

PREA AUDIT: AUDITOR'S FINAL REPORT

Juvenile Facility



Name of facility:	Nevada Youth Training Center		
Physical address:	100 Youth Center Drive Elko, NV 89801		
Date report submitted:	July 16, 2015		
Auditor Information	Macilla (Kila) Jager, Jager Adsit Associates LLC		
Address:	120 Bromil drive Lebanon, Or 97355		
Email:	preauditcentral@outlook.com		
Telephone number:	541-401-7455		
Date of facility visit:	December 16-18, 2014		
Facility Information	Nevada Youth Training Center		
Telephone number:	775-738-7182		
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	Prison	<input checked="" type="checkbox"/> Juvenile Facility
Name of PREA Compliance Manager:	Mirna Cambero	Title:	PCM
	Email address: mcambero@dcf.nv.gov	Telephone number:	775-748-6222
Agency Information			
Name of agency:			
Governing authority or parent agency: (if DHS Division of Child and Family Services applicable)			
Physical address:	4126 Technology Way- 3 rd Floor, Carson City, Nevada 89706		
Agency-Wide PREA Coordinator			
Name:	Pauline Salla	Title:	PREA Coordinator
	Telephone Email address: number: 775-225-0321		

AUDIT FINDINGS

NARRATIVE:

The Nevada Youth Training Center, as a facility, is assessed to be substantially compliant with the National PREA Act and standards. The following report outlines the detailed process taken to certify compliance during this PREA Audit.

This PREA audit covers the facility PREA compliance of the Nevada Youth Training Center in Elko Nevada. Nevada has chosen to conduct an overall agency audit late in 2015 to assess overall agency compliance. Only the facility compliance is assessed during this audit.

NYTC is an open campus and employs 76 staff, with a current population of 40 youth-between 13 and 19 years of age. NYTC has an allowed capacity of 60, and an overall facility capacity of 160. There are four single housing units, currently in use--including two with open bay dorms and two that are single occupancy cell housing units. Of the 4 units, 3 are staff secured and 1 is mechanically secured.

Prior to arrival at the facility, a juvenile facility audit notification was sent to NYTC with required posting for all units and areas where staff and youth will be sure to see them. This notice included notice of a PREA audit and auditors contact information.

Materials were requested, from NYTC, including the Juvenile Pre-Audit Questionnaire, Juvenile Checklist of Documentation, and any additional information documenting standard compliance, organized by standard and sent to me on a flash drive.

After reviewing all materials sent, asking additional questions for clarification, and completing an initial paperwork and document review, a request was made to NYTC to preschedule specialized staff interviews, and review and approve a tentative three day schedule, for the onsite visit

The on-site portion of the PREA audit, of the Nevada Youth Training Center (NYTC) Elko, Nevada, was conducted on December 16-18, 2014 by Macilla (Kila) Jager of Jager Adsit Associates LLC, Certified PREA auditor.

Upon arrival, Tuesday December 16, 2014, an entrance meeting was held, followed by a tour of NYTC. The meeting and tour included myself, PREA Compliance Manager, PREA Coordinator, and NYTC Superintendent.

Areas of Compliance found during tour:

1. All Living Units: PREA posters, victim advocate poster, auditor notice and contact information, were posted. Grievance forms were available and grievance boxes available.
2. School and Administration building: PREA information and signature form upon visitor admittance to either building. School sign in and out form for visitors. Appropriate

staff to youth presence in the school building and staff were aware and actively supervising. School room set up so supervision of all areas can be easily done. Bathroom in every classroom—1 youth at a time—and door is clearly in site of supervising staff.

3. Living units have very good line of site for supervision, as the buildings are round. Dormitory units have bed set-ups that provide a clear line of site, of every youth, by supervising staff.
4. Living units: Bathroom area has windows to the unit; however, youth go into the bathroom one at a time and the blinds are lowered for privacy. A staff member, of the same gender, monitors the bathroom while a youth is in there. No cross gender viewing and the windows make it difficult for youth to go into the bathroom unnoticed. Cross gender announcements are made as required by DOJ clarification to the standard for juvenile facilities.
5. Supervision: Staff are professional and actively supervising youth. Ratio of 1/8 during the day is maintained. Youth privacy is respected and supervision needs are balanced with the needs of youth for privacy. Cross gender viewing is actively avoided and only appears be breached in exigent circumstances of extreme emergency, to the youth or staff.
6. Youth and staff maintain that they feel safe in this facility and my observations, reviews, and interviews, clearly show this to be the case.

A list was requested of all youth housed at the facility by unit, and all staff employed by NYTC-on all shifts and units. Youth and staff were randomly selected to be interviewed.

At the time of the on-site visit, NYTC did not house any limited English speaking, hearing or vision impaired, disabled, transgender, or intersex youth in the facility to be interviewed.

During the NYTC site visit, this auditor interviewed:

1. 16 staff, representing all shifts and units—including randomly selected and specialized staff;
2. 12 youth—11 randomly selected from all units, and
3. A youth who had reported sexual abuse
4. A victim advocate center staff
5. Agency Human resources staff
6. Contracted medical professional
7. Onsite high school principal; and,
8. A SANE nurse

Upon completion of the on-site visit, an exit interview was held to go over the initial paperwork review, site visit, interviews, practice review, observations, and ask additional questions

Staff and youth expressed that they feel safe at NYCF. Both staff and youth were knowledgeable about PREA and a great deal of work has been done, by very capable PREA leaders

After document, site, practice review, and additional communication with the facility and state PREA Coordinator, an interim facility audit was completed and sent to the Nevada Youth Training Center in January 2015.

Areas of facility compliance and non-compliance were identified in the interim facility audit and a corrective action plan was collaboratively constructed--of 41 standards, having 182 sub parts, NYTC exceeded 14, met 124, and corrective action covered 38.

During the six month corrective action period, NYTC worked tirelessly to correct facility non-compliant sections of the PREA standards, and one additional site visit was made by this auditor

See the following report for facility characteristics, audit summary, and detailed standard compliance assessments.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Nevada Youth training Center (NYTC) has been at the current site since the early 1900's. Current buildings were built from 1962 to 1988. NYTC is an open campus area with beautifully manicured lawns and landscaping. Buildings have been maintained well and ongoing maintenance and renovations are in the plans.

It is a 500 acre site and includes:

1. 4 living units--currently being used,
2. Independence High School,
3. Vocational/ industrial building,
4. Gymnasium
5. Multipurpose dining and culinary area, and an
6. Administration office.
7. Two additional units-not currently being utilized.

There are four single housing units, currently in use--including two with open bay dorms and two that are single occupancy cell housing units. Of the 4 units, 3 are staff secured and 1 is mechanically secured. This campus does not have a fence

NYTC is an open campus area with beautifully manicured lawns and landscaping. Buildings have been maintained well and ongoing maintenance and renovations are ongoing, and in the plans.

SUMMARY OF AUDIT FINDINGS

Nevada Youth Training Center's (NYTC) audit began in late October 2014, with review of documents, auditors notice sent and posted, in preparation of the site visit. After review of the initial paperwork and documents, the site visit occurred December 16-19, 2015.

During the NYTC site visit, this auditor interviewed: 16 staff, representing all shifts and units—including randomly selected and specialized staff; 12 youth—11 randomly selected from all

units and a youth who had reported sexual abuse; a victim advocate center staff; human resources agency staff; contracted medical professional; onsite high school principal; and, SANE nurse; and conducted a thorough site tour, orientation meeting, document review and questions, and an exit interview.

