

# PREA Facility Audit Report: Final

**Name of Facility:** Caliente Youth Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 09/12/2016

**Date Final Report Submitted:** 10/31/2016

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Macilla (Kila) Jager	<b>Date of Signature:</b> 10/31/2016

AUDITOR INFORMATION	
<b>Auditor name:</b>	Jager, Kila
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<b>Email:</b>	kilajager@preauditor.com
<b>Telephone number:</b>	
<b>Date of facility visit:</b>	2015-12-07

FACILITY INFORMATION	
<b>Facility name:</b>	Caliente Youth Center
<b>Facility physical address:</b>	500 Youth Center Drive, Caliente, Nevada - 89008
<b>Facility mailing address:</b>	PO Box , Caliente, Nevada - 89
<b>The facility is:</b>	<input type="radio"/> County <input type="radio"/> Municipal <input checked="" type="radio"/> State <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
<b>Facility Type:</b>	<input type="radio"/> Detention <input type="radio"/> Correction <input type="radio"/> Intake <input type="radio"/> Other <input type="text"/>

Primary Contact			
<b>Name:</b>	Justin Barrow	<b>Title:</b>	Head Group Supervisor
<b>Email Address:</b>	jbarrow@dcfs.nv.gov	<b>Telephone Number:</b>	7757268213

Warden/Superintendent			
<b>Name:</b>	Bruce Burgess	<b>Title:</b>	Superintendent
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Facility PREA Compliance Manager			
<b>Name:</b>	Justin	<b>Title:</b>	Compliance Manager
<b>Email Address:</b>	jbarrow@dcfs.	<b>Telephone Number:</b>	7757268213

Facility Health Service Administrator			
<b>Name:</b>	Janice Culver	<b>Title:</b>	Correctional Nurse
<b>Email Address:</b>	jculver@dcsf.nv.gov	<b>Telephone Number:</b>	7757268200

Facility Characteristics	
<b>Designed facility capacity:</b>	140
<b>Current population of facility:</b>	118
<b>Age range of population:</b>	12-19
<b>Number of staff assigned to the facility (including current staff and new hires) during the past 12 months:</b>	87

AGENCY INFORMATION	
<b>Name of agency:</b>	Division of Child and Family Services
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	4126 Technology Way, Floor 3, Carson City, Nevada - 89706
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:			
<b>Name:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	

## AUDIT FINDINGS

**Narrative:**

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

Prior to the site visit, written policy and documentation was reviewed for assessment of paperwork and policy compliance. A site visit was conducted in December 2015 of three days, and additional documentation and assessment was needed. An additional site visit was conducted to complete the on-site portion of this audit—in February 2016

The audit began with an entrance meeting that included an introduction and overview of the schedule for the three-day audit period. Following the entrance meeting a comprehensive tour of the facility was provided. After completing the tour, auditor interviews began and continued throughout the subsequent days and visit. Those interviewees were selected randomly from schedules of staff members on duty on the days of the audit as well as specialty staff-including the agency PREA Coordinator, facility PREA Compliance Manager, superintendent, management/supervisors, medical and mental health, intake, education, contractors, volunteers, advocate agency, Human Resources, and hospital (SANE) (9 random, 9 specialty.), Additionally, Residents, from all units, were randomly selected from a list of all youth currently in the facility. (15 in all) There were no residents who identified as gay, lesbian, bisexual, transgender or intersex, and no youth with limited English proficiency or literacy skills at the time of the audit. The interviews were completed in the one day site visit in February 2016.

The on-site portion of this audit reviewed additional documentation, practice, training, and how ingrained the PREA standards were into practice and culture of Caliente Youth Center (CYC). CYC staff exhibited a high level of professionalism, consistency, and care towards the residents of this facility, and high standard of treatment and safety throughout the facility.

An Exit Meeting was held the final day of the audit and I complimented those present for the organization and enormous amount of work that was required and completed. I remarked on the organization of the onsite audit process. Their work and effort made the process more straightforward and less problematic and helped to ensure the audit went smoothly and no time was wasted.

I noted that staff and management, at this facility, have a high commitment to safety and are of a high quality. Also, the residents interviewed consistently expressed a sense of well-being and safety. I emphasized that I could not offer specific information about what my report would state and that I would be compiling that report over the coming 30 days, reviewing the Pre-Audit Questionnaire, the supporting documents, my observations from my tour and information derived from interviews.

Following the February, on-site visit, additional documentation was requested and provided. An extensive review of all information provided-including the site interviews, facility tour, observations, paperwork/documentation, and practice.

An Initial Report was provided to the agency. That report included the Audit Findings/Initial Summary. In the Auditor Compliance Tool, each standard was rated and a narrative explanation of the rationale for each rating was included. The Audit Findings/Initial Summary included a summary of the number of standards that were met, not met, exempt, or not applicable. Recommendations for achieving compliance with each standard were provided for use in developing a Corrective Action Plan (CAP.) The agency then proceeded to develop their CAP, collaborating with this auditor in that process.

Corrective Active Plans (CAP) were developed, collaboratively by the agency and this auditor and were all adopted. Those plans were comprehensive and addressed all areas of concern.

**Facility Characteristics:**

The auditor's description of the audited facility should include details about the type of the facility, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation.

Caliente Youth Center (CYC), a staff-secure facility located in Caliente, Nevada, has been in place for over 50 years. It is composed of 7-housing units, four units for males and three for females, with a capacity for 140; serving youth ages of 12-18.

This center, along with the Lincoln County School District, operates school programs that offer required and elective academic subjects, remedial programs, special education, vocational education and interscholastic activities. These include National Certification programs in Hospitality and Hotel Managerial Services, Welding, and Computer/Microsoft, as well as education in culinary arts, Career and technical certification, Graphic Design, Textiles, computer Technology, Laser and Printing Technology, Small Engine Repair, construction Trades, Horticulture, Welding and Woodwork.

Youth at CYC are provided medical care by on-duty nursing staff and a local Physician.

To ensure youth are safely supervised and rehabilitated, training staff at each youth center is a high priority. CYC scheduled up to 160-hours of competency-based training for all new employees within their first year of employment and for all staff to attend forty hours of training annually

CYC is currently funded at a 1:10 and 1:20 ratio for waking hours, with a current budget request that would decrease this ratio to 1:8 and 1:16.

Daily population reports included in this audit show youth population has been maintained from between 30 to 41 female residents, and 75 to 101 male residents for the year before this audit.

CYC currently has 86 staff, 24 C.O. Bastian High School staff, 11 buildings, 7 housing units that are single-cell housing units, and 0 segregation cells.

**Summary of Audit Findings:**

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

<b>Number of standards exceeded:</b>	3
<b>Number of standards met:</b>	29
<b>Number of standards not met:</b>	11

Caliente Youth Center (CYC) developed a corrective plan for each of the standards found out of compliance in the Initial Report, working collaboratively with this auditor. CYC worked diligently and professionally to address this auditor's concerns in the development of that Corrective Action Plan. This auditor found the facility employees to be extremely dedicated to providing quality services to the youth in their custody. The facility and staff are committed to caring for young people to help them to achieve success in their future lives.

During the corrective action period, the parent agency Nevada Division of Child and Family Services, (DCFS), made the decision to hire a dedicated Agency PREA Coordinator, and, the process resulted in a July 18, 2016 starting date. This action provided extra help to the CYC PREA Compliance Manager's work on the corrective action plan; however, with only two months left in the corrective action period, compliance was not attained. In the review of additional documentation, interviews, and assessment of policy/procedure, practice and culture, and all corrective action required, completed, and yet uncompleted, at the end of the corrective action plan, despite an ongoing commitment and hard work towards compliance, there remains work to be done to reach 100% PREA Compliance.

The agency and facility remain committed to 100% PREA compliance and are continuing to work diligently on the remaining standards that are out of compliance. In addition, they have committed to schedule another CYC audit, in 2017, to demonstrate that their work has resulted in total compliance. The state of Nevada has reinforced their commitment to be certified PREA compliant, as a state, by the 2017 Governor's certification.

## Standards

### Auditor Overall Determination Definitions

- 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

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.



