and behavioral health screening forms. 3. In group homes, staff trained in use of the screening instrument shall complete behavioral health screening. The screening form shall be reviewed and signed by a counselor or Superintendent. B. The behavioral health screening shall determine if a youth may join the general population or be referred for immediate evaluation by a QMHP. C. In youth development centers, detention centers, and group homes upon identification of an acute psychiatric condition, the Registered Nurse (RN), the Qualified Mental Health Professional (QMHP), or designees shall be informed. The QMHP, the RN, and the Superintendent or designee shall be notified of all suicidal threats or attempts. Residents with acute conditions shall be maintained on one-to-one supervision until directed otherwise by the QMHP or until the resident is hospitalized. If the QMHP recommends that a youth is in need of further behavioral health treatment or review, the QMHP in consultation with the Superintendent or designee shall arrange for the youth to obtain such treatment. If hospital admission is indicated, the QMHP, the Regional Psychologist, and the Superintendent or designee, shall coordinate admissions to psychiatric facilities. D. The RN and Regional Psychologist or designee shall maintain a list of other major sub-specialty medical and behavioral health providers that can be accessed as needed to manage youth with acute and chronic medical and mental illnesses. E. Youth in youth development centers shall have an evaluation within 14 days of admission and annually thereafter. The evaluation shall include: 1. Review of mental-health-screening and appraisal data; 2. Review of the individual's behavioral health history; 3. Direct observation of behavior. 4. Collection and review of additional data from individual diagnostic interviews and tests, as appropriate, assessing personality, intellect, and coping abilities; and 5.

Recommendations for treatment with appropriate referral to include transfer to a specialized unit or appropriate mental-health facility when psychiatric needs exceed the treatment capability of the facility or agency. F. In day treatment programs, upon identification of behavioral health concerns youth shall be referred to behavioral health providers in the community for assessment, consultation, and treatment. G. A behavioral health treatment plan shall be developed for juveniles being treated on an ongoing basis by a QMHP. The plan will be developed within 30 days of initiation of treatment and revised as needed. Treatment plans will include juvenile participation to the extent that is possible. Each youth's Individual Treatment Plan shall reflect the capabilities of the youth to work within the scope of the treatment/work/school program.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 405.3, Health and Safety Services, Referral for Behavioral Mental Health Services, sections require A. DJJ staff shall make a non-emergent referral to a Qualified Mental Health Professional (QMHP), Regional Psychologist, or designee regarding the behavioral health concerns of a youth. B. Non-emergent referrals to the QMHP, Regional Psychologist, or designee shall be made in writing or electronically, complete with date and time. These referrals shall include a description of the concerns. C. The DJJ QMHP, Regional Psychologist, or designee, who receives the non-emergent referral shall respond within three (3) business days. D. The DJJ QMHP, Regional Psychologist, or designee shall conduct an evaluation sufficient in scope to reasonably assess the needs of the youth. The evaluation shall be in person or by teleconference. E. The DJJ QMHP, Regional Psychologist, or designee may refer the youth for outpatient mental health services when services may not be available within the facility. F. All documentation related to the referral, evaluation, and intervention shall be placed in the youth's Medical Record. At the discretion of the QMHP, Regional Psychologist, or designee, information regarding safety and security may be placed in the Individual Client Record in order to facilitate continuing care for the youth. G. The youth's assigned counselor shall be notified of all behavioral health referrals for youth in a DJJ facility. In youth development centers, the treatment director shall also be notified of all referrals for behavioral services. Each referral shall be reviewed in the youth's next scheduled Treatment Team meeting.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 405.5, Health and Safety Services, Behavioral Health Emergencies, requires 1. In the event of a mental health emergency, the facility staff shall first ensure the safety of the youth. The youth shall be determined to be medically stable prior to proceeding with mental health issues. 2. An incident may be considered an emergency when the youth demonstrate danger to self or others, has evidence of an injury, or is agitated to the point of not having self-control. Staff shall monitor the youth in order to maintain safety as the notification process proceeds. 3. In youth development centers and detention centers with a Qualified Mental Health Professional (QMHP), the QMHP shall assess the situation, either by phone or after a visit to the facility and determine a course of action. The QMHP may elect to notify the psychiatrist or

