

PREA Facility Audit Report: Final

Name of Facility: Summit View Youth Center

Facility Type: Juvenile

Date Interim Report Submitted: 12/20/2019

Date Final Report Submitted: 07/17/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: D. Will Weir	Date of Signature: 07/17/2020

AUDITOR INFORMATION	
Auditor name:	Weir, Will
Address:	
Email:	prea.america@gmail.com
Telephone number:	
Start Date of On-Site Audit:	11/05/2019
End Date of On-Site Audit:	11/05/2019

FACILITY INFORMATION	
Facility name:	Summit View Youth Center
Facility physical address:	5730 Range Road, Las Vegas, Nevada - 89115
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Jennifer Simeo
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Telephone Number:	775-687-2276

Superintendent/Director/Administrator	
Name:	Ross Armstrong
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Facility PREA Compliance Manager	
Name:	
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Facility Characteristics	
Designed facility capacity:	96
Current population of facility:	37
Average daily population for the past 12 months:	41
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	15-20
Facility security levels/resident custody levels:	Facility Secure, Maximum Security
Number of staff currently employed at the facility who may have contact with residents:	48
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	29
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

AGENCY INFORMATION	
Name of agency:	Nevada Department of Health and Human Services, Division of Child and Family Services, Office of Juvenile Justice Services
Governing authority or parent agency (if applicable):	Department of Health and Human Services
Physical Address:	751 Ryland Street, Reno, Nevada - 89502
Mailing Address:	
Telephone number:	775-687-2276

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Jennifer Simeo	Email Address:	jsimeo@dcfs.nv.gov

AUDIT FINDINGS

Narrative:

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

Introductory communication with the PREA Coordinator to discuss the audit process, audit preparation, the Pre-Audit Questionnaire (PAQ), and supporting documents and elements of the on-site visit, took place shortly after scheduling the On-Site Audit dates. On May 20, 2019, November 5, 2019, was selected as the date of the On-Site Audit of Summit View Youth Center in Las Vegas, Nevada. The Audit Notice Posting was sent with instructions to print on color paper and regarding proper distribution of the posting. Alternative language posting was also made available. Proof of posting was verified by emailed photos, sent September 17, of the various locations in the facility where the postings were placed. The date of the email was used to verify that the postings were in place the required minimum of 6 weeks prior to the on-site visit, along with observations of the postings during the physical plant tour. The PREA America Audit Team consisted of Project Manager Tom Kovach and DOJ-certified PREA auditor Will Weir, MCJ.

During the Pre-Audit Phase, an extensive desk audit of the facility was conducted, reviewing the PAQ, policies, and procedures, as well as supporting documentation. Several emails were exchanged to clarify issues. This phase of the audit was used to collaborate, by phone, with the facility staff on questions and concerns with documenting compliance. This included a conference call on October 18. The communication with the facility staff was used not only to understand the policies and procedures unique to the facility, but also to understand how PREA was put into practice. Internet research was done on the facility.

All documents received were reviewed, including logs, training files, and curricula. Background checks, including of child abuse registry checks, were randomly selected of staff, contractors, and volunteers to verify compliance with the initial background check, as well as with the 5-year recheck requirement. Residents were randomly selected to verify PREA education and PREA Screenings. Phone calls were made to listed advocates, to verify the advocacy required by the Standards.

The On-Site Audit started with confirmation of the current population: 38 residents, whom the facility refers to as "students." The two terms will be used interchangeably in this report. This confirmation came during our initial briefing, which also included agenda and logistics review; discussion of mandatory reporting; and clarification of the need to allow any staff or student who requests an interview to get one. The Audit Team checked to see if there were questions or concerns.