<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>115.311a: Caliente has a zero-tolerance policy- the PREA Safety Standards for Caliente Youth Center, page 1, Paragraph 1. Additionally, the policy outlines the facility’s approach to preventing, detecting and responding to sexual abuse and sexual harassment, including definitions of prohibited behaviors (page 1), sanctions (page 33-34), and strategies and responses to reduce and prevent sexual abuse and sexual harassment. (page 25, -27, and page 1-44)</p> <p>115.311b: This standard is being addressed at the agency level audit. On July 18, 2016, Nevada Division of Child and Family Services (DCFS) hired a dedicated state PREA Coordinator (PC) to oversee PREA compliance for all facilities under their control.</p> <p>115.311c: Caliente has a PREA Compliance Manager (PCM), who has maintained throughout this process the lack of sufficient time to coordinate the facility’s efforts to comply with the PREA Standards. In addition to the position as training manager and PREA Compliance Manager (PCM), additional work requirements were added, during the corrective action period, including Head supervisor (supervising all unit supervisors). While the PCM has worked diligently, is very aware of youth and staff safety, and dedicated to compliance with the National PREA standards, time was not sufficient to attain compliance.</p> <p>Corrective Action:</p> <p>113.311c: The current PREA Compliance Manager already has a full-time job and although he made distinct progress towards compliance, the PREA compliance Manager(PCM) was clear that he did not feel he had the time to coordinate the facilities PREA compliance. As DCFS hires an agency PREA Coordinator, this may assist the PCM with coordination of the compliance plan and necessary corrective action.</p> <p>The facility needs to ensure the PCM has sufficient time to coordinate the facility’s efforts to comply with the PREA Standards.</p> <p>Final Determination: 10/18/2016</p> <p>After review of Caliente Youth Center’s PREA Safety Standards Policy, interviewing the PREA Compliance Manager, spending three days on site, interviewing random and specialty staff, and completion of the corrective action period, Caliente Youth Center (CYC) is not compliant with this standard 115.311—specifically 115.311c. Caliente has a PREA Compliance Manager that is also the training manager and during this audit was also made the Head Group Supervisor (supervises all supervisors). He has consistently maintained that he does not have sufficient time to coordinate the agency's efforts to comply with PREA.</p>

<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This standard is being addressed in the Nevada Division of Child and Family Services (NCFS) agency audit. CYC does not contract for confinement of residents with other agencies.

<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Review of the PREA audit pre-audit questionnaire, interview with PREA Compliance Manager, superintendent, and management staff, demonstrates the need for a staffing plan that meets standard requirements. That puts 115.313a, b, c, and d out of compliance.</p> <p>The Caliente "PREA Safety Standards Policy" requires the facility to have a staffing plan that complies with this standard, and requires the staffing ration be maintained at 1:8 and 1:16--as required by the PREA standards for juvenile facilities by October 2017. This ratio needs to be the standard compliance level for the staffing plan (115.113a), or the PREA policy needs to change to read 1:10 and 1:20, as is their current staffing ratio—working up to a staffing ratio of 1:8 an 1:16 by October 2017.</p> <p>Teachers may be counted as "security staff", only after receiving the same training as staff and only when actively supervising youth. Currently, after interview and training assessment, that training is not in place.</p> <p>Issues with recruiting and hiring were identified as having an impact on low staffing at this facility and a reason why they are not meeting the 1:8 and 1:16 required in their PREA Safety Standards for Caliente.</p> <p>Unannounced rounds are occurring, as evidenced by interviews with management staff, review of daily walk-through documentation, and PREA Safety Standards policy review. Caliente requires daily walkthroughs on each shift and signed slips of compliance turned in documenting this.</p> <p>Corrective Action:  Develop, and implement a staffing plan, including all considerations listed in standard 115.313. Ensure that the staffing plan developed shows and explains how the considerations in 115.313 were included in this plan.</p> <p>Standard 115.113 requirements are already included in the "PREA Safety Standards" for Caliente, and are policy is compliant. Facility policy does not need to be changed, practice needs to match policy.</p> <p>Develop and institute a procedure to document when the facility is out of compliance with this staffing plan.</p> <p>After this procedure is created, train staff, including how such incidents are documented, and where. This documentation needs to be easily compiled to show when the staffing plan is out of compliance, why it happened, and what was done to bring the staffing plan back into</p>

compliance. Also, the staffing plan needs to be evaluated yearly per 115.313d requirements. For this audit, the facility will need to show compliance, in documentation and practice. The PREA Safety Standards for Caliente lists a required staffing ratio of 1:8 during waking hours, and 1:16 during sleeping hours. This ratio needs to be included in the staffing plan, or changed in the PREA policy to the current 1:10 and 1:20, and documented. PREA standards do not require 1:8 and 1:16 ratio until October 2017

During the corrective action period:

Considerable work was put into this standard during the corrective action period. CYC developed and implemented a staffing plan, based on 1:10 and 1:20, which is their current required standard; however, the Caliente PREA Safety Standards Policy still requires 1:8 and 1:16. Policy, plan and procedure need to be consistent. In addition, tracking is done, using the October 2017 PREA staff ratio requirements, to document when there is a deviation from the soon to be required staff ratios. This is completed for every shift and documentation is included in this audit. When, how long, and why the deviation occurred, and what was done to bring the facility back into compliance is well documented.

Also, included, in this audit documentation, is the yearly review form to be used to assess the staffing plan yearly. As this is the first staffing plan developed, a yearly review has not occurred.

CYC trained their supervisory staff, as evidenced by documentation in this audit, on staffing ratios, documentation of compliance and deviations, and unannounced rounds and documentations—done and documented every shift.

CSC is substantially in compliance with standard 115.313

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Caliente does not conduct cross-gender strip searches, or pat-down searches--as evidenced by policy, interviews, and observation- except in exigent circumstances.</p> <p>Caliente, per the PREA Safety Measures for Caliente, has a policy that ensures youth can shower, perform bodily functions, and change clothing without opposite gender staff viewing. Youth change, shower and perform bodily functions in the bathroom, where only one youth is allowed in at a time. More than one youth may be in the shower, with same gender staff supervision in bathroom.</p> <p>Caliente has had a transgender youth at their facility and he could shower separately—as documented by staff and management interviews. There is policy and procedure, in the Caliente "PREA Safety Standards", that covers 315e. Interviews confirmed that staff know about this policy and procedure.</p> <p>Medical staff interviewed also had knowledge of this standard and procedure; however, staff have not received training in how to conduct cross gender pat-down in emergent circumstances-or searches of transgender and intersex residents.</p> <p>Policy does meet standards; practice needs to match.</p> <p>Corrective Action:</p> <p>Facility staff need to be trained in conducting cross-gender pat-down searches and respectful searches of transgender and intersex residents. Training needs to have a documentation of understanding.</p> <p>During the corrective action period:</p> <p>All staff were trained in cross gender and transgender and intersex searches. Documentation of the training, staff attending, and understanding of training are included in reviewed documentation and in this audit documentation Additional phone interviews confirmed training, understanding, and ability to practice said training. Training was thorough, thoughtful and complete.</p> <p>A form was created to document any cross-gender pat-down or viewing. No such incident has occurred in the last 12 months.</p> <p>A statewide facility institutional PREA Policy was created by the agency (DCFS) for all facilities. Page 8 and 9 contain all requirements of this standard.</p> <p>PREA 101 training includes all aspects of this policy and documentation is included in this audit.</p> <p>Interviews with random staff and youth confirmed the training, understanding, and practice. CYC is in compliance with this standard</p>

115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PREA 101 training, on 64-68 of the provided training PowerPoint provides training on special considerations for limited language ability, mental health issues, developmental disabilities, hearing impairments</p> <p>Policy, "PREA Safety Standards" for Caliente Youth Center, includes non-reliance on resident interpreters, readers, or other assistance, except in exigent circumstances; however, staff interviewed said they would use other youth to interpret when they had Spanish speaking youth and no staff on unit that spoke Spanish. Interviews with supervision staff confirm working with the school personnel to ensure the locating of interpreter services and use of the DCFS contracted language line. CYC does have staff who speak Spanish in the facility.</p> <p>Corrective Action:</p> <p>Identify services that can be used to assist youth, who have disabilities (deaf or hard of hearing, blind or low vision, intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>Train staff about services identified and ensure their understanding of the identified services and their use.</p> <p>Certify their understanding of the training received.</p> <p>Include in training, the non-reliance on youth interpreters, readers or other types of resident assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety, or performance of staff first-responder duties. Certify their understanding of the training received.</p> <p>During Corrective Action:</p> <p>CYC worked diligently to become compliant, with this standard by developing a staff understanding form and going over it with all staff. Each staff signed the form confirming understanding of non-use of resident interpreters, except in exigent circumstances, and how and what form to use to document those circumstances. Caliente also developed a form to document the use of a resident interpreter, in the case of exigent circumstances. A Spanish pamphlet, posters and youth orientation document are now in use and copies are documented in this audit.</p> <p>The Agency (NCFS) developed a PREA policy NCFS/JJ, on page 10, authorized facilities to make accommodations for youth who may need an interpreter due to language, vision, hearing, intellectual disabilities or special educational needs, on a case by case basis. A phone language line is included with this audit that is contracted by DCFS for language assistance.</p> <p>CYC is now substantially compliant with this standard</p>