Regional Psychologist for consultation in determining the course of action. The QMHP shall inform the Superintendent of the planned interventions. 4. In detention centers and group homes without a QMHP, the Superintendent or designee shall assess the situation and consult with the Regional Psychologist or contract mental health provider in determining a course of action. B. Each program shall prepare a plan to provide emergency mental health care by outlining the necessary actions to be taken by staff in the following situations: 1. Emergency transportation; 2. Use of one or more designated hospital emergency department(s) or appropriate mental health facilities; 3. Emergency on-call medical and mental health services; 4. On-site emergency first aid and crisis intervention; 5. Security procedures that provide for the emergency transfer of youth when appropriate; and 6. Procedures for notification of a transfer to the court the next business day. C. In the event of a behavioral health emergency the QMHP, Superintendent, or Chief of Mental Health Services shall contact the parent or caregiver to advise them of the situation of the respective youth.

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 205, Admissions, Youth Rights, section P. Access to medical, dental, and mental health care, including twenty-four (24) hour emergency medical services, shall be provided, excluding Day Treatment. The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, section A. Each YDC and group home shall provide or make arrangements for the provision of the following services: 5. Psychological assessment for youth in a YDC and group home; 9. Emergency medical and mental health services; 12. Social services; and 10. Individual and group counseling; 17. Aftercare, including re-entry.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 302, Program Services, Individual Treatment Plan and Aftercare Plan, requires sections D. Documentation of the ITP shall occur as follows: 1. In a group home the designated licensed mental health professional shall review and sign the ITP within twenty-one (21) days of admission. 2. A hard copy of the ITP shall be given to the youth, and sent to the parent or caregiver, and any applicable agency or court, and placed in the ICR within twenty-one (21) days of admission. E. Additional areas shall be addressed during the course of treatment, as appropriate, and may be included in the youth's ITP. These areas may include: 1. Behavioral and social needs, including propensity toward violence; 2. Medical, dental, and physiological needs; 3. Emotional functioning, identification and review of previous episodes of suicidal or self-harming behaviors, and issues related to the monitoring of positive or negative effects of psychiatric medications; 4. Academic and vocational assessment; 5. Individual Plan of Instruction (IPI) or Individual Education Plan (IEP); 6. Family and environmental needs; 7. Religious needs; 8. Legal needs; 9. Reentry needs and any related requirement for step-down to either a group home or a day treatment program as part of the transition back to the community; 10. Sexual behavior treatment needs; and 11. Measurable criteria of expected behavior and accomplishments. F. The ITP shall be reviewed every thirty (30) days and updated as needed. In the case of JSO's the ITP shall be reviewed

every sixty (60) days and updated as needed. If the date of the review falls on a weekend or holiday, the conference shall be held prior to the designated review date. 1. The youth counselor shall schedule ITP reviews; 2. The youth, parent, or caregiver, and JSW shall be invited to attend all scheduled reviews; 3. Family identified natural supports may be included in ITP reviews upon request from parent or caregiver.

The review of Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 905, Prison Rape Elimination Act of 2003 (PREA), Juvenile Vulnerability Assessment Procedures, requires Section A. DJJ shall utilize vulnerability assessment documentation for each juvenile placed in a DJJ residential facility or a DJJ detention center that assesses the vulnerability of that juvenile for victimization, the juvenile's sexual aggressiveness, and the juvenile's propensity to be violent. The screening shall take place within seventy-two (72) hours of admission. The juvenile shall not be placed in a general residential area until the screening is completed. The vulnerability assessment shall be administered quarterly throughout the youth's length of stay at the facility. D. The screening tool shall ascertain the following information: 5. Level of emotional and cognitive development; 7. Mental illness or developmental disabilities; 8. Intellectual development. G. A juvenile that reveals a history of sexual abuse, is identified as at risk for sexual victimization, or as high risk of assaultive behavior, shall be offered a follow-up meeting with medical or mental health practitioner within seven (7) days. These juveniles shall be identified, monitored, counseled, and provided appropriate services.