The Site Review included obtaining and studying the facility diagram of the physical plant. The supervision and movement of staff and students was observed. Casual conversations assisted the Audit Team to ascertain whether observations made were of "normal" supervision and movement. Random checks were made to assure doors intended to be secured were locked. Random checks of PREA Hotline phones for functionality were made. All housing units and bathroom facilities were inspected for compliance regarding cross-gender supervision. This included a camera review for those areas with cameras. All areas of the physical plants were observed, with attention to those areas which statistically are high-risk for sexual abuse. PREA Postings in the Visitation area were checked, including postings

regarding third-party reporting. Confirmation of the availability to staff of hard copy lists of First Responder Duties was also a part of the tour. Blind spots were identified, and procedures for checking them were verified.

Interviews were selected in accordance with the guidance of the PREA Auditor Handbook, with random selections of residents to ensure diversity of geographic location (from each housing unit), race, and those with risk factors. Random staff interviews were made to include gender, shift, and posting diversity. Interviews were in a conversational manner, to gain the confidence of those interviewed and to put them at ease, so the Audit Team could better understand their comprehension of the PREA policies and the practice in the facility.

The facility had 38 residents on the day of the Audit, including one who was on furlough. 11 of these residents were interviewed. On page 44 of the PREA Auditor Handbook, auditors are given the following guidance: "One of the ways to get a strong sense of these practices and of actual sexual safety is to interview appropriate numbers of the most vulnerable populations in custody. Auditors must ensure that these populations are adequately represented in the interview process. To accomplish this, auditors should work with the facility to obtain a list of all [residents] that fall within the prescribed target populations, including their housing units, so auditors can ensure geographic diversity. Auditors must attempt to interview a selection of [residents] belonging to [. . .] targeted populations." The facility was cooperative in providing files of randomly selected residents in advance of the audit. The facility also provided a list of residents considered to be high-risk. In an attempt to select residents from as many vulnerable populations as possible, most of the interviews conducted were "targeted" interviews, as defined by the Handbook quoted above. The Auditor was able to interview youth with cognitive disabilities and/or mental illnesses, one of the youngest residents, youth with prior sexual victimization, and youth who had reported abuse in confinement and/or had participated in investigations. LGBTI youth and youth with limited English proficiency were not known to be in the facility's population on the day of the on-site audit. 3 resident interviews conducted were selected by pure random selection.

Interviews were conducted with staff in the following roles: Agency Head, Agency PREA Coordinator, PC's supervisor, Superintendent, Agency Human Resources, Local Investigator, PREA Compliance Manager, Contract Administrator, trainer, higher-level staff for unannounced rounds, medical staff, mental health staff, SANE Nurse, Contractor, staff who perform Screening and Intake, staff who monitor for Retaliation, and the Incident Review Team. Since some staff perform multiple duties, these specialized roles were covered by conducting a total of 11 unique interviews. An additional 12 staff were selected randomly, representing various stations, housing units, shifts, and genders. (Some specialized interviews were conducted by phone in advance of the audit.)

The Exit Briefing addressed all aspects of the audit to date. No determination of compliance was given. The recap of the aggregated information obtained and observed was summarized. By the request of the facility staff, to assist in furthering the efforts of the facility to prevent and detect sexual abuse and harassment, this summary included a SWOT Briefing, which stands for: Strengths, Weaknesses, Opportunities, and Threats.

In the 30 days after the On-Site Audit, additional information was received. Updates to the screening tool were implemented, and a better system of oversight for screenings and reassessments was advanced. Additional investigative documentation was received, including additional investigative work recently completed, as well as documentation that had not been included in the documentation received prior to the On-Site Audit. Also, a change was made to the PREA Administrative Investigation Report to include documentation of notifications made to parents, to legal guardians, and to case managers/workers, as appropriate. This amounts to a consolidation of documentation, so that these notifications do not have to

be tracked separately from investigative work.