<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This standard is being addressed in the Nevada Division of Child and Family Services, Juvenile Justice Services Audit. In a random check of personal files, at Central Office, all files had criminal record check, child abuse registry check, disclosure form, reference check form. Other issues of agency policy and procedure are being addressed in the Nevada agency audit. All CYC employees have the required documents in their file as shown by a random document review, including criminal record check, child abuse registry check, and self-disclosure statement of any previous sexual abuse behavior. CYC contractors also had the above required documents in their files and interview with a contractor and HR staff confirmed this process. The PREA Safety Standards for CYC has all provisions of this standard During Corrective Action the agency Nevada Division of Children and Families Services (NCFS) created a Statewide Institutional Policy DCFS/JJ PREA Policy. Page 23 of this policy has all the provisions required in this standard, for volunteers, contractors, and staff-- including background checks, child abuse registry checks, PREA acknowledgement statement, providing information to institutional employers as well as requesting it, assessing any previous sexual harassment allegations, and asking about any previous sexual misconduct. All random records checked by this auditor had the required documentation included</p>

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This standard is part of the agency audit in process and will be addressed in agency policy and procedure. CYC does have this in facility policy as reviewed by this auditor, and in interviews with management and staff who affirm that the safety of youth is a priority when any renovations are made. CYC has not made substantial improvements in expansion or video monitoring.</p>

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CYC PREA Policy, page 12-13 of the Immediate Response policy lays out the response to an allegation of sexual abuse that meets the standards of this standard</p> <p>CYC does not have a MOU with the local rape crisis center; however, this is in the works. CYC is working on a MOU with the local sheriff's office that outlines responsibility to investigate sexual abuse and sexual harassment referrals that are criminal in nature and follow PREA standards in its investigation—including evidence protocols. CYC made the appropriate request of the Sheriff's Department to follow PREA standards.</p> <p>CYC is not responsible for investigating sexual abuse allegations, as the local Sheriff's department does all criminal investigations. Any victim of sexual abuse will be offered a forensic examination at the local hospital, requiring a SAFE or SANE, both by policy—in the PREA Safety Standards for CYC, and in interviews with the and facility medical staff, confirming this.</p> <p>Grover C Dills Medical Center and The Rape Crisis Center materials Verified that Grover C Dills will provide SAFE/SANE for any incident from CYC and The Rape Crisis Center will provide advocate services</p> <p>Interviewed "The Rape Crisis Center" PREA Coordinator. She coordinated all services needed for detentions, Juvenile facilities, and Prisons. Verified Victim services would be provided to CYC</p> <p>Interviewed CYC PREA Compliance Manager about efforts to obtain a MOU with the Sheriff's Department and reviewed the MOU being worked out. The request was made and reviewed for LCSD to follow the PREA Standards as required</p> <p>An interview with the local rape crisis center confirmed they would provide support through the forensic medical examination process, and shall provide emotional support, crisis intervention, information, and referral. Also, that they were working together with CYC to formalize a MOU. A copy of the current work towards finalizing a MOU was given to this auditor and reviewed. It fit the standard requirement of requesting that the investigative agency follow the PREA standards.</p> <p>Also, review of specialty training for medical staff (online PREA training for medical staff) Nevada's PREA 101 staff training on this standard and staff were knowledgeable of the contents required by the standards.</p> <p>All certificates are included in this audit documentation under medical and mental health training</p> <p>During Corrective Action Period:</p> <p>CYC finalized a MOU with LCSD (Sheriff's Department)</p> <p>CYC finalized a MOU with The Rape Crisis Center and has signed it and passed it on to The Rape Crisis Center for their final signature.</p>

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>CYC Policy, procedure and practice meets 115.322a and b, as evidenced by CYC PREA Safety Standards under “Reports of Allegations” page 26, and Investigations policy on page 25, requiring all allegations of sexual abuse and sexual harassment to be investigated and referred to Lincoln County Sheriff's Department, or the Nevada Division of Investigations. Once CYC determines that an allegation meets the standard of a PREA allegation, the Lincoln County Sheriff's Department has the legal authority to conduct criminal investigations and all PREA allegations need to be referred to them. If law enforcement determines that the reported activity does not involve criminal conduct (written communication retained for investigative reports) CYC can then conduct an administrative investigation.</p> <p>The MOU between CYC and the Lincoln County Sheriff's Department has not been completed, identifying the responsibilities of each agency. The MOU that CYC is working on will address this standard.</p> <p>CYC has a policy in place; however, practice of the policy will be clarified with this MOU, including referral to law enforcement of all PREA allegations, for determination of criminal conduct, before CYC conducts administrative investigations.</p> <p>The PREA Safety Standards for the facilities, covers this standard on page 26 and is posted on the agency website at: <a href="http://www.defs.nv.gov/Programs/JJS/ProgramsOffice/">www.defs.nv.gov/Programs/JJS/ProgramsOffice/</a> 115.322e is not applicable to CYC as there is no Department of Justice component responsible for administrative or criminal investigation.</p> <p>During the Corrective Action Period:</p> <p>A MOU was finalized between CYC and the Lincoln County Sheriff's Department and the agency (DCFS) created a statewide institutional PREA Policy. Page 16 addresses the states requirement of Immediate action steps for Sexual Abuse—including reporting to law enforcement. Page 17 requires the facility to maintain a MOU with local law enforcement—which CYC has. Page 19 outlines the states investigative requirements and referrals.</p> <p>In practice, review of the most recent investigations, during corrective action period, indicates that CYC is not referring abusive sexual contacts (sexual contacts over clothing to the Sheriff's Department. While compliant in policy and MOU, practice is not consistent making CYC non-compliant with this standard.</p>



115.331	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>In Policy: review of policy (page 37 and 38 of the PREA Safety Standards for CYC, training records, and interviews indicate that all aspects of this PREA standard training requirement is met.</p> <p>Training exceeds all requirements of 331a with PREA 101 for staff, as well as training on PREA policy.</p> <p>Reviewed documentation and training included: teacher’s acknowledgement form for NIC Your Role Responding to Sexual Abuse; Cross Gender and Transgender Pat Down Searches; Curriculum for PREA 101; and, PREA policy Training, Zero tolerance Contractor and volunteer signature form; zero tolerance family form; zero tolerance visitors form; Human Resources pre-hire questionnaire; School training records; employee training records; NIC training records, PREA 101 training records, and PREA policy training records</p> <p>Training exceeds this standard and has more than all the requirements of this standard. Reviewed training records and verified staff attendance and understanding.</p> <p>Interviewed random staff and confirmed training documented was taken and in practice. Understanding was universal and staff could communicate what was learned and how they use it.</p> <p>Staff interviewed could articulate the knowledge and practice of the training they received and youth interviews confirmed staff practice. All employees are trained, as shown by training documentation, by test and signature indicating their understanding. Interviews with staff confirm training is taken, understood, and put into daily practice.</p> <p>Training, as reviewed by this audit, is tailored to the male population of CYC and juvenile residents.</p> <p>A signed statement of understanding is put in every employee’s personnel file, with a statement of such action.</p> <p>Staff and youth interviews back-up training and understanding of training, that a CYC ensures ongoing PREA training and updates, and makes all training relevant to practice and internalizing what is taught.</p>

<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CYC has a pre-hire questionnaire that all contractors and volunteers sign regarding zero tolerance of any sexual behavior and consequences. In addition, it is a self-disclosure form. It includes their responsibilities under CYC's policies, defines prohibited sexual behavior, and their requirement to report. Interviews confirmed the understanding of the agency zero tolerance policy, sexual abuse definitions, and the mandate to report.</p> <p>Reviewed; Zero tolerance Contractor and volunteer signature form; zero tolerance family form; zero tolerance visitors form; Human Resources pre-hire questionnaire; PREA Policy reviewed included Page 38 and 39--Training and Education of CYC PREA Safety Standards. The PREA compliance Manager at CYC, is also in charge of facility training and confirms the training of volunteers and contractors is at a minimum, the agency's zero tolerance and reporting responsibilities, up to complete PREA 101 training because of level of contact. CYC policy on this standard is on page 38 of the CYC PREA Safety Standards Policy</p> <p>CYC has no volunteers or contractors (who have not been trained as staff) that are unsupervised with residents. There are a very limited number of volunteers with limited access to youth, accompanied by staff. Everyone has been trained on zero tolerance and how to report. All visitors sign a PREA form when entering the facility that has all information about zero tolerance and reporting every time they enter the facility</p>