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 908, Prison Rape Elimination Act of 2003 (PREA), DJJ Response to a Report of a PREA Violation, requires C. Staff at each facility shall develop and implement a coordinated written plan that shall dictate the actions of first responders, medical and mental health staff, and contacts to be made, immediately following a report of sexual abuse, sexual harassment, sexual contact, or any sexual misconduct. Section E. If a sexual assault has been witnessed by staff or staff is alerted that a sexual assault is occurring, staff shall take the following steps in caring for the juvenile victim: 2. The nurse or health trained staff shall ensure that the juvenile is medically conscious and is mobile. Staff shall only provide treatment for conditions that are life-threatening. If additional treatment is needed, the closest emergency medical facility shall provide medical care; 7. Upon return from emergency medical services, in consultation with facility medical and counseling staff, the Superintendent or Regional Director shall make appropriate arrangements regarding housing or group assignment for the juvenile victim and the alleged perpetrator; 10. If a Children's Advocacy Center is available, DJJ staff shall collaborate with the Children's Advocacy Center to provide care for victims. For youth in detention who have not been committed to DJJ, approval shall be obtained from the court. F. If sexual abuse or sexual assault has occurred, the location of the incident shall immediately be cleared of juveniles and staff. Staff shall erect barriers to rope off the area to ensure the area remains undisturbed until law enforcement arrives. 6. The alleged perpetrator and any other juvenile or staff

who witnessed or were involved in the incident shall be evaluated by medical staff and the Regional Psychologist, Treatment Director, or designee for any necessary treatment or counseling, immediately after the safety and security of the victim is ensured. K. If a committed or probated juvenile, under community supervision, makes an allegation of sexual abuse, sexual contact, or any type of sexual misconduct to a Division of Community and Mental Health staff or if a staff learns of an alleged sexual abuse through other means, the staff shall take the following steps: N. DJJ shall enter into a memorandum of understanding (MOU) or an agreement with community service providers that are able to provide juveniles with emotional support services related to sexual abuse. Each facility Superintendent shall utilize the crisis and counseling services associated with KASAP when an incident of sexual abuse has occurred at a facility.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 300.1, Program Services, Programs and Services, section A. Each YDC and group home shall provide or make arrangements for the provision of the following services: 10. Individual and group counseling.

Interview Results:

- Interviews with Medical and Mental Health Care staff indicated that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services from the local hospital. The resident who alleged sexual abuse was seen and offered medical and mental health services treatment to determine any further ongoing services given he reported the allegation.
- Medical and Mental Health Care staff indicated that evaluation and treatment of residents who have been victimized entail follow-up services, treatment plans, and when necessary, referrals for continued care after leaving the facility. An interview with the SAFE/SANE Examiner at King’s Daughter Medical Center indicated and confirmed access to emergency medical and mental health services.
- The facility can contact a qualified staff trained as victim advocates to immediately respond at the facility until a victim advocate is present. To date, the staff member has not been utilized due to no sexual abuse allegations but when called upon can provide victim advocate services.
- Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, dated March 9, 2018
- Kentucky Department of Juvenile Justice, AGH Standard Operating Procedures number 909, Data Collection and Review, revised June 16, 2023
- Memorandum of clarification from YSPS related to any allegations in past 12 months
- KDJJ PREA Incident Debriefing Form
- KDJJ PREA Debrief Process Flowchart
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Memorandum of Clarification dated 8/30/23 from Superintendent indicating facility incident review team members

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, requires the Department of Juvenile Justice (DJJ) shall collect and maintain statistical data for reporting purposes to the federal government and utilize this information to develop and integrate a system of continuous quality improvement within DJJ, section 4, Procedures, A. 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. The review team shall: 1. Conduct the review conference within thirty (30) days after the conclusion of a substantiated or unsubstantiated sexual abuse investigation; 2. Prepare a report of the conference findings and include any recommendations for improvement. The report shall be submitted to the Agency PREA Compliance Manager; 3. Consider whether there is a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 4. Consider whether the incident was motivated by race, ethnicity, gender identity, identification as lesbian, gay, bisexual, transgender, questioning, or intersex, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; 5. Assess if the area of the facility where the incident occurred attributed to the abuse; 6. Assess the adequacy of staffing levels; 7. Assess the need for change in video monitoring or additional equipment; and 8. Review the findings of the investigation. B. The Superintendent or designee shall report the review team findings, along with recommendations for improvement, to the Regional Director and the Agency PREA Coordinator or designee. The AGH Standard Operating Procedures number 909, Data Collection and Review shall follow guidelines set forth by DJJ policy 909.

