MEMORANDUM OF UNDERSTANDING BETWEEN <STATE FACILITY> AND <LAW ENFORCEMENT AGENCY>

This Memorandum of Understanding (MOU) is between the **<STATE FACILITY>** and the **<LAW ENOFCEMENT AGENCY>** for the purpose of providing victim advocate services to juveniles in the custody of the **<STATE AGENCY>** as mandated by the Prison Rape Elimination Act.

WHEREAS, the **<STATE FACILITY>** desires that the **<LAW ENOFCEMENT AGENCY>** provide investigative services that are essential for the **<STATE FACILITY>** to comply with the Prison Rape Elimination Act (PREA).

WHEREAS, the **<LAW ENOFCEMENT AGENCY**> represents that it is qualified and desires to perform such services.

NOW, THEREFORE, in consideration of the mutual covenants and conditions set forth below, the parties agree as follows:

Article One: Scope of Services and Term

- 1.01 The **<LAW ENOFCEMENT AGENCY>** is the agency with legal authority to provide investigative services to the **<STATE FACILITY>** for any allegation of staff sexual misconduct or youth on youth sexual abuse and/or harassment that rises to the level of criminal behavior as defined by PREA.
- 1.02 The <LAW ENOFCEMENT AGENCY> shall provide confidential updates and information regarding the findings of any such allegation so that the <STATE FACILITY> can address the situation appropriately and effectively.
- 1.03 The **<LAW ENOFCEMENT AGENCY**> shall provide a completed written report with findings and results of the investigation to the **<STATE FACILITY**> PREA Compliance Manager and Superintendent.

Article Two: Personnel and Training

2.01 All <LAW ENOFCEMENT AGENCY> investigators shall have such knowledge, experience and training on techniques for interviewing juvenile sex abuse victims, proper use of Miranda warnings, sexual abuse evidence collection in confinement settings, and evidence required to substantiate a case for prosecution referral. 2.02 The **STATE FACILITY** shall notify the **LAW ENOFCEMENT AGENCY** of any PREA trainings occurring at the facility and allow any employee of the <LAW **ENOFCEMENT AGENCY**> to participate in the training.

Article Three: Compensation and Payment

3.01 The **<LAW ENOFCEMENT AGENCY>** is the responding law enforcement agency that responds to all call for aid at the **<STATE FACILITY>** and therefore agrees to provide investigative services to victims at no cost to the victim or the **<STATE FACILITY>**.

Article Four: Confidential Information

- 4.01 The <LAW ENOFCEMENT AGENCY> acknowledges that it and its employees or agents may, in the course of performing their responsibilities under this MOU, be exposed to or acquire information that is confidential to the **STATE FACILITY**>. Any and all information of any form obtained by the <LAW ENOFCEMENT AGENCY> agency or its employees or agents from **<LAW ENOFCEMENT AGENCY**> in the performance of this MOU shall be deemed to be confidential information of the **<STATE FACILITY>** ("Confidential Information"). Any reports or other documents or items (including software) that result from the use of the Confidential Information by the investigator shall be treated with respect to confidentiality in the same manner as the Confidential Information.
- 4.02 The <LAW ENOFCEMENT AGENCY> agrees to hold Confidential Information in strict confidence, using at least the same degree of care that <LAW ENOFCEMENT AGENCY> agency uses in maintaining the confidentiality of its own confidential information.
- 4.03 All information obtained may be forwarded to the < **DISTRICT ATTORNEY OR OTHER APPROPRIATE PROSECUTORIAL AGENCY**> for review and possible prosecution. The confidentiality provisions of this MOU do not prevent the sharing of information obtained during the investigation with the prosecuting agency.

Article Five: Publicity

5.01 The **<STATE FACILITY>** and the **<LAW ENOFCEMENT AGENCY>** agree to abide by confidentiality laws established in Nevada Revised Statutes and shall work to protect the confidentiality of any victims and minors.

IN WITNESS WHEREOF, the parties hereto have signed or have caused their respective names to be signed to multiple counterparts to be effective on the _____ day of _____, <YEAR>.

<STATE FACILITY>_____ Date_____