<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CYC policy meets this standard—Page 40 of the CYC PREA Safety Standards Policy Youth receive required PREA information in a format that is age appropriate and required by standard 115.333 a, b, c.</p> <p>Information is gone over with youth, point by point, with youth indicating by signature their understanding of each point. (this ensures youth with any learning, reading, or language issues, receive extra and any needed clarifications) Within 10 days, youth are shown the video “Breaking the Silence” and receive further PREA education. This information is available in English and Spanish, and understanding is documented—as viewed by this auditor and confirmed in youth and staff interviews.</p> <p>Reviewed: Juvenile PREA Intake Orientation form in English and Spanish; PREA Pamphlet in English and Spanish; Resident Orientation Course, Translator Contract, Resident signed understanding after having staff go over each orientation point with them; PREA youth training course confirms additional information and scenario training youth receive and is interactive; youth pamphlet in Spanish and English that reiterates the orientation material; posters, and interviews with staff and youth confirmed policy, practice is in place, and this is an integral part of CYC’s culture.</p> <p>CYC has a translator’s contract in place to assist with youth who do not speak English as a first language.</p> <p>Interviewed intake staff; random residents. Intake staff were knowledgeable about the education process they were responsible for and for ensuring all youth got the education, even those with disabilities or ELL. Residents understood the PREA training and could articulate all needed and required education requirements</p> <p><b>Auditors Recommendation:</b> CYC has a student orientation and training manual. After review of this manual, it is recommended that it be updated to include additional information about zero tolerance, reporting, and resident’s rights to be free from sexual abuse and sexual harassment. Also in communications—include the right to advocate or third party reporting communication (like parole officer, not requiring postage); phone calls—to an advocate or third party reporting sources—not monitored and not requiring prior approval; Youth rights—right to be free from sexual abuse and sexual harassment; youth responsibilities—report any known and suspected sexual abuse or sexual harassment to you or others; Grievance procedure—emergency grievance procedure, and in cases of sexual abuse or harassment—not having to go through the informal resolution but going straight to the formal or emergency grievance; Sexual Misconduct—Sexual harassment; Reporting process that includes how to report sexual abuse or sexual harassment—including inside reporting sources and confidential outside reporting sources</p>

115.334	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>CYC has policy that covers this standard on page 29 of CYC PREA Safety Standards Policy. Documentation was reviewed confirming training given by Department of Correction investigators, and online NIC PREA training on investigating sexual abuse and harassment in juvenile confinement facilities. The required specialized training, by this standard, is included in the reviewed curriculum. Documentation included signed attendance and statements of understanding by all investigators trained.</p> <p>CYC does not conduct sexual abuse investigations, Lincoln County Sheriff's Department is the designated law enforcement agency that conducts such investigations.</p> <p>CYC conducts administrative investigations and is required to be trained in such investigations.</p> <p>Corrective Action:</p> <p>CYC has appropriate policy covering this standard, and has provided training to investigators; however, interviews, and evaluation of knowledge and practice, of the policy and training, indicate the following training is needed:</p> <p>Additional administrative investigators training is needed in the areas of: 1. PREA allegation referral to law enforcement, (email documentation), before conducting an administrative investigation—to ensure any criminal investigation is not compromised. 2. Juvenile sexual abuse victims</p> <p>During the corrective action period:</p> <p>Caliente's PREA investigators completed the NIC specialized training on investigation in confinement settings, included in this documentation is the completion certificate. A phone interview with this investigator confirmed understanding of the training and putting it into practice with PREA investigation.</p> <p>Review of recent investigations revealed the need for further training and understanding of definitions of sexual abuse, reporting requirements, referral to law enforcement and immediate response to allegations of sexual abuse by investigators. Also, incident reviews were not conducted on allegations that were determine unsubstantiated, and there was one allegation that appeared to have the preponderance of evidence for a founded allegation, and it was unsubstantiated, not contain an incident review and appropriate referral to law enforcement.</p> <p>CYC is compliant in policy and the training had all the required elements; however, practice is not consistent with the investigative requirements and training. Additional in-depth investigative training is needed making CYC out of compliance with this standard after corrective action completed</p>

115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CYC ensures that medical and mental health staff take NIC training “Your Role to Responding to Sexual Abuse”, PREA 101 and PREA policy training. Documentation was reviewed of staff participating in the above training and understanding their training by test and certificate (NIC Training) or statement of understanding (PREA 101)</p> <p>115.335 cont. Medical and mental health staff are required by standard 115.335a to have additional training, above regular staff. Although medical and mental health staff had some training aimed at their roles as specialized staff, they do need some additional training to satisfy this standard.</p> <p>Corrective Action: The following NIC training will satisfy the requirement for additional training required in 115.335a Medical staff take NIC training- Medical Health Care for Victims of Sexual Assault in confinement Settings; Mental Health Staff take NIC Course-Behavioral Health for Sexual Abuse Victims</p> <p>During Corrective Action, Medical and Mental Health staff and the PREA Compliance Manager at Caliente completed and passes the test for understanding in the NIC course, Medical Health Care for Victims of Sexual Assault in Confinement Settings. Included in this standard are document uploads that give the name of each staff member completing this training. Caliente is now compliant with this standard.</p>

<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CYC policy is in place that meets this standard, on page 15 of CYC PREA Safety Standards Policy; however, practice indicates the following: CYC has identified an instrument to use for the requirements of this standard and included it in the documentation for this audit; however, it has not been used in the period that this audit covers.</p> <p>The instrument covers the requirements of 115.341a, b, c, and d; however, will need to be covered in the corrective action period for use in the facility and documentation required by this standard</p> <p>Corrective Action:</p> <p>Practice needs to comply with CYC's policy. The identified instrument, included in the documentation for this audit, needs to be used to comply with these standards requirements and needs to be documented during the corrective action period.</p> <p>During Corrective Action, Caliente (CYC) has implemented the use of a risk assessment and ensured all youth were assessed. Logs are included in the documentation that show tracking of assessment, housing decisions and follow-up mental health/medical within 14 days if assessment concludes youth was sexually abused or had sexually abused. Filled out Logs are included showing when youth were assessed, housing choice and why and follow-ups. DCFS determined a different screening instrument would be used in all of its facilities and the new instrument was used immediately after training.</p> <p>CYC is now substantially compliant with this standard</p>

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CYC has identified an assessment instrument to use for standard 115.341; however, it was not in use as of this audit date.</p> <p>CYC does have policy in place that complies with this standard on page 16 and 17 of CYC's PREA Safety Standards Policy-Use of Information, and page 10—Supervising Residents. Interviews with staff revealed that CYC did have a transgender youth in their facility, although not at present, and policy was followed by determining housing based on all the information gathered, including assessment of placement in male or female housing based on this case. The youth's views were taken into consideration and this youth showered separately from other youth.</p> <p>Assessments were done to determine if the placement was appropriate and any threats to safety were experienced. The youth, by interviews with youth and staff, felt safe and after an initial period of adjustment by youth—and staff vigilance—and felt safe in the placement CYC has a history of extremely limited isolation and even 24 hours was rare. No documentation existed that any placement even approaching 30 days was ever used. Any type of isolation was an on-unit room where youth re-regulated and then rejoined the general population.</p> <p><b>Corrective Action:</b></p> <p>CYC has identified an assessment instrument required by 115.341 and is putting the use of it in place. During the corrective action period, this instrument needs to be used to satisfy the standards 115.341 and 115.342a. Documentation needs to be sent to verify compliance—over the corrective action period. This includes documentation of use of the assessment instrument to determine risk of sexual victimization or sexual abusiveness toward other youth; and documentation of use of the screening instrument to make housing, bed, program, education, and work assignments for youth.</p> <p><b>During corrective Action Period:</b></p> <p>CYC implemented a risk assessment and ensured all youth were assessed. Included in this documentation are logs showing assessment of youth, follow-ups, and how the assessment was used to make required assignments for youth. DCFS changed the risk assessment for all its facilities and the new instrument is now being used at CYC. Documentation included in this audit</p> <p>The agency (DCFS) implemented a statewide intuitional PREA policy that requires this assessment and documentation at all facilities under its direct control. It is included in this documentation. Staff training was done prior to completing assessments.</p>

115.351	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>CYC's policy meets the above standards—on page 19,20, and 21 of CYC PREA Safety Standards Policy—Reporting of allegations; however, 115.351a states that the agency shall provide multiple “internal” ways for youth to report “privately; however, practice evaluation indicates the following: Youth and staff interviews confirm knowledge of use of the grievance form and the emergency grievance; however, other ways, beside telling a staff are very limited. PREA standard 115.351b requires an outside reporting source, outside of the agency, for youth to report sexual abuse or harassment to a public or private entity—not part of the agency. CYC was working with the crisis center to develop a MOU to be the outside reporting source; however, there are issues with the agency reporting back to CYC, as required by standard. 115.351c and d are met in CSC policy—page 19 of the PREA Safety Standards Policy. Random staff and youth interviews confirm that staff accept reports and promptly document them for investigation. Review of reports and investigations confirm this, and are part of the documentation of this audit. Additionally, youth report they have grievance forms and tools necessary to make a report that satisfies 115.351d. 115.351e is met by the online form on the agency’s website <a href="http://dcfs.nv.gov/Forms/PREA_incident_report_form">http://dcfs.nv.gov/Forms/PREA_incident_report_form</a></p> <p><b>Corrective Action:</b></p> <p>Identify and implement another internal private reporting source, besides a grievance, that is as confidential as possible for youth to report. this source needs to be readily available to the youth , baring safety and security issues. The Division of Child and Family Services, Juvenile Justice Office has an online form for reporting sexual abuse and harassment. This is available to staff. Youth at CYC have internet access and this may be a possible additional source of reporting for youth—if a process can be worked out for youth to have confidential access, and for it to be transmitted</p> <p><a href="http://dcfs.nv.gov/FormsPREA_incident_report_form/">http://dcfs.nv.gov/FormsPREA_incident_report_form/</a></p> <p>Identify an outside reporting source that youth can report to, incorporate access for youth, in as confidential a manner as possible, and train both staff and youth on the use of this source. This source must always report back to the facility</p> <p>During the corrective action period:</p> <p>Caliente developed an internal toll free number for youth to use as an additional internal reporting source and posted the number for youth. Additionally, the agency (DCFS) developed a MOU with the Financial Guidance Center's 211 number for youth to report to an outside source.</p> <p>There is a flyer to be posted informing youth of these reporting sources; however, at the end of the corrective action period, this posting and training about the outside reporting source, for youth and staff had not been completed. While the work is almost complete, there is additional work to do on this standard to become compliant, at the end of the corrective action period</p>