The determination that this audit would just cover the facility compliance, as there was an agency audit scheduled for late 2015—to cover agency compliance was made.

After reviewing all the information gathered, asking additional questions, and requesting additional documentation, on January 17, 2015, an interim audit report was completed and sent to the facility—with corrective action items identified.

Working together with the facility, a corrective action plan was devised and a 180 day corrective action period ensued. The corrective action period ended June 17, 2015

Final audit report was completed on July 16, 2015 and sent to the Nevada Youth Training Center and the National PREA Resource Center.

The Nevada Youth Training Center in Elko Nevada is assessed to be substantially compliant with the National PREA Standards, for Juvenile facilities.

An agency wide PREA compliance audit is scheduled for the end of 2015 to determine overall agency compliance. This audit just documents NYTC facility compliance with the National PREA Standards.

The following is an in-depth assessment of each standard and a determination of exceeds or meets standard. Review of documents, interviews, and all items assessed to determine compliance are included in the following detailed report.

Number of standards exceeded	6
Number of standards met	35
Number of standards not met	0
Number of standards N/A	0

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

115.311a An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct
An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to

115.311b develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

115.311c Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards

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.

Nevada Youth Training Center (NYTC) has a Prison Rape Elimination Act Safety Standards (PREAS) policy for NYTC. This policy mandates zero tolerance towards all forms of sexual abuse and sexual harassment. Under Administrative Considerations, section 1.4.1, on page one section one. Pages 1-45, of this policy, outline the agency's approach to preventing, detecting, and responding to such conduct.

The above policy, on page one-under procedure, defines prohibited behaviors regarding sexual abuse and sexual harassment and sanctions for those found to have participated in those behaviors (page one and two of above policy)

Interviews with staff and youth confirmed training, knowledge of this policy, definitions, and sanctions, as well as the practice and understanding of zero tolerance.

Review of training and training records (PREA 101 power point and training, and signed records of attendance and understanding by all staff) reflect knowledge and understanding of the requirements of this standard and training provided on the PREAS policy, signed attendance and understanding, and interviews confirm staff

The parent agency of NYTC, DHS Division of Child and Family Services, employs an agency State PREA Coordinator, Pauline Salla. Interviews with Pauline concluded that she is employed in this position and she has the time and authority to develop, implement, and oversee agency efforts under the PREA standards, and has worked tirelessly to ensure the safety of NYTC. Pauline is in upper level management and works out of central office. This requirement is also in the PREAS policy

NYTC employs a PREA Compliance Manager (PCM), Mirna Camberro, and in interviews with her, it was established that she has sufficient time and authority to coordinate the facility's PREA compliance. The PCM reports to both the facility supervisor and the agency PREA Coordinator.

Standard 115.312 Facility Meets Standard Contracting with other entities for the confinement of residents

- 115.312a A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards
- 115.312b Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

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.

NYTC does not contract for confinement of residents. The parent agency will be audited in August 2015, and this standard will be relevant, and have a separate agency compliance determination at that time.

NYTC, as a facility, is in compliance with this standard as it has no contracts.

Standard 115.313 Exceeds Standard Supervision and monitoring

- 115.313a The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:
- (1) Generally accepted juvenile detention and correctional/secure residential practices;
 - (2) Any judicial findings of inadequacy;
 - (3) Any findings of inadequacy from Federal investigative agencies;
 - (4) Any findings of inadequacy from internal or external oversight bodies;
 - (5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
 - (6) The composition of the resident population;
 - (7) The number and placement of supervisory staff;
 - (8) Institution programs occurring on a particular shift;
 - (9) Any applicable State or local laws, regulations, or standards;
 - (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Any other relevant factors
- 115.313b The agency shall comply with the staffing plan except during limited and discrete exigent circumstances, and shall fully document deviations from the plan during such circumstances.
- 115.313c Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance
- 115.313d At least once every year the agency or facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to:
- The staffing plan;
 - Prevailing staffing patterns;
 - The deployment of monitoring technology; or The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan
- 115.313e Each secure facility shall implement 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. Such policy and

practice shall be implemented for night shifts as well as day shifts. Each secure facility shall have a policy to prohibit 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.

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.

NYTC has a Staffing plan and provided it for review (attachment B to Prison Rape Elimination Act Safety Standards (PREAS) for NYTC and on audit thumb drive.

Interview with the superintendent, PREA Compliance Coordinator, PREA compliance Manager, and review of the policy and written plan, ensured this policy and staffing plan was in place and practice.

Further documentation of group logs was given to show practice of documenting deviations from the staffing plan and actions taken (policy, page 3, under procedure, paragraph 2, 3, 4. Daily unit logs document ratio of staff to youth, any deviation from ratios, and reason for that deviation.

NYTC's staffing plan, policy and practice meet the 1:8 and 1:16 ratios for juvenile facilities during the day, but will have to increase staff on the graveyard shift to comply with 2017 staffing requirements. Staff rosters, group logs, interviews with the superintendent, PREA Coordinator, PREA Compliance Manager, random staff, specialized staff, and youth document this is practice for this facility. (Policy page 3, under procedure, third paragraph)

NYTC policy provides that the staffing plan will be reviewed yearly. Policy (page 3 of the Prison Rape Elimination Act Safety Standards for NYTC, and attachment B-staffing plan) It is set to review May 2016

PREA unannounced rounds are addressed in NYTS PREAS policy page 9, paragraph 1 and 2. During initial assessment, this auditor found these rounds were happening, but the documentation was not consistent.

During the corrective action period, NYTC documented, and increased the random walkthroughs that were already in practice, and ensured they were happening regularly.

Signed logs of unannounced rounds were sent, from 10/2014 to June 2015. January to June 2015 were consistent and done weekly. Interviews with the PREA coordinator, PCM and NYTC superintendent also confirmed the practice is happening on all shifts and randomly. Return site visit documented practice was happening and had become a cultural norm. Staff were aware that they were not to warn other staff that the walkthroughs were occurring, and after addressing some issues with this early on, staff complied.

Standard 115.315 Limits to cross-gender viewing and searches

Meets Standard

- 115.315a The facility shall not conduct cross- gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners
- 115.315b The agency shall not conduct cross- gender pat-down searches except in exigent circumstances.
- 115.315c The facility shall document and justify all cross-gender strip searches, cross- gender visual body cavity searches, and cross-gender pat-down searches
- 115.315d The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing via video camera)
- 115.315e The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

115.315f The agency shall train security staff in how to conduct cross-gender pat- down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs

115.315 Cont... **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.**

NYTC prohibits cross-gender strip searches, except by qualified medical personnel in exigent circumstances.

Cross gender pat-down searches--as evidenced by policy, interviews with random staff, and observation- are prohibited, except in exigent circumstances. (PREAS policy, page 9, section 1.5.1, paragraph 3,4, 5,and 6) PREAS policy clearly states where to document this, if in exigent circumstances, or by medical personnel.

Interviews with random staff and youth confirm strip searches are not done, and knowledge of policy and documentation requirements (PREA 101 training and PREAS training) are understood by staff and, medical staff—assessed by interviews.