During the past twelve months, the Superintendent and PREA Coordinator report zero (0) sexual abuse and harassment allegations. The facility Superintendent provided a memorandum of clarifications indicating there were zero sexual abuse investigations for the past twelve months. Interviews with facility administrators

and staff also indicated there were no incidents or allegations of sexual abuse or harassment. The Superintendent and PREA Coordinator indicated when the facility conducts an incident review the KDJJ PREA Incident Debriefing Form is completed within thirty days at the conclusion of the investigation. The auditor received a memorandum of clarification indicating members of the incident review team comprised of the Superintendent, Assistant Superintendent, Treatment Director, Medical Staff, two YSPS, Social Services Clinician, and assigned IIB investigator. As a guide, the KDJJ PREA Debrief Process Flowchart identifies each step of the review based on the standard. The facility PREA Coordinator submitted a grievance log for the past twelve months indicating there were no grievances related to sexual abuse or sexual harassment.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility-- excluding only "unfounded" incidents were 0.
- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding-- only "unfounded" incidents 0. The one (1) sexual abuse allegation occurred on 12/8/22 was investigated by KSP and IIB. The IIB report indicated the allegation was determined to have the outcome result of unfounded therefore an incident review meeting was not held. On 12/8/22, an incident report debriefing meeting on the resident AWOL was held by treatment team members to review staff and resident actions during the incident, follow policy and procedures, and any corrective action necessary based on the event. The treatment team initiated several recommendations and were corrected.

Interview Results:

- Interviews with three (3) members of the incident review team members including the facility Superintendent, facility PREA Coordinator, Social Service Clinician indicated that when an allegation occurs and a review team meeting is held, they provide feedback and take into consideration all elements of subsection (d) 1-6 and (e) consistent with the standards.
- The Superintendent and PREA Coordinator facilitates the incident review meeting and report the findings and recommendations to the Facility Regional Administrator and Agency Designee.
- Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 900, Prison Rape Elimination Act of 2003 (PREA), Definitions, dated March 9, 2018
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, dated March 9, 2018
- 2021 Survey of Sexual Victimization SSV-5
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- 2020-2022 Annual Reports

Interviews:

- Agency Designee
- Superintendent
- Facility PREA Coordinator

The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, requires the Department of Juvenile Justice (DJJ), section C. The Internal Investigations Branch (IIB) shall work directly with the Agency PREA Coordinator to determine statistical data and information required for annual federal reporting purposes regarding PREA. D. The Commissioner or Agency PREA Coordinator may conduct debriefing meetings to discuss any PREA related incidents. E. The Agency PREA Coordinator shall compile and maintain all statistical data regarding all PREA-related matters for the Department. F. The Agency PREA Coordinator shall conduct an annual meeting for the Commissioner and Executive Staff to discuss PREA related matters regarding the Department. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures 909, Data Collection and Review complies with policy 909.

The agency and facility use the DOJ Form SSV-5, Survey of Sexual Victimization Report as their standardized instrument and set of definitions as outlined in policy. The Agency Designee obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its juveniles. Upon request, facilities shall provide all such data from the previous calendar year to the Department of Justice no later than June 30 of each year.

The 2020-2022 PREA annual reports shows in fine detail the agency aggregates the incident-based sexual abuse data at least annually and posts is posted on the

	<p>agency website. The annual reports include comparisons of the current year’s data and corrective actions with those from prior years and will include an assessment of the KDJJ progress in addressing sexual abuse. The annual reports are approved by the Agency Commissioner and made readily available to the public annually through the website. The agency redacts personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.</p> <p>Interview Results:</p> <ul style="list-style-type: none"> • The Agency Head or Designee, facility Superintendent, PREA Coordinator confirmed the process along with the instruments used for collecting, maintaining, reviewing the data. The PREA Annual Report were made available by the agency and are located on the website. • Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.
--	--

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, dated March 9, 2021 Annual Report • Memorandum of Clarification from Agency Coordinator regarding Ombudsman • Survey of Sexual Victimization 2021 • 2020-2022 PREA Annual Reports • Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>The review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, requires the Department of Juvenile Justice (DJJ), section C. The Internal Investigations Branch (IIB) shall work directly with the Agency PREA Coordinator to determine statistical data and information required for annual federal reporting purposes regarding PREA. D. The Commissioner or Agency PREA Coordinator may conduct debriefing meetings to discuss any PREA related incidents. E. The Agency PREA Coordinator shall compile and maintain all statistical data regarding all PREA-related matters for the</p>

Department. F. The Agency PREA Coordinator shall conduct an annual meeting for the Commissioner and Executive Staff to discuss PREA related matters regarding the Department. The agency also completed the annual DOJ Survey of Sexual Victimization SSV-5 and SSV-IJ. Reports for the past several years were submitted to the auditor.