115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CYC policy meets the requirements of this standard on page 19,21 and 21 of the CYC PREA Safety Standards Policy—Resident Reporting. The grievance form is a part of the audit documentation. Locked boxes are on every unit with grievance forms available. PREA 101 training has training for staff on this standard and staff confirm they received and understand the training and grievance procedure. Youth receive training on the grievance process in Orientation training. Youth interviews confirm grievance forms are available and locked boxes are on each unit. There is an emergency component to the grievance that is expedited when youth mark that box. This is confirmed by random staff and youth interviews and interview with the PREA Compliance manager. The youth orientation and handbook also have information about the grievance procedure in Spanish and English and youth. The timelines required are in policy, and documentation (grievance log and follow-up documentation confirm they are followed. Youth manual does not make an exception—to the requirement that youth must use an informal process--for youth filing a sexual abuse or harassment grievance. All other training and material state the exception for sexual abuse and harassment Grievance log documents when grievance is received, grievance form documents when the grievance was handled. There is no documentation of youth receiving the results of the grievance. Youth reported they are notified; however, there is no documentation of this. No grievance went beyond 70 days and most were within a very short timeline. Auditor Recommendation: Change the youth handbook to reflect that a youth does not have to go through the informal grievance process when filing an allegation about sexual abuse or sexual harassment. Update the grievance documentation to include the youth being notified.</p>

115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>CYC policy and procedure meet the requirements of this standard on page 11—victim services of CYC PREA Safety Standards Policy; however, practice evaluation indicates the following: A poster and a pamphlet, regarding rape crisis center’s confidential hotline and mental health counselor, is a part of their audit documentation and is up on all units. Random youth and staff are aware of the service; however, youth are not allowed to call out and must go through staff. There is a mailing address youth can write to. The agency has provided documentation of attempts to develop a MOU with the rape crisis center. They feel they are very close to having this completed. Phone interview with the rape crisis center confirmed that they are available and willing to provide the services this standard requires, even though they do not currently have a MOU.</p> <p>Per random staff and youth interviews, access is provided to their attorneys, when requested, and parents may call in—although youth cannot call out. Provision is made for the youth to call their parents if it has been a month since contact</p> <p>Corrective Action:</p> <p>CYC is currently working with The Rape Crisis Center to enter into a MOU. Complete work on this and implement. Change the youth handbook to include written communication with the crisis center as not needing a state stamp and confidential. Add this to your staff and youth training.</p> <p>During corrective action period:</p> <p>Due to the inability to enter in to a signed MOU with The Rape Crisis Center, the PCM removed the notices from the units, as he could not be assured they would provide this service. The facility signed a MOU, after making changes that The Rape Crisis Center requested, and sent it to them to be signed. The Rape Crisis Center Has not signed and returned it, or returned any communication with CYC. Included in this audit documentation is the email communication and signed Mou—by CYC.</p> <p>Currently, CYC is not compliant with this standard, as there are no postings of The Rape Crisis Center’s number and address for residents to access. No updated training has been done for residents or staff, and the youth handbook has not been changed.</p> <p>This auditor called The Rape Crisis Center and talked to their PREA Coordinator, during the audit, who confirmed they would provide this service to youth; however, the lack of communication between The Rape Crisis Center and CYC prevented progress towards a signed MOU. CYC provided documentation of their continued work towards this MOU; however, the posting of addresses and phone numbers, as well as information, and training, for youth and staff, has not been done.</p>

<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	CYC has a policy that meets the requirements of this standard on page 22 and 23—Third Party Reporting, of CYC PREA Safety Standards Policy The agency included documentation of this information distributed in its PREA pamphlet and in its parent Manual. This is in both Spanish and English The agency provides an online report form at the following website: <a href="http://dcfs.nv.gov/Forms/PREA_incident_report_form">http://dcfs.nv.gov/Forms/PREA_incident_report_form</a>

<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>CYC policy meets this standard on page 26, 27, 28—Response to Report of Allegations, and page 22—Staff and Third Party Reporting. Also, Page 29—Investigative Procedure. This standard is addressed in CYC PREA 101 and PREA policy training. Included in documentation are staff training logs and statements of understanding of this training. Random staff interviews confirmed knowledge and practice is in place. Staff interviews made clear their understanding of confidentiality and privacy requirements. They could articulate their understanding of their immediate reporting requirements, understanding that the requirement to report included knowledge, suspicion, or information received; and understanding of policy on this issue, as well as training they had received and understood. In addition, random staff and supervisory staff interviews clearly showed training, understanding, and practice of the required mandatory reporting of any knowledge, suspicion, or information about sexual abuse or sexual harassment no matter where it happened, and the need to ensure it is reported, even if they think it may have already been reported in the past. While interviews were more uncomfortable when inquiring about staff’s responsibility to report staff neglect violation of responsibilities that have a part in or contribute to an incident, staff were clear that keeping youth safe is their priority and they would report any such actions Policy and training, as well as confirmation during random, medical, mental health, supervisory and management staff confirmed understanding of the facility’s PREA policy regarding confidentiality of information regarding allegations of sexual abuse and sexual harassment. Interviews with</p> <p>Medical and Mental health staff were interviewed and could articulate their understanding and practice of confidentiality, reporting practice, informing youth of their responsibility to report. Interview with agency head confirmed knowledge and practice of following agency policy by reporting any sexual abuse allegations to the appropriate agencies, parents and legal guardians. Training, interviews and documentation exceeded this standard.</p> <p>Interviews with supervisory staff and the superintendent of CYC, articulated the policy, training, understanding of reporting any allegation received, to the appropriate parent/guardian, caseworker/PO, and attorney/legal representative, and investigators.</p>

<b>115.362</b>	<b>Agency protection duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>CYC is compliant with this standard with policy on page 28 –Response to Report of Allegations of CYC PREA Safety Standards Policy.</p> <p>Random Staff interviews confirmed understanding of their role in prevention of sexual abuse by taking seriously any allegations or information about youth being at risk for sexual abuse CYC policy meets this standard on page 21—Reporting of Allegations, Resident reporting, in CYC PREA Safety Standards Policy and PREA 101 training and PREA policy training include this standard.</p> <p>Random staff interviews, agency management interviews confirm policy, knowledge and practice of steps necessary to protect a resident who is subject to substantial risk of imminent sexual abuse.</p> <p>Youth interviews confirm that youth feel safe and feel staff would take steps to protect them if needed. There have been no reports from youth that they feel at risk.</p> <p>In conditions when the report reveals sexual abuse has occurred, staff were clear that they understand their responder role and evidence collection.</p> <p>Predominately, staff interviewed could run down the protocol to respond appropriately to an allegation of sexual abuse. That included separation, preserve the scene and evidence, and actions the alleged perpetrator and alleged victim could not do, if there was evidence to preserve. (shower, bathroom, brush teeth, change clothing, drinking/eating).</p> <p>Staff were familiar with the PREA standard operating procedure to respond to allegations of sexual abuse and well versed in forms A and B to ensure minimal information is obtained and consistent actions are taken every time. (page 9, 10 and 16 of PREA Safety Standards PREA Policy</p> <p>PREA 101 training also addresses the actions for staff in these circumstances and all staff are documented as having taken and understanding this training</p> <p>CYC reports that there have been no reports of youth being at imminent risk of sexual abuse.</p>

<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>CYC meets this standard in policy on page 26—Response to Report of Allegations policy in the CYC PREA Safety Standards Policy.</p> <p>CYC had 0 reports of abuse in another facility; however, interviews with CYC Superintendent, supervisory staff, and PREA compliance Manager confirm knowledge and training concerning actions needed in this standard, reporting timelines and investigation requirements.</p>