NYTC has a policy and procedures that ensure youth can shower, perform bodily functions, and change clothing without opposite gender staff viewing. (PREASS policy, page 9, paragraph 7 and 8) Youth change, shower and perform bodily functions in the bathroom, where only one youth is allowed in at a time and the blinds are closed. The blinds are open during other times to ensure this is not a high risk area for sexual abuse. More than one youth may be in the shower, with same gender staff supervision, and the blinds are closed. This was also the subject of additional training information as sent out by the PREA Compliance Manager to remind staff. It is part of the PREA training (PREA 101 and PREAS training) as substantiated by review of curriculum, interviews with random staff and youth, and tour of facility.

PREAS policy covers opposite gender staff announcing their presence (PREAS page 9-10, last paragraph on page 9 and first paragraph on pg. 10). Interviews with random staff and youth confirmed that this is the practice.

There is policy and procedure that covers 315e. (PREAS policy, page 9) Interviews confirmed that staff know about this policy and procedure, although, to their knowledge, they have never

had a transgender or intersex youth in their facility. Medical staff interviewed also had knowledge of this standard and procedure.

Staff are prohibited from conducting pat down searches in this facility, unless in exigent circumstances

During the corrective action period, NYTC provided staff information/training needed to meet this standard—conducting pat down searches respectfully—in exigent circumstances, as it is prohibited to conduct pat down searches-at all, except in exigent circumstances.

To further ensure and update this information, NYTC is conducting an additional training update in July 2015.

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

Meets Standard

- 115.316a The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.
- 115.316b The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.
- 115.316c The agency shall not rely 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

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.

NYTC policy, procedure, (PREAS policy, page 18, last paragraph and page 19 paragraphs 1 and 2) and training (PREA 101, slide 31-38) are consistent with this standard. Staff are trained and exhibit understanding of the special needs for youth with disabilities and a solid system of staff immediately working with managers to attain necessary services is in place. (staff and youth interviews as well as specialized staff interviews)

It is recommended that managers and intake staff continue to get additional training in accessing these services, on an ongoing basis, because of the rarity of youth needing specialized services,

the reliance of staff on managers to attain needed services, and the intake workers being the frontline when youth need services.

NYTC has their youth brochure on sexual safety in English and Spanish, explains and documents youth information and understanding of required PREA information (Youth PREA information documentation and signed statements, as well as verbal understanding statements), court provided 24/7 availability of interpreters, and makes every effort to ensure youth understand and participate in all PREA related information, training, and access. NYTC also has their orientation form in Spanish,

NYTC does not have any youth, at this time, who are limited English speaking or hearing or sight impaired, and it is rare that they have these youth. It is recommended that training on how to assist these youth be included in annual training, to ensure staff remain knowledgeable and able to assist these youth when they come to NYTC.

Policy includes non-reliance on resident interpreters, readers, or other assistance, except in exigent circumstances (PREAS policy page 20, paragraph 2) this was added to PREA 101 training and included in PREAS training, and staff rosters show all staff completed this training) Interviews with staff confirm their understanding and practice of this standard.

Standard **115.317 Hiring and promotion decisions**
Meets Standard

115.317a The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—
(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42U.S.C. 1997);
(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section.

Agency policy requires the consideration of 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

115.317b Before hiring new employees who may have contact with residents, the agency shall:
(1) Perform a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the employee would work; and
115.317c (3) 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.

The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlisting the services of any contractor who may have contact with residents.

115.317d The agency shall 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.

115.317e Policy on hiring and promotions—ask all employees about previous misconduct in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews for current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

115.317f Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination

115.317g Unless prohibited by law, the agency shall 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.

115.317h **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.

Corrective action required in interim report and action taken to become compliant:

1. Have in place background and child abuse registry checks for contractors who will have contact with youth, and document the practice.

NYTC PREAS policy: Hiring Requirements, page 5 and 6, of PREAS Policy, now meet the required background and child abuse registry checks and documentation. Second site visit confirmed this in practice.

2. Hire staff only after completing child abuse registry checks and criminal background checks and document this process

NYTC PREAS policy: Hiring Requirements and practice has been changed to reflect that staff cannot be hired until these checks are completed (PREAS policy Hiring Requirements, page 6). Second site visit and confirming call to Human Resources confirm practice

3. Document the process and practice (how this is accomplished) of the agency's responsibility to impose on employees the continuing affirmative duty to report misconduct outlined in 115.317a.

NYTC PREAS policy Hiring Practices, page7, paragraph 2, employees with be asked about this conduct during their annual evaluation. Facility and HR confirms this is in practice.

4. Document the process and practice of asking all new employees about previous misconduct (115.317a) in interviews or written application for hiring.

NYTC PREASS policy Hiring practices, page 6 paragraph 2, a form was developed for new employees to sign stating they have not been in sexual abuse or sexual harassment and disclose any allegations of such conduct if they occur in the future. Implemented 3/27/2015. Practice confirmed in second site visit

5. Document the process and practice for asking about previous misconduct (115.317a) in application or interviews before promoting an employee.

NYTC policy Hiring Practices, page 6 paragraph 2 and 3 and yearly evaluation form. Second site visit confirms practice by interview.

6. Document additions to training, given to employees and contractors on their continuing affirmative duty to disclose misconduct described in 115.317a.

PREA policy training and PREA 101 training that is required for all employees. Training logs confirm attendance and understanding

7. Document the process and practice (how this is accomplished) of the agency's responsibility to impose on employees the continuing affirmative duty to report misconduct outlined in 115.317a.

NYTC PREAS policy Hiring Practices, page7, paragraph 2, employees with be asked about this conduct during their annual evaluation. Facility and HR confirms this is in practice.

115.317
cont...

8. Document the process and practice of asking all new employees about previous misconduct (115.317a) in interviews or written application for hiring.
 NYTC PREAS policy Hiring practices, page 6 paragraph 2, a form was developed for new employees to sign stating they have not been in sexual abuse or sexual harassment and disclose any allegations of such conduct if they occur in the future. Implemented 3/27/2015. Practice confirmed in second site visit
9. Document the process and practice for asking about previous misconduct (115.317a) in application or interviews before promoting an employee.
 NYTC policy Hiring Practices, page 6 paragraph 2 and 3 and yearly evaluation form. Second site visit confirms practice by interview.
10. Document additions to training, given to employees and contractors on their continuing affirmative duty to disclose misconduct described in 115.317a.
 PREA policy training and PREA 101 training that is required for all employees. Training logs confirm attendance and Understanding

Standard 115.318 Upgrades to facilities and technologies Meets Standard

115.318a When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

115.318b When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse

115.318 Cont... **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.**

Interim report corrective action: Camera coverage or increased supervision needed in key high risk areas. The kitchen in particular has many areas that are not locked, covered by cameras, or has enough supervision to ensure safety. Identify key risk areas and consider cameras or increased supervision.

NYTC policy requires any upgrades to facilities done with consideration enhancing the agency's ability to protect the residents from sexual abuse (PREAS page 5, last paragraph). They have just completed an assessment of camera needs and a budget to complete the work required.

Camera coverage system has been chosen and is in the process of being approved and will then be installed. Increased supervision and care are taken in high risk

areas.

Interviews and documentation reviewed in second site visit.