The Agency Head Designee submits an annual report of the incident based sexual abuse data, to include facility recommendations and corrective actions. The annual report includes comparisons of the current year's data and corrective actions with those from prior years includes an assessment of the agency's progress in addressing sexual abuse. The annual report is approved by the Agency Commissioner and made readily available to the public annually through the agency website. The agency redacts personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

During the site review, the auditor observed the physical storage area of information collected and maintained in hard copy pursuant to the PREA Standards. Information such as risk screening information, medical and mental health records and determined the area as secured in a locked file cabinet and the respected staff office. Electronic safeguards of information collected and maintained on electronic databases were observed while interviewing the facility Superintendent. The electronic information was password protected on facility owned computer equipment.

Interviews:

- Agency Head or Designee/PREA Compliance Officer
- Facility Superintendent
- PREA Coordinator

Interview Results:

- The Agency Designee, Superintendent, PREA Coordinator reviews data collected and aggregates their findings pursuant to 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response polices, and training, including addressing problem areas, taking corrective action, and preparing an annual statement of its finding from its data review.
- Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, dated March 9, 2018
- Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures 909, Data Collection and Review, dated June 16, 2023
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 132, Administration, Privacy of Health Information, dated March 4, 2003
- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 149, Administration, Information Systems, dated September 13, 2010
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Agency Website
- Kentucky Department of Juvenile Justice, record retention schedule manual

Interviews:

- Agency Head or Designee
- Superintendent
- PREA Coordinator

Review of the Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, requires the Department of Juvenile Justice (DJJ) shall collect and maintain statistical data for reporting purposes to the federal government and utilize this information to develop and integrate a system of continuous quality improvement within DJJ. Section 4.E. requires the Agency PREA Coordinator shall compile and maintain all statistical data regarding all PREA-related matters for the Department. F. The Agency PREA Coordinator shall conduct an annual meeting for the Commissioner and Executive Staff to discuss PREA related matters regarding the Department. E. The Agency PREA Coordinator shall compile and maintain all statistical data regarding all PREA-related matters for the Department. G. The Agency PREA Coordinator shall compile an annual data report that shall be made available to the public. KDJJ 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. The Kentucky Department of Juvenile Justice, Ashland Group Home Standard Operating Procedures 909, Data Collection complies with policy 909. Reports can be found on the Kentucky Department of Juvenile Justice website at <https://djj.ky.gov/Pages/Prison-Rape-Elimination-Act.aspx>.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy

and Procedures, policy number 132, Administration, Privacy of Health Information, dated March 4, 2003, is the policy of the Department of Juvenile Justice to protect the privacy of individually identifiable health information in compliance with federal and state laws governing the use and disclosure of protected health information (PHI) pursuant to the requirements of the HIPAA privacy rule (45 CFR 164.500 et seq.). Parental access to a minor's PHI shall be in accordance with state law. Before making aggregated Sexual Abuse data publicly available, agencies shall remove all personal identifiers.

The Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 149, Administration, Information Systems, dated September 13, 2010, policy section D. Data security shall be imposed by the system to only allow access to appropriate DJJ staff with a legitimate need for the information. All DJJ information shall be protected by appropriate security measures as determined by the IS Branch. Data shall be backed up and stored according to procedures developed by the IS Branch according to best practices in data collection and retention. E. DJJ shall collaborate with other criminal justice systems and human service agencies in information gathering, exchange and standardization.

Information in JORI shall be available for use in statistical reporting and research in accordance with the provisions on confidentiality of KRS 610.320, 610.340 and 635.120. F. All youth records maintained in the data system are to be maintained according to the established DJJ Records Retention Schedule. The Kentucky Department of Juvenile Justice, record retention schedule manual describes all documentation shall be maintained in a secure fashion and follow applicable state laws.

During the site review, the auditor observed the physical storage area of information collected and maintained in hard copy pursuant to the PREA Standards. Information such as risk screening information, medical and mental health records and determined the area as secured in a locked file cabinet and the respected staff office. Electronic safeguards of information collected and maintained on electronic databases were observed while interviewing the facility Superintendent. The electronic information was password protected on facility owned computer equipment.