<b>115.364</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CYC is compliant with this standard with policy on page 28 –Response to Report of Allegations of CYC PREA Safety Standards Policy.</p> <p>Interviews with security staff, all who have been trained as first responders and all interviewed quoted use of form A and B Sexual allegation response forms. All staff interviewed could clearly articulate the process if an allegation of sexual abuse was received by them. Including separate, preserve and protect, and requiring both the alleged perpetrator and alleged victim to refrain from actions that would destroy evidence on body, clothing, or area.</p> <p>There have been no founded allegations of sexual abuse received in CYC in the past 12 months.</p> <p>Training of PREA 101 and documentation of training records and understanding are included in this audit.</p>

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>PREA 101 training and PREA policy training addresses 115.364a and b; however, staff, in random staff interviews, were unsure of their roles and the roles of others in specific sexual abuse situations that went beyond basic first responder’s duties.</p> <p>CYC policy, on page 27 and 28—Response to Report of Allegations covers policy/procedure; however, lacks a written institutional plan to match policy and comply with this standard.</p> <p>Corrective Action:</p> <p>CYC is currently working on a Standard Operating Procedure to comply with this standard. Once completed, include it in staff training, and implement this plan into practice.</p> <p>During Corrective Action:</p> <p>Caliente developed and implemented a Standard Operating Procedure (SOP) institutional response plan; however, the agency (DCFS) has not signed off on it at completion of corrective action.</p> <p>Included in the documentation is a flow chart that is the visual of the SOP.</p> <p>The visual is a good tool; however, the written institutional plan should be dedicated facility plan for a coordinated response, that designates the roles and actions for first responders, medical mental health, investigators, and facility leadership, in response to an incident of sexual abuse. Training of all staff in roles of all participants and individual roles is needed after this institutional plan/protocol is complete</p> <p>CYC is making great progress towards compliance and continues to work towards fulfilling all requirements of this standard. At close of this corrective action period, additional work needs to be done to create a Institutional coordinated Response plan that is not part of a policy to be compliant with this standard.</p>

<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Nevada is a right to work state and does not have a union. This is covered in CYC policy—page 8, Agreements with External Entities to ensure it would be covered if necessary in the future.

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>CYC policy meets this standard on page 24, Protection against Retaliation in CYC PREA Safety Standards Policy; however, practice evaluation indicates the following:</p> <p>This standard is included in PREA 101 and PREA policy training and documentation is included in this audit.</p> <p>The designated staff to track the required information is the PREA compliance Manager for the facility.</p> <p>Staff and youth interviews confirmed that they are aware of the policy on retaliation; however, are not sure who tracks it or who to report to. Staff have a good knowledge of protective measures to take to protect youth who report sexual abuse or harassment, just need better tracking of documentation requirements.</p> <p>Interview with the PREA compliance Manager confirmed that there is monitoring of youth who report sexual abuse and harassment; however, there is no tracking system. A CYC standard operating procedure (SOP) is being created to ensure tracking and monitoring occurs as per this standard.</p> <p>115.367 Corrective Action: CYC will complete the SOP they are working on and include a tracking log—this log will track all requirements of this standard, as well as medical and mental health requirements.</p> <p>The SOP will be included in staff training and documented per standard requirement</p> <p>During Corrective Action:</p> <p>CYC in their continuing progress towards compliance, completed the SOP they were working on; however, it has not been approved by the agency (DCFS) and staff training has not been completed on this SOP, and the required Facility Coordinated PREA Response Plan. The retaliation tracking should be part of the coordinated response plan. The PREA 101 training has elements of both the SOP and response plan and has prepared staff for this next step.</p>

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CYC meets this standard, in policy, on page 26—Response to Report of Allegations, in the CYC PREA Safety Standards Policy.</p> <p>Segregation is rarely used at CYC and incidents of more than a few hours of re-regulation are almost nonexistent. Policy says isolation is used only as a last resort.</p> <p>There are no incidents of using segregated housing in incidents of sexual abuse at CYC in the last 12 months. Staff and youth interviews confirm this.</p> <p>Interviews with the superintendent, unit staff, medical and mental health staff, and youth, all report a very short term use of individual rooms for short-term re-regulation and youth is back in the general population- quickly. Protection of youth is primary and all youth have individual rooms, so youth have privacy and safety if an allegation is made of sexual abuse or sexual harassment.</p>

<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>CYC meets the policy portion of this standard, on page 25-Investigations, Page 29 Investigators and Investigative Procedure, page 33-Investigation Aftermath, page 24—Protection against Retaliation, and page 27 Response to Report of Allegations, in CYC PREA Safety Standards Policy. Also in Nevada DHHS Personnel Policy and Procedure manual page 89-93—Investigations; however, practice evaluation shows the following:</p> <p>115.371a: CYC does not conduct criminal investigations into allegations of sexual abuse and sexual harassment. Law enforcement conducts such investigations; however, CYC does conduct administrative investigations.</p> <p>115.371c: Review of prior complaints can be done only about incidents investigator are aware of. There is no central agency investigation data base that allows investigators to check previous reports/complaints, or other facility investigations.</p> <p>Interviews and policy reviews showed compliance with 115.371e—investigations are not terminated when the source of the allegation recants the allegation, nor when the youth or staff leaves the facility or employment. Policy states that all investigations would be continued to completion 115.371k.</p> <p>115.371e: This standard is aimed at facilities and agencies (Sherriff’s Department) that conduct criminal investigations and is included in CYC policy. This is a standard that the Sherriff’s Department is required to follow, by PREA standards and by law. This should be in the MOU between CYC and the Lincoln County Sherriff’s Department.</p> <p>115.371f: Caliente’s policy says “The Caliente Youth Center doesn’t prohibit requiring a resident who alleges sexual abuse to submit to a polygraph or other truth telling devise as a condition for proceeding with the investigation of such allegation” and, the PREA standard says, “No agency shall require a resident who alleges sexual abuse to submit to a polygraph</p>

examination or other truth telling device as a condition for proceeding with the investigation of such an allegation.” After review of investigative reports, no credibility assessments were included.

115.371g—Investigative documents, or review, did not include an effort to determine if staff actions or failures to act contributed to the abuse, and although there was documentation of evidence, there was no credibility assessments.

115.371: N/A, no DOJ component conducts investigations at CYC

115.371m: CYC is working on MOU to clarify the working relationship with the Sherriff’s Department. CYC, by policy and practice, works with the Sherriff’s Department, cooperates in any investigation, and will remain informed about progress of any investigation.

Investigation policy was reviewed, as there were no investigations, and investigators interviewed.

CYC policy states that it will retain all written reports and investigations, by policy, beyond the required timelines of 115.371j.

Corrective Action:

115.371a: Because CYC does not conduct criminal investigations, it needs to document referral to law enforcement, for any criminal determination, before conducting administrative investigations--then criminal and administrative investigations can be done promptly, thoroughly and objectively.

This administrative investigation is aimed at administrative issues, including actions that may have contributed to the abuse, changes that need to be made, determination of an administrative finding of unsubstantiated, unable to substantiate, or substantiated, credibility assessments, investigative facts, and findings based on a lower level of proof needed than a criminal investigation. (51%)

115.371b: The MOU will address the training standard required for law enforcement to conduct criminal investigations.

See standard 115.342 for training requirements that will satisfy this standard for CYC. As CYC only conducts administrative investigations, the additional training recommended in 15.342 will suffice for compliance.

115.371c: PREA standards require review of previous complaints and reports of sexual abuse. Also required is a credibility assessment.

There needs to be a system in place where investigators can review any prior complaints/reports of sexual abuse/harassment, including at other facilities, and use that information to conduct a credibility assessment, incorporating that information into their administrative investigation documentation.

This will also comply for additional information supplied to law enforcement from CYC records to assist in any criminal investigation.

CYC is currently working on a MOU with the Sherriff’s Department. It is important to include in the MOU that allegations, once determined to be PREA allegations, are referred to law enforcement. The email response, from law enforcement about their criminal determination, and referral back to CYC, to proceed with an administrative investigation, will clearly demonstrate the authority to move from any possible criminal investigation to an administrative investigation.

115.371f: CYC PREA Safety Standards, on page 29, needs to be changed to read: The Caliente Youth Center prohibits requiring a resident who alleges sexual abuse to submit to a polygraph....

Currently it says “doesn’t prohibit”, and that does not comply with the requirements of this standard.



15.371g: Administrative investigative reports need to show evaluation of whether staff actions or failures to act contributed to the abuse. Additionally, investigative reports need to include the reasoning behind the credibility assessments made in the report.

During corrective Action period:

CYC worked diligently to become compliant and made progress in the many detailed parts of the PREA standards. Contributing to the difficulty of reaching full compliance, per the PCM, included working two full time positions-Head Group Supervisor and Training Manager, and in addition, being the PCM, investigator, and responsible for tracking allegations.

The corrective action contained the need for additional Investigator training, the ability for investigators to check previous incidents for both and staff, when conducting a PREA investigation, to assess credibility of alleged victim, suspect, or witness and include an effort to determine if staff actions or failures to act contributed to the abuse—as well as reasoning behind credibility findings.