Standard	115.321 Evidence protocol and forensic medical examinations Meets Standard
115.321a	To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
115.321b	The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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
115.321c	The agency shall 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. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.
115.321d	The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.
115.321e	As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referral
115.321f	If the agency is not responsible for administrative or criminal investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards
115.321g	The requirements of paragraphs a through f of this section also apply to: any state entity outside of the agency that is responsible for investigation allegations of sexual abuse in juvenile facilities; and any department of Justice component that is responsible for investigation allegations of sexual abuse in juvenile facilities
115.321h	For the purposed of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general
115.321	<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p> <p>Protocol has been adapted from the most recent edition of the US Department of Justice's Office on Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents for all</p>

administrative investigations.

NYTC does not have a MOU with their Elko Domestic Violence Shelter; however this is in the works. I interviewed the representative from Elko Domestic Violence Shelter, she had a clear understanding of the response they would provide and it met the standards. NYTC also has posters on every unit with Elko Domestic Violence Shelter as an advocate source with a phone number and description of service offered. (NYTC policy-PREAS section 1:10.1, page43) this auditor also has copies of emails sent between the agencies documenting practice and work towards a MOU.

Northeastern Nevada Regional Hospital (NNRG) provides SAFE and SANE victim services. Policy, interviews with staff and SANE nurse verify practice matches policy and standard requirements. NNRG also provides qualified crisis support and victim services throughout the forensic and investigatory interviews, if needed, as well as information, referrals, emotional support and crisis intervention.

115.321 a-f.

NYTC has a clear understanding with the Elko Domestic Violence Shelter to provide qualified victim advocates that will support the victim through the forensic medical examination process, investigatory interviews, and fulfill all requirements of standard 115.321e; however, they continue to work through a MOU process to document it in writing. This auditor is convinced by interviews with both agencies that the practice is in place.

NYTC does not conduct criminal investigations and is working to develop and implement a MOU with Elko County Sheriff's Department requesting they follow the PREA standard 115.321 a-e. NYTC has sent communication requesting that Elko County Sheriff's Department follow PRE standards 115.321 and in doing so meets this standard; however, they continue to go above and beyond the standards by working towards a formal MOU also.

Standard	115.322 Policies to ensure referrals of allegations for investigations Meets Standard
115.322a	The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment
115.322b	The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior
115.322c	If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.
115.322d	Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations
115.322e	Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations
	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.

Policy, procedure and practice meets 115.322a and b, as evidenced by NYTC policy and procedures, interviews, and review of investigative reports and documentation

NYTC does not have a MOU or other documentation describing the responsibilities of both the agency and investigating entity in criminal investigations; however, during the corrective action period, provided documentation of communication with the Elko County Sherriff Department requesting they follow criminal investigative requirements of PREA 221 a-e and is working to establish a MOU to further clarify this. This MOU is being reviewed by the legal department of the Sherriff's department and then will be ready to put in place.

NYTC is a Nevada state entity and has policies and procedures governing the conduct of administrative investigations. Interviews and review of investigative reports document this. (PREAS 1.8.1 Investigations page 25, investigator interviews. And review of reports)

115.322e is not applicable to NYTC as there is no Department of Justice component responsible for administrative or criminal investigation

Standard

115.331 Employee training

Exceeds the Standard

115.331a

The agency shall train all employees who may have contact with residents on:
(1) Its zero-tolerance policy for sexual abuse and sexual harassment;
(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
(3) Residents' right to be free from sexual abuse and sexual harassment;
(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;
(6) The common reactions of juvenile victims of sexual abuse and sexual harassment;
(7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;
(8) How to avoid inappropriate relationships with residents;
(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and Relevant laws regarding the applicable age of consent.

115.331b

Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

115.331c

All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies

115.331d

The agency shall document, through employee signature or electronic verification that employees understand the training they have received.

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

115.331
Cont....

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.

Review of policy and procedures, training, training records, and interviews indicate that all aspects of the PREA standard training requirement are met and exceeded. Training meets all requirements of 331a and has additional components that assists staff understand and implement what they learn into practice.

All employees are trained and by test and signature indicate their understanding. Training is tailored to the male population of NYTC and juvenile residents in particular.

Training documented includes PREA 101, PREA policy training, NIC refresher training, youth grievance training, annual training and ongoing training and information.

Training logs show all staff have had the above trainings and sign/test to indicate understanding. Interviews with staff indicated training and practice match very well. Training in cross gender pat downs is planned in July 2015 to ensure the training already in place on searches is clear and in place—as put-down searches are prohibited, except in exigent circumstances, also additional training for staff from other agencies- in addition to the training NYTC already provides-- or facilities to ensure the gender specific training geared to working with males is clearly understood.

This standard is exceeded by NYTC and they go above and beyond to train, ensure ongoing training and updates, and make all training relevant to practice and internalizing what is taught.

Standard 115.332 Volunteer and contractor training

Meets Standard

115.332a

The agency shall ensure 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

115.332b

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, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

115.332c

The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

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.

Corrective action from interim report:

NYTC will identify all contractors and volunteers who have contact with youth, develop and provide PREA training (115.322A), according to the services and level of contact they have with youth, and document volunteers and contractors understanding of the training they receive. A copy of the curriculum, signed training logs or test of material will be provided to the PREA auditor

NYTC identified contractors and volunteers, and provided the following trainings: NIC PREA: Your Roll to responding to Sexual Abuse, PREA policy and acknowledgement, Zero tolerance, as determined by contact with youth. All documentation was reviewed, including signed statements of understanding, and tracking forms. Second site visit confirmed practice

Standard	115.333 Resident education Exceeds the Standard
115.333a	During the intake process, residents shall receive information explaining, in an age appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment
115.333b	Within 10 days of intake, the agency shall provide comprehensive age- appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents
115.333c	Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall 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
115.333d	Resident PREA education is available in accessible formats for all residents including those who are: limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills
115.333e	The agency shall maintain documentation of resident participation in these education sessions.
115.333f	In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p> <p>NYTC policy exceeds this standard, after working through the minimal corrective action requirements.</p> <p>Youth receive required PREA information in a format that is age appropriate and required by standard 115.333 a, b, c. Information is gone over with youth, point by point, with youth indicating by signature their understanding of each point. Within 10 days, they are shown the video "Breaking the Silence" and receive further PREA education. NYTC developed statements of understanding for Breaking the Silence training youth receive at</p>	

intake, during the corrective action period to come into compliance with this training. Documentation was provided and first and second site visit confirmed practice.

NYTC added additional PREA information to the youth handbook and to their parent handbook to meet 113.333f, during the corrective action period and documentation and copies of the material were received and reviewed.

NYTC is developed a youth resource pamphlet in English and Spanish to provide further information, ensuring PREA information is readily available and visible in varied formats and available to youth who have limited English.

Refresher training included the student handbook, and PREA youth pamphlet.

Review of training provided, training records, posters, and interviews with staff and youth was done to document compliance with this standard and completed during the corrective action period

Standard

115.334 Specialized training: Investigations

Meets Standard

115.334a

In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

115.334b

Specialized training shall include techniques for interviewing juveniles' sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

115.334c

The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

115.334d

Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.

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.

NYTC investigators have completed the NIC training on investigating in a confinement setting and completed basic investigator training in the corrective action period. Documentation of training and understanding was received and reviewed. Investigator interviews were conducted in the initial audit and on second site interview.

Basic Investigation in Confinement training was provided by the Nevada Attorney General's office and all investigators for NYTC attended.