Interview Results:

- The Agency Head or Designee and facility Superintendent, PREA Coordinator confirmed the agency and facility ensures that incident-based and aggregated data is securely retained.
- Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Supporting Documents, Interviews and Observations:

- Kentucky Justice and Public Safety Cabinet, Department of Juvenile Justice Policy and Procedures, policy number 909, Prison Rape Elimination Act of 2003 (PREA), Data Collection and Review, dated March 9, 2018
- 2020-2022 Annual Reports
- Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Agency Website

Interviews:

- Agency Head/Designee

Interview Results:

- Interview with the Agency Designee reviews of the agency website has indicated that the agency has conducted the required PREA Audits each cycle year. The agency has ensured that at least one-third of each type operated by the agency, or by a private organization on behalf of the agency was audited once.
- This auditor reviewed the Kentucky Department of Juvenile Justice web page at <https://djj.ky.gov/Pages/Prison-Rape-Elimination-Act.aspx>. and found that it contains the audit reports for PREA, audits completed from 2016 through 2023. The agency ensures that each facility operated by the agency, or by a private organization on behalf of the agency was audited at least once. One third of each facility type operated by this agency was completed during the PREA review cycle, year one in accordance with the standard.
- Previous Ashland Group Home PREA audits were conducted during year three of Audit Cycle 1, during year one of Audit Cycle 2, and year one of Audit Cycle 3. The current audit of Ashland Group Home was conducted in year two of Audit Cycle 4.
- The auditor had access to the entire facility property and was able to conduct interviews and was provided with documentation in accordance with the standard. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information. The auditor was permitted to conduct private interviews with residents and staff. Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The agency/facility provided residents with information about the PREA audit at least six weeks prior to the site visit. The information or "Notice of Audit" was provided to the agency/facility

	<p>by the auditor’s contractor, and the agency post such information in areas of the facility including all housing units. The agency/facility provided dated photographs to the auditor and are in the supplemental folder. The information provided to the residents included accurate information regarding the confidential nature of any correspondence and communication with the auditor. The auditor did not receive any confidential information or correspondence from residents placed at the AGH. Furthermore, the auditor did not receive any correspondence from agency or facility staff, volunteers, or interns.</p> <p>Interview Results:</p> <ul style="list-style-type: none"> • Interview with the Agency Designee reviews of the agency website has indicated that the agency has conducted the required PREA Audits each cycle year. The agency has ensured that at least one-third of each type operated by the agency, or by a private organization on behalf of the agency was audited once. • Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.
--	---

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Supporting Documents, Interviews and Observations:</p> <ul style="list-style-type: none"> • 2021 PREA Survey of Sexual Victimization SSV-5 • 2020-2022 Annual Report • Kentucky Department of Juvenile Justice, Ashland Group Home PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) • Agency Website <p>Interviews:</p> <ul style="list-style-type: none"> • Agency Designee <p>Interview Results:</p> <ul style="list-style-type: none"> • Interview with the Agency Designee and review of the agency website indicated that the agency has made publicly available all PREA audits as required by standard. This auditor reviewed the Kentucky web page at

<https://djj.ky.gov/Pages/Prison-Rape-Elimination-Act.aspx>. And contained the PREA Final Reports that was audited for the previous audit cycle years and published within 90 days after the final report was issued by the auditor.

- Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.312 (a)	Contracting with other entities for the confinement of residents	
	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
115.312 (b)	Contracting with other entities for the confinement of residents	

	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 OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	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 only until October 1, 2017.)	yes

	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 only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	no
115.313 (d)	Supervision and monitoring	
	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
	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
	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
	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
115.313 (e)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	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	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	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
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and 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
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	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
115.315 (e)	Limits to cross-gender viewing and searches	
	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
	If a resident's genital status is unknown, does the facility	yes

	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?	
115.315 (f)	Limits to cross-gender viewing and searches	
	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
	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
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	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
	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
	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
	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
	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:	yes

	Residents who have speech disabilities?	
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	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
	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
	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: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	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	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	Hiring and promotion decisions	
	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
	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
	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 bullet immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency 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 residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
	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
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	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
115.317 (f)	Hiring and promotion decisions	
	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
	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	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, 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
115.318 (a)	Upgrades to facilities and technologies	
	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.)	na
115.318 (b)	Upgrades to facilities and technologies	
	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.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	