On 12-20-2019, the Summit View Facility Interim Audit Report was provided to the agency and facility. On 01-31-2020 the CAP was finalized, providing a road map for the facility to use to prove their full compliance with the remaining Standards. The 180th day was June 17th, signaling the end of the Corrective Action Period. However, due to the fact that delays happened throughout this Corrective Action Period that were unavoidable due to the COVID-19 Pandemic, and due to guidance from the PREA Management Office implying that flexibility is in order regarding deadlines associated with audits, the facility was allowed a few extra days to turn in documentation. All documentation provided during the CAP was reviewed and this Final Report is issued as required by Standard 115.403 and the PREA Auditor Handbook. This report describes the methodology, sampling sizes, and basis for the auditor's conclusions. After the corrective actions were completed, the conclusion regarding all PREA Standards, is that the facility meets the Standards.

AUDIT FINDINGS

Facility Characteristics:

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

The Summit View Youth Center (SVYC) is a maximum-security youth facility which sits on 13 acres in North Las Vegas, near Nellis Air Force Base. SVYC, in cooperation with the Clark County School District, operates educational programs that offer both required and elective academic subjects, remedial programs, special education programs, vocational programs, and interscholastic activities. They refer to their residents as "students". Both terms are used interchangeably, in this report, to refer to the same population of male juveniles.

SVYC has nursing staff, a psychologist, contracted physicians, a contracted psychiatrist, and a contracted dentist to provide comprehensive on-site medical services. In addition, SVYC provides recreational programming, drug and alcohol abuse counseling, recovery programming, group and individual counseling, sexual offender treatment, cognitive behavioral therapy, and treatment planning.

There are 4 active Housing Units, with 96 rooms, no dorms or multi-occupancy rooms, multiple cameras which record for several weeks, and 6 segregation ("Seg") cells. The Seg cells are used solely for training of staff. One Housing building is not in use, due to current limits on youth population. The active building has four wings and central area for staff and day room use. The single-occupancy rooms each have a toilet. Each wing has a shower.

There is a large administration building, with offices and conference rooms; medical and mental health services are located there. There is a large outdoor track and field area, a basketball court, an education building and a gym. The education building has a principal office and several classrooms and well-placed cameras.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	0
Number of standards met:	43
Number of standards not met:	0

Number of Standards Not Met in Interim Report: 4

These were: 311, 331, 341, and 342.

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

The agency employs a PREA Coordinator, but at the time of the Interim Report it had not been shown that the position provided the Coordinator with sufficient authority to develop, implement, and oversee agency efforts to comply with the PREA Standards. This was addressed separately in the Agency Audit. The Agency Audit Final Report was submitted 06/17/2020 and documented the efforts made by the agency as it came to demonstrate full compliance with this Standard. Standard 315.311(c), however, requires the facility PCM to have "sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards."

Corrective Action: Since the requirement in 315.311(c) for the facility PCM to have "sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards" had not been fully demonstrated during the Pre-Audit Process, it was listed as an outstanding item on the Interim PREA Audit Report for the facility. Full compliance with this provision of this Standard was verified when the facility Organizational Chart was updated and distributed during the CAP.

Standard 115.331: Employee training.

The Interim Report indicated that staff could benefit from additional training and skills-building in the areas of student privacy and confidentiality.

Corrective Action: On 02-24 & 25, 2020, Protecting the Safety and Well-Being of LGBTI and Gender-Nonconforming Residents was provided by the PREA Resource Center (Impact/Justice) by nationally recognized trainer Bernadette Brown, J.D. Signatures, titles, and statements of understanding of the training were provided by attendees as proof. On 04-20-2020, additional training component on this topic was conducted involving a Post-Test, and the answers to the Post-Test were presented to the Audit

Team as proof of attendance and understanding.

On 05-20-2020, the Superintendent verified full compliance regarding youth visitation and phone calls, especially relating to Third-Party Reporting. "Youth are free to take cordless phones to their room . . . and have been known to come up to admin to make confidential calls . . . In visitation, there is enough distance from family visiting and staff to where the youth can communicate discretely with their visitor to their concerns privately."

Standard 115.341: Screening for risk of victimization and abusiveness.