Documentation was received of communication with Elko Sherriff's Department and dual agency training done using NIC's Investigating Sexual abuse in a Confinement

Setting.

Standard 115.335 Specialized training: Medical and mental health care

Exceeds the Standard

1
15.335a The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:
(1) How to detect and assess signs of sexual abuse and sexual harassment;
(2) How to preserve physical evidence of sexual abuse;
(3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
(4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

115.335b N/A staff do not conduct forensic exams

115.335c The agency maintains documentation showing that medical and mental health practitioners have completed the required training

115.335d Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner’s status at the agency.

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.

115.335 cont. NYTC ensures that medical and mental health staff take NIC training “Your Role to Responding to Sexual Abuse”, PREA 101 and PREA policy training

In addition:

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 of Sexual Assault*;

The above courses either have tests or staff indicate by signature their understanding of the training. Review of policy and procedure, interviews with staff, training review, and training attendance and understanding documentation, were reviewed to determine that NYTC exceeds this standard by going above and beyond to ensure their medical and mental health staff are trained, understand their training, and practice is in compliance with standard requirements.

Medical staff at NYTC do not conduct forensic exams.

Standard 115.341 Screening for risk of victimization and abusiveness
Meets Standard

115.341a Within 72 hours of the resident’s arrival at the facility and periodically throughout a resident’s confinement, the agency shall obtain and use information about each resident’s personal history and behavior to reduce the risk of sexual abuse by or upon a

resident

Such assessments will be conducted using an objective screening instrument

115.341b

115.341c

At a minimum, the agency shall attempt to ascertain information about:

- (1) Prior sexual victimization or abusiveness;
- (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
- (3) Current charges and offense history;
- (4) Age;
- (5) Level of emotional and cognitive development;
- (6) Physical size and stature;
- (7) Mental illness or mental disabilities;
- (8) Intellectual or developmental disabilities;
- (9) Physical disabilities;
- (10) The resident's own perception of vulnerability; and
- (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

115.341d

This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

115.341e

The agency shall implement 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

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.

NYTC PREA policy section 1.6.1 Resident Screening covers the PREA requirements of 115.341a-e. (Page 15 PREAS policy). NYTC also implemented use of the PADDI-4 assessment

Interviews with staff screeners documented the above policy in practice, as did review of youth records and interviews with youth.

Policy and practice regarding sensitive information and the dissemination is consistent, as evidenced by interviews of staff and youth.

Standard

115.342 Use of screening information Meets Standard

115.342a

The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

115.342b

The facility has a policy that residents at risk of sexual victimization may *only* be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and *only* until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

115.342c

Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

115.342d

In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by- case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

115.342e

Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

115.342f

Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

115.342g

If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document:

115.342h

- (1) The basis for the facility's concern for the resident's safety; and
- (2) The reason why no alternative means of separation can be arranged.

Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population

115.342i

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.

NYTC PREA policy section 1.6.1 Resident Screening covers the PREA requirements of 115.341a-e. (Page 15 PREAS policy). NYTC also implemented use of the PADDI-4 assessment.

Interviews with staff screeners documented the above policy in practice, as did review of youth records and interviews with youth. Placement, program, education and work assignments, of resident, are determined by taking into account many different factors, including these assessments, as shown by resident records.

NYTC Use of Information section of the PREAS policy, addresses how isolation may be used as a last resort and meeting 115.342. staff interviews, record reviews, policy review and youth interviews confirmed this policy and practice are consistent This facility rarely uses isolation and practice shows it to be only as a last resort

Standard

115.351 Resident reporting Meets Standard

115.351a

The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

115.351b

The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security

115.351c

Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports

115.351d

The facility shall provide residents with access to tools necessary to make a written report.

115.351e

The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents

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.

NYTC provides multiple ways to report internally. Interviews with youth and staff and review of PREAS policy, section 1.7.1 Reporting and Allegation, confirm this to be true. Internal reporting consists of direct reporting to: staff, use of grievance, written correspondence to a specific staff, request to speak to facility director or senior deputy, medical or mental health staff, and anonymously through a third party (Department of Human Services) This outside reporting source is posted in each unit and included in training.

NYTC provides access to tools necessary to make a report, including writing tools, paper, grievance forms, outside reporting source and number posted and access to phone use for reporting. Interviews with staff and youth confirm. Also during the corrective action period, training and information about these reporting sources were stepped up to ensure staff and youth knowledge. Second site visit confirmed this.

NYTC provides a reporting form on its website (<http://dcfs.nv.gov/Programs/JJS/ProgramsOffice/>) for staff or third party reports. Training for staff includes this information in the PREAS policy training that all staff have completed. Interviews with staff and youth confirmed practice and policy meet PREA standards.

Interviews confirmed that staff understand and practice their responsibilities to accept reports in writing, anonymously and from third party, as well as verbal reports. PREA 101 and PREAS policy training include this directive, and PREAS policy, page 20, section 1.7.1 Reporting of Allegations, contains the policy directing them to do this.

Standard

**115.352 Exhaustion of administrative remedies
Meets Standard**

115.352a

An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

115.352b

Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred

115.352c

The agency shall ensure that—

- (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and
- (2) Such grievance is not referred to a staff member who is the subject of the complaint.

115.352d

- (1) The agency shall 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.
- (2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.
- (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.
- (4) 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, the resident may consider the absence of a response to be a denial at that level.

115.352e

(1) **Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.**

- (2) **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.**
- (3) **If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.**
- (4) **A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf**

115.352f

- (1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.
- (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

115.352g

The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith

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.

NYTC has a grievance policy under PREAS policy 1.7.1 Reporting of Allegations, page 20 and 21, that covers the grievance procedure. The grievance is put in a locked grievance box and the PREA compliance Manager picks up all grievances—thus eliminating the possibility of having to turn it into the staff who is the subject of the grievance.

The grievance policy covers standard 115.352 requirements of time frames, assistance allowed, third party reporting, emergency grievances, and non-discipline of youth who files a grievance in good faith.

NYTC training for staff includes PREA 101 and PREAS policy training that includes the grievance procedure. Interviews with staff confirmed understanding and compliance with this standard. Timelines and documentation were reviewed in the grievance log, as well as outcomes. A copy of the grievance form was included in documentation collected and reviewed. Staff were aware of safety concerns and protecting the victim from further harm.

Standard 115.353 Resident access to outside confidential support services

Meets Standard

The facility shall 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 telephones, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

115.353a The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored.
The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law

115.353b The agency shall 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

115.353c The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

115.353d **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.**

115.353 Cont... NYTC PREAS policy, Victim Services page 11, meets all the required elements of 115.353. Training for staff and youth meet standards for understanding, and interviews with youth, staff, and victim advocacy agency confirm practice.

Email documentation, interviews with CADV dba Harbor House, confirm they understand and provide all services required by this standard. Email documentation confirm the ongoing work to establish a MOU. It is being reviewed by an attorney at this point. This has been an ongoing process and very time consuming; however, I am convinced that the services are in place and each agency understands their responsibilities. This MOU will just make that even clearer.

NYTC has posted on all units the address, poster, and phone number of the above victim advocacy agency and interviews confirm youth access to this service. Youth orientation and posters continue to remind youth that they have the use of an advocacy service.