There are many beneficial pieces to the investigation process at CYC. It is apparent from interviews and review that the investigative staff are dedicated. Immediate retaliation tracking and mental health services provided are documented. Tracking reviewed documented services implemented in the time frame required.

The forms sent to document administrative investigations, do not comply with this standard. The lack of assessments of credibility and staff actions, and missing documentation of administrative review process and report, are missing elements.

During the initial audit, there were no investigations for review. The determination of compliance was done on policy. During the corrective action period, there were allegations that required investigations. Review of these investigations show investigators initiate investigations promptly and were objective; however, parts of the investigation process were missing and the compliance was changed to not compliant. This caused the section about including third party and anonymous reports in prompt, thorough and objectively, to be out of compliance, as well as compliance for part a, b, c, d, e, f, g, l, k,

In reviewing investigations completed, the above missing investigative elements may have compromised at least one recent investigation. The investigation did not have credibility assessments, staff action assessment, and the determination, that appeared to have all elements of founded, by a preponderance of the evidence, was listed as unsubstantiated. No administrative incident review and report was included or referenced, as required for founded and unsubstantiated allegations, and referral to law enforcement not documented. Immediate tracking of services was documented.

Another investigation had appropriate referral to law enforcement; however, no credibility or staff assessment. The “investigative” report was an incident report. Referral to law enforcement was documented, as was their response of unsubstantiated. No administrative investigation completed, after law enforcement determination, or administrative review and report. Immediate, retaliation monitoring and mental health services were provided and documented.

A third investigation, as reported to this auditor, was stopped when the youth left the facility—bringing section k out of compliance.

The policy was changed, as required by standard 15.371f to prohibits requiring a resident to submit to a polygraph who alleges sexual abuse.

Additional investigator training was taken (NIC online administrative investigator training) and documented; however, investigations reviewed, since training, do not reflect the necessary

knowledge and elements required by the standards.  
 Contact was made with the agency PREA Coordinator as significant safety issues were identified that may require immediate attention.  
 CYC is not compliant with this standard at the end of corrective action. Out of compliance parts of this standard are; 115.371 a, b, c, d, f, g, l, k,

<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>CYC policy meets this standard on page 29—Investigators and Investigation Procedure or the CYC PREA Safety Standards. Interviewed facility and agency investigators and reviewed all investigation policies.</p> <p>Investigations are conducted promptly and thoroughly; however, there is some confusion about referral of allegations to law enforcement for a criminal determination before conducting an administrative investigation. This places a great deal of responsibility on the administrative investigators and there is some confusion about level of evidence needed for a determination</p> <p><b>Corrective Action:</b>          The training in corrective action for 115.334b will also satisfy the training needed for this standard.</p> <p>The facility has the correct policy requirements, and capable and educated investigators who are diligent about investigations; however, with this additional training clarifying the difference in evidence standard needed for an administrative investigation—as opposed to a criminal investigation—as well as the credibility and staff actions assessment, should help investigators understand and make finding determination based on this standard requirement. After this training is complete and documented, investigations will be reviewed to assess compliance with this standard.</p> <p><b>During Corrective Action:</b>          The facility changed the policy to comply with this standard imposing a standard of preponderance of the evidence; however, review of investigations, at the end of the compliance period shows an investigation that appears to clearly show preponderance of evidence that is listed as unsubstantiated. Although the facility does impose the appropriate standard in policy, investigations review concludes this facility is still out of compliance with the practice. Training continues to be out of compliance as report showed an apparent lack of understanding of “preponderance of evidence”.</p>

<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>CYC policy submitted for compliance with this standard is on page 33—Investigation Aftermath, and page 26 and 27—Response to report of Allegations. Policy on page 26 and 27 meets the policy requirement of this standard.</p> <p>Policy on page 33 states that CYC will refer all substantiated allegations of conduct that appear to be criminal forward for prosecution. This standard is 115.371 and is aimed at law enforcement criminal investigations being referred to prosecutors for criminal prosecution. Review of facility material did not find documentation where, or how, youth would be notified and documentation of notification kept.</p> <p>Corrective Action Plan:</p> <p>CYC is developing a documentation log for notifications to youth, documentation of medical and mental health PREA services, as well as retaliation tracking. This may be an option for tracking of the required notifications of this standard; or, alternative records of notifications and documentations need to be developed and used. This documentation needs to be made to youth, if CYC becomes aware of the actions described in this standard.</p> <p>115.373b is in policy and interviews with investigators assure this auditor that it is being complied with. Auditors recommendation is that this part of the standard be a part of the MOU between CYC and the Sheriff's Department to ensure smooth document sharing.</p> <p>During corrective action period:</p> <p>CYC developed a notification form and used it with one investigation at the very end of the corrective action period; however, review of investigations did not show use of this form or knowledge of the use of it, even for unsubstantiated allegations. The facility is not compliant with this standard, as the time frame for compliance is too short by the time the corrective action period expired.</p>

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CYC and parent agency policy documentation is: CYC PREA Safety Standards Policy—Disciplinary Sanctions, page 34, and page 2—Zero tolerance, Administrative Considerations; and the Division of Child and Family Services Personnel Policy and Procedure Manual-section 230—dated 2008. CYC policy has every part of this standard in writing and complies with the policy requirements. The parent agency PPP Manual does not appear to be updated to reflect the PREA standards. The Division of Child and Family Services has chosen to currently undergo an agency PREA audit and is in the process of corrective action.</p> <p>CYC’s policy does meet this standard for this facility. Review of incidents show 0 staff referred to law enforcement or licensing boards following termination for violating agency sexual abuse/harassment policies. 0 staff were disciplined, short of termination, for violation of above listed policies.</p> <p>Interviews with management staff and HR staff confirm referrals would be made to law enforcement and licensing bodies for violation of above listed policies and even if staff quit or were terminated prior to termination, they will be reported to appropriate law enforcement and licensing bodies.</p>

<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CYC policy is on page 2—Administrative considerations, Zero Tolerance. Review shows this policy covers requirements of a and b of this standard. Interviews and review of investigative policies determine that 0 contractors or volunteers have been referred to law enforcement or relevant licensing bodies in the last twelve months because of criminal activity involving sexual abuse.</p> <p>Management interviews clarify knowledge and understanding of this policy and practice associated with it, and verify CYC would report and refer contractors or volunteers per this standard.</p>

<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>CYC policy meets this standard on page 3-Administrative Considerations, Zero Tolerance; and State of Nevada Division of Child and Family Services Disciplinary Process Policy-DCFS-JS-14.2, page 1-8; page 16—Use of Information policy; and page 35 Disciplinary Sanctions; Both CYC and Nevada DCFS include language that is consistent with this standards requirement.DCFS policy allows for only a maximum of 5 days, disciplinary segregation, and requires mental health visits, visual checks every 15 minutes, daily visits from the Assistant Superintendent daily, daily visits from health care staff, access to educational services, an hour of large muscle exercise, and one hour of leisure activities each day. (page 7)</p> <p>Also, included in this policy, requirements that all sanctions are imposed in a timely manner and only after due process—including a disciplinary hearing—with the right to request mental health counselor or other staff to act as advocate (advocate is appointed, if it is determined that youth has a disability), and review of all extenuating circumstances (115.378c), including the right to appeal.</p> <p>Also, time outs that are non-punitive have a maximum of 60 minutes or less. Review of documentation, including investigative policy and reports, and interviews with mental health staff, random staff, youth, confirms that this standard is in policy and addresses all requirements, and practice exceeds the requirements of this standard. There were 0 incidents of disciplinary action due to sexual abuse at CYC, and 0 residents placed in isolation for sexual abuse.</p>

<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CYC policy meets the requirements of this standard on page 16 and 17-Use of Information and page 18—Information Management, in CYC’s PREA Safety Standards Policy.</p> <p>Interviews with mental health staff confirm that residents who disclose prior sexual abuse, during screening, are offered a follow up meeting, within 14 days, as are residents who previously perpetrated sexual abuse; however, no documentation correlating the screening information and the 14-day follow-up was included in information for audit review.</p> <p>Interviews also confirmed that the confidential, information management policy is taken very seriously and staff are knowledgeable about it and adhere to it.</p> <p>115.381d—all residents are under 18; however, mental health and medical health practitioners are open with residents about their reporting of reported sexual abuse.</p> <p>Corrective Action:  Develop a system of tracking youth that report previous sexual abuse or youth who have perpetrated sexual abuse—who report at intake; and, the offered or follow-up within 14 days. Ensure the facility can pull the information for audit documentation</p> <p>During Corrective Action:  CYC Developed a tracking form, included in the documentation for this report, that includes documentation of the date of a 14-day follow-up, to mental health, after disclosing being a victim of sexual abuse, or having perpetrated sexual abuse.</p>