Screenings had not been conducted consistently during the 12 months reviewed for the PREA Audit Interim Report. The latest updates to the screening tool were still being implemented during the 30 days after the On-Site Audit. The most recent iteration was stronger than other versions, and it included prompts for increased consistency and accuracy. The Interim Report indicated that, during the CAP, the facility needed to demonstrate that a tool with this level of uniformity and accuracy was becoming entrenched in practice at the facility.

Also, during the Site Review, it was agreed that the open area where the sexual abuse vulnerability screenings were conducted did not seem private. An office was identified that the staff and administrators believed would provide an additional sense of privacy, as well as actual privacy during busy times. It was not shown, during the Pre-Audit and On-Site Audit Phases, that reassessments are reliably completed. The system of oversight had recently been updated, and it needed a bit more time in practice, in order to verify that it works, including to protect confidentiality. This included an information technology fix that restricts access to sensitive information.

Corrective Action: On 02-10-2020, the Summit View Youth Center Superintendent verified that "SV now conducts the PREA risk assessment during the intake process . . . in a designated room where no other youth are present for their responses to ensure confidentiality." Instructions were distributed to administrators and screeners.

A 9-page, detailed PREA Risk Assessment Rater Guide, reinforcing the uniformity and privacy of the screening and reassessment process, as well as each applicable provision of Standards 115.341 and 115.342, was issued 02-12-2020, then distributed and also reviewed in training with screeners. A gotomeeting.com overview was conducted 02-26-2020 by the PREA Coordinator.

A move had to be finalized, that placed risk assessments in a limited-access area within the electronic case management system. On 02-27-20, documentation was provided to verify that this move was finalized. Verification was provided that all users in need of the information for the protection of students had access, and that they had an understanding of the rules of that access. The system "was created specifically to house the PREA Risk Assessments, as those are to be kept confidential." Also a screen print example was provided.

The facility provided 41 screenings during the CAP, including reassessments as appropriate, demonstrating consistent use of the uniform tool. The agency sought feedback. With the help of the PREA Resource Center, internal reviews were completed of the process and the forms used, making subtle improvements to the wording, and instructions were improved for clarity, ease of understanding, and consistent scoring. The result appears to be a tool that has become fully engrained in the practice of the facility; a tool which is reviewed by the PCM upon completion of each screening, identifies discrete and unique risk factors as well as levels of vulnerability, and triggers follow-up screenings or other review as indicated.

Standard 115.342: Use of screening information.

This Standard is a companion to Standard 115.341. The Interim Audit Report stated, “When the screenings have been completed consistently over time, in an environment that is respectful to privacy, more documentation will be available to show full compliance with all provisions of this Standard. Also, new policy is being developed, due to a new law passed in Nevada relevant to these Standards. For example, the new law generally requires agencies to treat residents ‘in accordance with the child’s gender identity or expression.’”

Corrective Action: In addition to the work described for 115.341, new policy had to be written and implemented to address new state law NRS 62B.250. It is now codified in State law, as well as in this new policy, that all facility employees, volunteers, interns, and contractors shall be trained at least once per year in, “how to work with and communicate effectively and professionally with youth, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming youth per NRS 62B.250.” This policy was not effective until 06-05-2020. Staff had already been trained on these requirements twice, but on June 18, 2020, they all received the agency’s latest version of PREA 101, containing all the provisions of Standard 115.331, and including the new law, as well. The timing of the policy rollout did not allow for the SOP to be updated before the maximum 180 days of the CAP expired. The Superintendent has confirmed that the new policy is being added to the Standard Operating Procedures (SOP), and that this will also require training regarding any ways the policy may be uniquely applied/practiced at the facility.

The youth also received refresher PREA education, as well. During the training, youth were advised “of their rights to privacy while making a PREA related call to either their guardian or the PREA hotline. The youth were given examples of the differences between sexual harassment and abuse, how to properly use the grievance procedure, proper peer interactions, and a reminder of our zero tolerance policy.” As with all training completed as part of the CAP agreement, attendee signatures were provided.