NYTC policy and practice ensure residents have access to attorneys, parents or legal guardians in PREAS policy, Victim Services page 11. This is also in PREA 101, PREAS policy training and interviews confirmed knowledge and practice.

Standard 115.354 Third-party reporting
Meets Standard

115.354a The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute

publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

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.

NYTC PREAS policy, Staff and Third Party Reporting (page 22 and 23), establishes a method for third party reports of sexual abuse and sexual harassment to be made, and to distribute it to the public. During the corrective action period, NYTC developed a form and placed it on their website for third party, staff, or anonymous reporting.

NYTC also changed their pamphlets on reporting sexual abuse that are distributed to youth, parents, and public to include this source of reporting. NYTC also produced the pamphlets in Spanish. NYTC also updated the parent handbook to include this reporting source.

Standard

**15.361 Staff and agency reporting duties
Exceeds Standard**

115.361a

The agency shall 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation

115.361b

115.361c

The agency requires all staff to comply with any applicable mandatory child abuse reporting laws

115.361d

Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be 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

115.361e

1. Medical and mental health practitioners shall be 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.
2. Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.

115.361f

1. Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and 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.
2. If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim’s caseworker instead of the parents or legal guardians.
3. If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile’s attorney or other legal representative of record within 14 days of receiving the allegation.

The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators.

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.

NYTC's PREAS Response to Report of Allegations section, page 26-30 covers all policy requirements of standard 115.361, including staff reporting immediately suspicion, knowledge or information of sexual abuse or sexual harassment, retaliation, staff neglect or violation of their responsibilities. It covers mandatory child abuse reporting, confidentiality of information, anonymous reports, reporting of medical staff, informing residents of their duty to report, who it must be reported to—including investigators.

PREA 101 and PREAS policy training includes training for staff to ensure practice, knowledge, and policy are consistent, and youth orientation and refresher training—as well as documentation of understanding, confirm this

Interviews with staff and youth, including medical, mental health staff, investigators, confirm knowledge and practice are consistent. Notification of required parties are shorter than PREA standards require.

NYTC exceeds this standard and has made reporting and response a priority in their facility.

Standard 115.362 Agency protection duties

Meets Standard

115.362a

When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

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.

NYTC PREAS policy 1.7.1 Reporting of Allegations, page 19-21 covers requirements of 115.362. PREA 101 and PREAS policy training as well as NIC training, for staff, cover all requirements of reporting allegations and taking immediate actions to protect the resident. Interviews with staff, youth, investigators, management, medical personnel, confirm knowledge, training, and practice are consistent.

Youth and staff report feeling confident that residents are and will be kept safe and staff know what to do to protect residents.

Standard 115.363 Reporting to other confinement facilities

Meets Standard

115.363a

115.363b	Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.
115.363c	Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation
115.363d	<p>The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation</p> <p>The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p> <p>NYTC PREAS policy Response to Report of Allegations, page 26 covers requirements of standard 115.363. This covers staff, contractors and volunteers and is included in training.</p> <p>Interviews with staff, youth, management, and superintendent, confirms knowledge and training on reporting required in this standard.</p> <p>Included in documentation reviewed were emails documenting reports to and from other facilities, and timelines met standard requirements.</p> <p>Also included were referrals to investigators for reports received.</p> <p>Interviews, review of training (PREAS policy) confirmed policy, standard, and practice, consistent</p>

Standard	115.364 Staff first responder duties Meets Standard
115.364a	<p>Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:</p> <p>(1) Separate the alleged victim and abuser;</p> <p>(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;</p> <p>(3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and</p> <p>If the abuse occurred within a time period that still allows for the collection of physical evidence, 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</p>
115.364b	<p>If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff</p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by</p>

information on specific corrective actions taken by the facility.

NYTC PREAS policy Response to Report of allegations, page 28, covers the requirements of standard 115.364.

NYTC required training, PREAS policy, PREA 101, and NIC trainings cover the requirements in the above policy.

Interviews with staff, youth, management, medical personnel, and first responders confirmed in-depth knowledge of this standard and the protective measures they are responsible for when allegations of sexual abuse is reported

Standard	115.365 Coordinated response Meets Standard
115.365a	<p>The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership</p> <p>Auditor comments, including corrective actions needed if does not meet standard NYTC's PREAS policy Response to Report of Allegations, page 28, outlines facility response to sexual abuse. It includes first responders, medical and mental health practitioners, investigators and administrators.</p> <p>PREAS policy training, PREA 101 training, and NIC training, required and taken by staff cover all requirements of standard and above policy.</p> <p>Interviews with staff—including medical and mental health staff, management, first responders, and investigators confirmed policy, standard, and procedure are consistent. Staff had excellent knowledge of actions needed in this situation to keep residents safe and coordinate actions needed</p>

Standard	115.366 Preservation of ability to protect residents from contact with abusers
	Meets Standard
115.366a	<p>Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted</p>
115.366b	<p>Nothing in this standard shall restrict entering into or renewal of agreements that govern:</p> <ol style="list-style-type: none"><li data-bbox="381 1669 1531 1722">1. The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or<li data-bbox="381 1722 1531 1795">2. Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet</p>

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

Nevada is a right to work state and not covered by collective bargaining. NYTC meets this standard because no agency can enter or renew any agreement that limits these rights and necessary actions. NYTC still includes this in its PREAS policy to cover any contingency or change in this status

Standard

**115.367 Agency protection against retaliation
Meets Standard**

115.367a

The agency shall establish 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 and shall designate which staff members or departments are charged with monitoring retaliation.

115.367b

The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment of form cooperating with investigations

115.367c

For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported to have suffered sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency shall monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

115.367d

In the case of residents, such monitoring shall also include periodic status checks.

115.367e

If any other individual who cooperates with an investigation expresses fear of retaliation, the agency shall take appropriate measures to protect the individual against retaliation

115.367f

An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded

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.

NYTC's PREAS Protection Against Retaliation section, page 24 covers all requirements of this standard. This policy protects residents and staff, who report sexual abuse, or cooperate with an investigation from retaliation. NYTC designates the PREA Compliance Manager (PCM) as the designated staff who monitors and tracks incidents and retaliation.

PREAS policy, PREA 101 and NIC training addresses retaliation. The PCM is designated to track retaliation, and monitor conduct or treatment of residents or staff for retaliation for at least 90 days on a PCM incident tracking form.

Interviews with the PCM, PREA Coordinator, and staff confirmed knowledge, understanding, and consistency of policy, standard and practice for this standard in the facility. Incident reports are very low and the few I reviewed were followed through as required

Standard 115.368 Post-allegation protective custody

Meets Standard

115.368a

Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342

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.

Review of policy and procedure, and interviews with staff confirm that NYTC meets this standard. The facility has not had a youth in segregation who is alleged to have suffered from sexual abuse in the last 12 months; however, staff were aware that the victim of sexual abuse should not be segregated, and if they have to be—for their safety, PREAS Response to Report of Allegations of Sexual Abuse, page26, that outlines provisions youth will continue to receive that are subject to 115.342.