	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
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	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
115.321 (c)	Evidence protocol and forensic medical examinations	
	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 evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	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?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication 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
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	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
	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

	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	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
115.332 (b)	Volunteer and contractor training	
	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
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	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
	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
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	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
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	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
115.334 (a)	Specialized training: Investigations	
	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
115.334 (b)	Specialized training: Investigations	
	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
	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
	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
	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
115.334 (c)	Specialized training: Investigations	
	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

115.335 (a)	Specialized training: Medical and mental health care	
	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
	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
	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
	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
115.335 (b)	Specialized training: Medical and mental health care	
	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
115.335 (c)	Specialized training: Medical and mental health care	
	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

115.335 (d)	Specialized training: Medical and mental health care	
	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
	Do medical and mental health care practitioners contracted by and 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
115.341 (a)	Obtaining information from residents	
	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
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: 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
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	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
	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
	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
	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
	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
115.342 (b)	Placement of residents	
	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?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	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
	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
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	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
	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
115.342 (e)	Placement of residents	
	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
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	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?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	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
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	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?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	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
115.352 (b)	Exhaustion of administrative remedies	

	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
	Does the agency always refrain from requiring an 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
115.352 (c)	Exhaustion of administrative remedies	
	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
	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
115.352 (d)	Exhaustion of administrative remedies	
	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
	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
	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
115.352 (e)	Exhaustion of administrative remedies	

	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
	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
	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
	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
	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
115.352 (f)	Exhaustion of administrative remedies	
	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
	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
	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

	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
	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
	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
	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
115.352 (g)	Exhaustion of administrative remedies	
	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
115.353 (a)	Resident access to outside confidential support services and legal representation	
	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 accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	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?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	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
115.361 (d)	Staff and agency reporting duties	
	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
	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
115.361 (e)	Staff and agency reporting duties	
	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
	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
	If the 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	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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
115.361 (f)	Staff and agency reporting duties	
	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
115.362 (a)	Agency protection duties	
	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
115.363 (a)	Reporting to other confinement facilities	
	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
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	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
	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
	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
	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
115.364 (b)	Staff first responder duties	
	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
115.365 (a)	Coordinated response	
	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
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	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
115.367 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, 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?	yes
115.367 (c)	Agency protection against retaliation	
	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
	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
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	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
115.368 (a)	Post-allegation protective custody	
	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

115.371 (a)	Criminal and administrative agency investigations	
	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 does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	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
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	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
115.371	Criminal and administrative agency investigations	

(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
	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
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
115.371 (h)	Criminal and administrative agency investigations	
	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
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	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
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity 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
115.372 (a)	Evidentiary standard for administrative investigations	
	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
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency 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
115.373 (c)	Reporting to residents	
	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
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	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?	
	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
	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
115.373 (d)	Reporting to residents	
	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
	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
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	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
115.376 (d)	Disciplinary sanctions for staff	
	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
	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
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	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

115.378 (a)	Interventions and disciplinary sanctions for residents	
	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
115.378 (b)	Interventions and disciplinary sanctions for residents	
	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
	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
	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
	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
	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
115.378 (c)	Interventions and disciplinary sanctions for residents	
	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
115.378 (d)	Interventions and disciplinary sanctions for residents	
	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

	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
115.378 (e)	Interventions and disciplinary sanctions for residents	
	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
115.378 (f)	Interventions and disciplinary sanctions for residents	
	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
115.378 (g)	Interventions and disciplinary sanctions for 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
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	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
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.382 (a)	Access to emergency medical and mental health services	
	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
115.382 (b)	Access to emergency medical and mental health services	
	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
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	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
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.386 (a)	Sexual abuse incident reviews	
	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
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	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
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	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
115.387 (d)	Data collection	
	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
115.387 (e)	Data collection	
	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	yes

	the confinement of its residents.)	
115.387 (f)	Data collection	
	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
115.388 (a)	Data review for corrective action	
	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
	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
	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
115.388 (b)	Data review for corrective action	
	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
115.388 (c)	Data review for corrective action	
	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
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	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
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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

	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.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	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 AUDIT. The pendency of any agency appeal 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, there has never been a Final Audit Report issued.)	yes