<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CYC policy meets this standard on page 12—Victim Services: Immediate Response, of CYC PREA Safety Standards Policy Interviews with medical and mental health staff confirm they are aware and have been trained in this policy and understand the requirements of response.</p> <p>CYC policy meets this standard on page 12—Victim Services: Immediate Response, of CYC PREA Safety Standards Policy Interviews with medical and mental health staff confirm they are aware and have been trained in this policy and understand the requirements of response.</p>

<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>CYC policy is in compliance with this standard on page 14—Victim Services: Ongoing; and, page 17—Use of Information. Interviews with medical and mental health staff confirm knowledge of the policy and actions required.</p> <p>Training in PREA 101 and PREA policy training include this standard.</p> <p>All staff have taken both trainings and indicated understanding. Medical and Mental Health staff, as well as Crisis Center staff could articulate the steps/requirements this standard requires as practice if they had such incidents at CYC.</p>

<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>CYC policy is compliant with this standard, by policy- on page 36—Incident Review Team, in CYC PREA Safety Standards Policy Review of investigative reports</p> <p>There is a review form; however, the review is not complete, in regards to the standard requirements of documentation, written reviews required, and report submitted with required assessments, recommendations, and changes made.</p> <p>Corrective Action:</p> <p>Expand the current incident review form to include requirements of this standard and to include the required report and reviews. Include the considerations required in 115.386 and the follow-through in implementation of the recommendations for improvement</p> <p>During the Corrective action period;</p> <p>The incident review form still does not include all the required components. It appears that there are allegations of sexual abuse that were determined to be unsubstantiated, that did not have reviews. In addition,</p> <p>The log developed at the end of the corrective action period documented allegations that were listed as unsubstantiated, yet did not have qualifying incident reviews.</p> <p>Incident reviews that were done, do not have all required elements of review and there is not incident review report. The report of 0 allegations of sexual abuse is not accurate as in review of incident/investigative reports, there were unsubstantiated and substantiated allegations of sexual abuse, labeled sexual misconduct that were not referred to law enforcement or through the appropriate review process. The 2016 investigations have the same issues and were not brought into compliance during the corrective action period.</p> <p>CYC remains out of compliance with this standard, section a, b, and d. The policy reviewed at the beginning of this audit was the only documentation for compliance. During the corrective action period, review of allegations and tracking log developed at the end of the corrective action period brought actual allegations and findings to review. This review caused CYC to be out of compliance with additional parts of this standard.</p>

<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This standard is part of the agency audit in progress.

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Annual report is not done and published  Corrective Action:  Prepare an annual report per 115.388a, and b. Publish this report on your website Use the report to take corrective actions and improve effectiveness—per 115.388a  This standard was completed by the agency audit and is published on the Nevada Division of Children and Families site Audit report is attached to this audit.  During the corrective action:  The Department of Child and Family Services published an annual report at:  <a href="http://dcfs.nv.gov/Programs/JJS/ProgramsOffice/">http://dcfs.nv.gov/Programs/JJS/ProgramsOffice/</a>  <a href="http://dcfs.nv.gov/uploadedFiles/dcfsnvgov/content/Programs/JJS/PREA_A_NNUAL_Report_2015.pdf">http://dcfs.nv.gov/uploadedFiles/dcfsnvgov/content/Programs/JJS/PREA_A_NNUAL_Report_2015.pdf</a>  This standard is in compliance at the end of the corrective action period</p>

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This standard is covered in the agency audit



<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>All The Nevada Division of Children and Family Services (DCFS) Juvenile Justice facilities have received a PREA audit during the period of 2013 to 2016. They opened an additional facility, in 2015, and scheduled a PREA audit for November 2016. Nevada Youth Training Center, Caliente Youth Center, and Summit View are their three facilities to meet this standard. In addition, an agency audit was completed, and, a contracted facility, China Spring, completed an audit and is compliant with the PREA Standards. This auditor completed all listed audits.</p> <p>The agency ensured audits were done and has scheduled future audits to ensure ongoing compliance with this standard. This auditor has completed those audits and is scheduled to complete the next audit cycle audits.</p> <p>This auditor had access to, and the ability to observe, all areas of the facilities audited, including a contracted facility. All documents requested were provided, and was permitted to request and receive copies of relevant documents.</p> <p>The information about the PREA audit was posted in all units and residents and staff confirmed that it had been there more than 6 weeks. Staff and residents also confirmed, in interviews, that residents could communicate, by mail or phone, to this auditor confidentially by asking for a confidential phone call, or giving the PREA Coordinator a letter to mail.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This standard is included in the agency audit. Attached to this audit are the agency reports published on their website</p> <p><a href="http://dcfs.nv.gov/Programs/JJS/ProgramsOffice/">http://dcfs.nv.gov/Programs/JJS/ProgramsOffice/</a></p> <p><a href="http://dcfs.nv.gov/uploadedFiles/dcfsnvgov/content/Programs/JJS/PREA_A_NNUAL_Report_2015.pdf">http://dcfs.nv.gov/uploadedFiles/dcfsnvgov/content/Programs/JJS/PREA_A_NNUAL_Report_2015.pdf</a></p>

## Appendix: Provision Findings

115.311 (a)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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.)	no

115.312 (a)	<b>Contracting with other entities for the confinement of residents</b>	
	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.)	na

<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	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 staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	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: 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

<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	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.)	na
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	na
	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 functions of the facility? (N/A for non-secure facilities )	yes

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? (N/A for facilities with less than 50 inmates )	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)	<b>Limits to cross-gender viewing and searches</b>	
	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)	<b>Limits to cross-gender viewing and searches</b>	
	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 determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.315 (f)	<b>Limits to cross-gender viewing and searches</b>	
	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)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

	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?	
	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: Residents who have speech 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: 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	yes



	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
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<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

115.317 (a)	<b>Hiring and promotion decisions</b>	
	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)	<b>Hiring and promotion decisions</b>	
	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 (c)	Hiring and promotion decisions	
	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

<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	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 employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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

<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na

<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	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 not responsible for investigating allegations of sexual abuse.)	yes

115.321 (h)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Policies to ensure referrals of allegations for investigations</b>	
	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)	<b>Policies to ensure referrals of allegations for investigations</b>	
	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))	na



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

<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.333 (a)</b>	<b>Resident education</b>	
	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

<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	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

<b>115.333 (c)</b>	<b>Resident education</b>	
	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

<b>115.333 (d)</b>	<b>Resident education</b>	
	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

<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

<b>115.333 (f)</b>	<b>Resident education</b>	
	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

<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	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

<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	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)	<b>Specialized training: Medical and mental health care</b>	
	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?	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?	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?	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?	yes

115.335 (b)	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	no

115.335 (c)	<b>Specialized training: Medical and mental health care</b>	
	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?	yes

115.335 (d)	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?	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?	yes

<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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?	no

<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	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 the agency attempt to ascertain information about: Age?	yes
	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 pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	no

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?	no
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	no
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	no

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 making facility and housing placement decisions and programming assignments?	yes

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?)	yes
	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?)	yes

<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	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

<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	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

<b>115.351 (c)</b>	<b>Resident reporting</b>	
	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

<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes

<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	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)	<b>Resident access to outside confidential support services and legal representation</b>	
	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)	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.353 (c)	<b>Resident access to outside confidential support services and legal representation</b>	
	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?	no
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	no

<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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

<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	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

<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	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 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?	yes

<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	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 the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	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

<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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

<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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

<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes

<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

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)	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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)	<b>Agency protection against retaliation</b>	
	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?	no
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.367 (b)	<b>Agency protection against retaliation</b>	
	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 of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	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: 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

<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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

<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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).)	no
	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).)	no

<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes

<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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?	no



<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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?	no

<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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?	no
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	no
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	no

<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	no

<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	no

<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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?	no

<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	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?	no

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

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

115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	no

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)	<b>Disciplinary sanctions for staff</b>	
	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)	<b>Corrective action for contractors and volunteers</b>	
	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)	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a)	<b>Interventions and disciplinary sanctions for residents</b>	
	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)	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	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)	<b>Interventions and disciplinary sanctions for residents</b>	
	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)	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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

<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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



<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	yes

<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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?	no

<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	no

<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	no

<b>115.387 (a)</b>	<b>Data collection</b>	
	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

<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.387 (c)</b>	<b>Data collection</b>	
	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

<b>115.387 (d)</b>	<b>Data collection</b>	
	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

<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

<b>115.387 (f)</b>	<b>Data collection</b>	
	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.)	na

<b>115.388 (a) Data review for corrective action</b>		
	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?	no
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	no
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	no

<b>115.388 (b) Data review for corrective action</b>		
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	no

<b>115.388 (c) Data review for corrective action</b>		
	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?	no

<b>115.388 (d) Data review for corrective action</b>		
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

<b>115.389 (a) Data storage, publication, and destruction</b>		
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. (N/A before August 20, 2016.)	yes

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.	yes

<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A only if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)	yes