Standard 115.371 Criminal and administrative agency investigations
Meets standards

115.371a

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

115.371b

When sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims

115.371c

Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator

115.371d

The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

115.371f

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

115.371g

Administrative investigations:

1. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
2. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

115.371h

Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible

115.371i	Substantiated allegations of conduct that appear to be criminal are referred for prosecution
115.371j	The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section 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
115.371k	The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.
115.371l	Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.
115.371m	When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation

Auditor comments, including corrective actions needed if does not meet standard

NYTC is compliant in every part of this standard (policy/procedure review)

Policy and procedure review included; (DHHS Personal Policy and Procedure Manual, page 81-93 Investigations 230.6.13, PREAS section 1.8.1 Investigations, page 23, and 25, PREAS Investigators and Investigation Procedure, page 29, PREAS Response to Report of Allegations, page 26, 27, PREAS Investigative Aftermath, page 34, and PREAS Protection against Retaliation page 24.

Policy review shows NYTC covers all elements of 115.371 requirements. Interviews with agency investigators and review of investigative reports, confirmed that NYTC conducts administrative investigations in a prompt, timely manner and objectively. In the corrective action period, investigators completed the Nevada Attorney General provided, Basic Investigators Training to give them a good basis to use the NIC Investigations in a Confinement Setting training they had already received.

Review of training and investigators reports, interviews with managers, investigators, PREA Compliance manager (PCM), PREA Coordinator, confirms that:

1. Investigators have sufficient training to conduct administrative investigations (training content, interviews and certifications)
2. Criminal investigations are referred to the Elko Sherriff's Department—who have specialized training (NIC, and academy training), in conducting criminal sexual abuse allegations and follow PREA 115.221 a-e—as requested in documentation provided by NYTC (review of investigative reports, allegations received and interviews)
3. Investigations are not terminated because the source recants the allegation (interviews, training, reports)
4. Credibility assessments are based on individual basis and not status (investigations, interviews, training, and policy)
5. Administrative investigations have a component to determine if staff actions or failures contributed to the abuse (training, interviews, reports, reviews)
6. Criminal investigations follow rigid documentation of police procedures (reports, training, interviews, reviews and MOU negotiations)
7. Substantiated allegations are referred for prosecution (policy, investigator interview, report review, training,)
8. The departure of the alleged abuser or victim from employment or control of facility is not a basis for terminating the investigation (training review, investigator interview, policy review, practice review, investigative reports)

9. 115.371—no state entity of DOJ component to the investigations of this facility. The PREAS policy includes this in the chance that it would ever be a component
10. Investigators have sufficient training to conduct administrative investigations (training content, interviews and certifications)
11. Criminal investigations are referred to the Elko Sherriff’s Department—who have specialized training (NIC, and academy training), in conducting criminal sexual abuse allegations and follow PREA 115.221 a-e—as requested in documentation provided by NYTC (review of investigative reports, allegations received and interviews)
12. Investigations are not terminated because the source recants the allegation (interviews, training, reports)
13. Credibility assessments are based on individual basis and not status (investigations, interviews, training, and policy)
14. Administrative investigations have a component to determine if staff actions or failures contributed to the abuse (training, interviews, reports, reviews)
15. Criminal investigations follow rigid documentation of police procedures (reports, training, interviews, reviews and MOU negotiations)
16. Substantiated allegations are referred for prosecution (policy, investigator interview, report review, training,)
17. The departure of the alleged abuser or victim from employment or control of facility is not a basis for terminating the investigation (training review, investigator interview, policy review, practice review, investigative reports)
18. 115.371—no state entity of DOJ component to the investigations of this facility. The PREAS policy includes this in the chance that it would ever be a component
19. NYTC fully cooperates with outside investigators (Elko Sherriff’s Department) and remains informed about progress of the investigation (policy review, training review, investigator interview, investigative reports, MOU negotiations)

Standard

**115.372 Evidentiary standard for administrative investigations
Meets Standard**

115.372a

The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Auditor comments, including corrective actions needed if does not meet

standard

NYTC PREAS policy Investigators and Investigation Procedure Page 29-30, Investigator training, PREAS policy training, investigator interview, PREA Coordinator interview, superintendent interview, and investigator reports, concluded that NYTC does not impose a standard higher than preponderance of the evidence in determining if allegations of sexual abuse or sexual harassment are substantiated

Standard

115.373 Reporting to residents Meets Standards

- 115.373a Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
- 115.373b If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation
- 115.373c Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:
-) The staff member is no longer posted within the resident's unit;
 -) The staff member is no longer employed at the facility;
 -) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
 - The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility
- 115.373d Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:
- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
 - (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- 115.373e All such notifications or attempted notifications shall be documented
- 115.373f An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody

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.

Review of NYTC Internal Investigative Reports, investigator interview, youth interview, policy review, and training review, shows that following an allegation of sexual abuse, the facility informs the residents of the finding of the investigation

Review of communication with Elko Sherriff's Department, during the corrective action period, indicates that the MOU communication has clarified the need for the facility to have relevant information from their investigative report.

PREAS Investigation Aftermath policy, page 34, also contains the requirement to request relevant information from the outside investigative agency, as well as PREAS Response to Report of Allegations, page 27.

NYTC's PREAS Response to Report of Allegations, PREAS policy training, NIC investigators

training, investigative reports, and investigator interview, are consistent with 115.373c. No founded allegations of staff committing sexual abuse against a resident has been reported; however training, policy, and forms are in place to ensure this is done and documented (115.373e) on the investigative report.

NYTC PREAS Response to Report of Allegations, page, PREAS policy training, investigators training, and investigators interviews, are consistent with informing the resident in regards to standard 115.373d (founded or unsubstantiated allegation of resident on resident sexual abuse) and documented, 115.373f, on the investigative report

Standard 115.376 Disciplinary sanctions for staff

Meets Standard

115.376a Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

115.376b Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

115.376c Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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.

115.376d 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies

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.

Reviewed the Department of Health and Human Services Personnel policy, NYTC PREAS Disciplinary Sanctions, page 35, PREAS zero tolerance policy, PREA 101 training, PREAS policy training, training logs, statement of understanding, Human Resources interview, Superintendent interview, PREA Coordinator interview, investigative reports for 12 months, and youth and staff interviews and found NYTC policy and practice consistent with compliance with this standard.

There have been no founded staff allegations in the last 12 months; however, policy, training, and understanding are in place to comply with this standard

Standard 115.377 Corrective action for contractors and volunteers
Meets Standard

115.377a Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

115.377b

The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

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.

Reviewed PREAS zero tolerance policy, PREAS policy training, contractor interviews, investigator interviews, PREA Coordinator interview, Superintendent Interview, and investigative reports.

NYTC’s policy and practice are in compliance with this standard. There have been no allegations against volunteers or contractors in the last 12 months; however, policy, training, and practice are in place to ensure measures will be taken to protect residents, prohibit contact—when appropriate, report to appropriate licensing bodies and take appropriate remedial measures if there is any violation of agency sexual abuse or sexual harassment by a contractor or volunteer.

Standard

**115.378 Disciplinary sanctions for residents
Meets Standard**

115.378a

A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident- on-resident sexual abuse or following a criminal finding of guilt for resident- on-resident sexual abuse

115.378b

In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services

In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible

115.378c

The disciplinary process shall consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed

115.378d

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards- based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

115.378e

The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact

115.378f

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.378g

An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

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.

Reviewed NYTC’s PREAS zero tolerance policy, DCFS Juvenile Services Statewide Institutional Policy—Discipline Process policy page 35 and 36, PREAS Use of Information policy, page 16, PREAS policy training, PREA 101 training, staff and youth interviews, investigator interview, investigator reports, superintendent interview, medical and mental health staff interviews, and PREA Coordinator interview and found policy and practice to be consistent with PREA standard 115.378 compliance.

Standard	115.381 Medical and mental health screenings; history of sexual abuse Meets Standard
115.381a	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, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening
115.381b	All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner If YES, the follow-up meeting was offered within 14 days of the intake screening Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required
115.381c	Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law
115.381d	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.
Auditor comments	
Reviewed PREAS Use of Information policy page 16 and 17, and 18, PREAS policy training and training logs, PREA 101 training and logs, staff interviews, youth interviews, mental health and medical staff interviews, PREA Compliance Manager interview, intake screener interviews, and intake paperwork. NYTC is in compliance with PREA standard 115.381	
NYTC offers any resident that reports prior sexual victimization, a medical or mental health follow up within 14 days of screening, residents who have previously perpetrated sexual abuse are offered a follow up meeting with a mental health staff within 14 days of intake screening, confidential information is limited to staff, as necessary, and informed consent is obtained from residents before reporting information about prior sexual victimization, not in an institutional setting, unless the resident is under 18. This is documented in screening assessments, logs, mental health notes, and PCM log.	

Standard	115.382 Access to emergency medical and mental health services Meets Standard
115.382a	Resident victims of sexual abuse shall 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
115.382b	If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.
115.382c	Resident victims of sexual abuse while incarcerated shall be 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
115.382d	Treatment services shall be 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.
	<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p> <p>Reviewed PREAS Victim Services: Immediate Response policy, page 12 and 13, interviews with mental health and medical staff, random staff interviews, specialized staff interviews, youth interviews, PREA Compliance Manager interview, PREA Coordinator interview, Superintendent interview, and found NYTC to be in compliance with standard 115.352.</p> <p>After the above reviews, I am confident that practice, policy, and documentation, are consistent with PREA compliance with this standard.</p> <p>Staff are knowledgeable, trained, and aware of actions needed to be taken to access emergency mental health and medical services and the procedure the facility requires to keep the residents safe. Although this facility has not had an incident of sexual abuse, I am confident they are trained and able to respond according to this standard</p>

Standard	115.383 Ongoing medical and mental health care for sexual abuse victims and abusers Meets Standard
115.383a	The facility shall 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.
115.383b	The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody
115.383c	The facility shall provide such victims with medical and mental health services consistent with the community level of care
115.383d N/A	Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests
115.383e	If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services

- 115.383f Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate
- 1115.383g Treatment services shall be 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
- 115.383h The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

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.

Reviewed PREAS victim Services: Ongoing policy, page 14, PREAS Use of Information Policy, PREAS policy training and logs, PREA 101 training and logs, tracking logs, mental health and medical staff interviews, PREA Coordinator and PREA Compliance Manager interviews. NYTC is in compliance with standard 115.383

NYTC is in compliance with standard 115.383. Staff are well trained, policies in place, training complete and statements of understanding in place, and mental health and medical staff trained.

Practice, policy and training are consistent with compliance with this standard. Tracking is in place to document services needed and provided.

Standard 115.386 Sexual abuse incident reviews Meets Standard

- 115.386a The facility shall 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
- 115.386b The review team shall include upper- level management officials, with input from line supervisors, investigators, and medical or mental health practitioners
- 115.386c The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA compliance manager
- 115.386d (d) the review team shall: (1) consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse (2) consider whether the incident or allegation was motivate by race, ethnicity; gender identity; LGBTQI status or perceived status; or gang affiliations; or was motivated or otherwise caused by other group dynamics at the facility; (3) examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) assess the adequacy of staffing levels in that area during the different shifts; (5) assess whether monitoring technology should be deployed or augmented to supplement supervision by the staff and (6) prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

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.

During corrective action, NYTC put together a review team and reviewed all sexual abuse or sexual harassment allegations that had a finding of founded or unsubstantiated and prepared a report, according to PREA standard 115.386c.

Each report was reviewed with the review team and corrective action reviewed and implemented or documented why it was not.

NYTC policy was in compliance with the required standard review and required incident reviews; however, until the above corrective action, practice was not in compliance.

Completed incident review forms were sent for auditor review and on the second site visit, interviews with review team members were conducted, as well as review of corrective action.

I reviewed PREA Incident Review completed forms, PREAS Incident Review Team policy page 37, interviews with incident team and action taken.

NYTC is currently compliant with this standard and consistently completing incident reviews that comply with all standard requirements of this standard

Standard

115.387 Data collection

Meets Standard

115.387a

The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall 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.

115.387b

The agency shall aggregate the incident-based sexual abuse data at least annually.

115.387c

The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.387d

N/A

The agency also shall obtain incident- based and aggregated data from every private facility with which it contracts for the confinement of its residents.

115.387e

The agency also shall obtain incident- based and aggregated data from every private facility with which it contracts for the confinement of its residents

115.387f

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30

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.

Reviewed PCM monthly incident based PREA report, PREAS Data collection policy page 43-45, PREAS policy training and logs, PCM log, SSV report and forms, and PCM and PREA Coordinator Interviews, Superintendent interview.

NYTC is in compliance with 115.387 a-c.

NYTC collects incident based data to answer the most recent version of the SSV conducted by the Department of Justice, and aggregates the data annually. It collects data from all available sources—investigative files, reports, and incident reviews and maintains and reviews data as needed.

An agency audit is scheduled for August 2015 to determine agency compliance with 115.387 d-f, as this audit is just to determine facility compliance with the PREA standards, separate from the agency audit

Standard

115.388

Meets Standards Data review for corrective action

115.388a

The agency shall 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:
) Identifying problem areas;
) Taking corrective action on an ongoing basis; and
) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole

115.388b

The annual report includes a comparison of the current year's data and corrective actions with those from prior years.

115.388c

The agency makes its annual report readily available to the public at least annually through its website

115.388d

The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

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.

Reviewed PREAS Data Usage policy, page 46, PREAS policy training, and PREA Coordinator and PCM interviews. NYTC is compliant as a facility that collected and aggregated the data for the SSV and for the agency, and conducted incident reviews, assessed and completed needed corrective action within the facility.

In August 2015, an agency audit will be conducted to assess the parent agency compliance with agency required standards, including this agency requirement

Standard

**115.389 Data storage, publication, and destruction
Meets Standard**

- 115.389a The agency shall ensure that data collected pursuant to § 115.387 are securely retained
- 115.389b Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website
- 115.389c Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers
The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise

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.

Reviewed PREAS Data Collection Policy, page 43-45, PREAS Data Usage policy, page 46, PREAS policy training, PREA Coordinator and PCM interviews, Superintendent interview, data review, investigative reports, SSV reports, and the Governors Report. NYTC is in compliance with this standard in regards to the data that is under its direct control

In August 2015, and agency audit will be conducted to determine compliance of the parent agency, in regards to agency compliance PREA standards, as a separate audit. This audit is just to assess and determine NYTC’s PREA compliance as a facility

AUDITOR CERTIFICATION:

The auditor certifies that:

The contents of the report are accurate to the best of his/her knowledge and,

No conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review. And

I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where names of administrative personnel are specifically requested in the report template

Macilla (Kila) Jager-Adsit

Macilla a Jager Adsit

July 16, 2015

Auditor Signature

Date