Additionally, in June 2020, staff received their regularly required PREA training regarding cross-gender searches and searches of transgender residents.

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment, and a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, and it includes sanctions for those found to have participated in prohibited behaviors. The agency employs a PREA Coordinator, but at the time of the Interim Report it had not shown that the position provides the Coordinator with sufficient authority to develop, implement, and oversee agency efforts to comply with the PREA Standards, as required by the Standards. Although PREA Coordinators may delegate some duties, their responsibilities include an ability to oversee the implementation and practice of all the Standards. For example, Standard 115.388 requires agencies to show they are “taking corrective action on an ongoing basis”. This type of work cannot be accomplished without PC’s having comprehensive awareness and access to all aspects of PREA. The agency had a separate Audit and CAP, and it has addressed and resolved these concerns.</p> <p>Corrective Action: The CAP, including the agency portion, stated the following:</p> <p>“1) The organizational chart will need to be revised one more time with the new Superintendent and the PREA Compliance Manager's supervisor more clearly defined. The organizational charts will be provided to the Auditor.</p> <p>2) DCFS Administration to reaffirm the PREA Coordinator and PREA Compliance Managers' authority levels within each facility as it relates to PREA, including, for example, a written memorandum. Written documents will be provided to the auditor.</p> <p>3) All policy and training changes will be provided to the PREA Auditor per request. The documentation that shows compliance was uploaded into the Online Audit System (OAS).”</p> <p>The Deputy Administrator over Residential Services wrote the Memo to the Deputy Administrator over Quality and Oversight, assuring documentation of the understanding regarding the PREA Coordinator’s and the PREA Compliance Managers' levels of authority.</p> <p>Also, the PC provided verification, with examples, by email that she and the PCMs now have “more time and authority” to manage and coordinate PREA.</p> <p>Corrective Action (for the facility): Since the requirement in 315.311(c) for the facility PCM to have “sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards” had not been fully demonstrated during the Pre-Audit Process, it was listed as an outstanding item on the Interim PREA Audit Report for the facility. Full compliance with this provision of this Standard was verified when the facility Organizational Chart was updated and distributed during the CAP. Also, the extensive and coordinated action items successfully executed at the facility to demonstrate full compliance with PREA as part of the Corrective Action Period is taken as a demonstration of active compliance with this Standard.</p> <p>Analysis: Evidence considered for compliance with this Standard, during the Pre-Audit and</p>

On-Site Phases of this Audit, includes Nevada Juvenile Justice Services PREA Policy 300.09 3. 3. 17, (sections I, II, III & X); Organizational Chart for the Agency; Facility Organizational Chart; revised Organizational Charts; and interviews conducted throughout the Audit.

The Interim Report stated, "The initial Division of Child and Family Services Quality and Oversight Programs Office Organizational Chart placed a Program Officer III at the bottom of the Chart. "PREA Coordinator" had to be written by hand on the Chart, so the Audit Team would know where to look. The PREA Standards view the positions of PREA Coordinator and PREA Compliance Manager as integral to PREA compliance, and correspondingly, as integral to the agency's organization. They require sufficient time and authority. During interviews, administrators at various levels were asked what actions and processes the PC has the clear authority to take, when compliance issues are identified. Although the administration supports PREA compliance, these questions proved difficult to answer."

"As a first step, responding to this concern, Organizational Charts were updated by the agency, during the 30 days after the on-site audit, showing the PC to be in the upper level of the agency, although outside the direct chain of command. These clarifications are to be implemented, and perhaps further clarified, during the Corrective Action Process, with documented verification of full compliance with the Standard and/or barriers being identified and addressed."

"Likewise, the facility is also undergoing changes in PREA Management. The PAQ states, 'The organizational chart is slightly out of date as the Correctional Lieutenant is now the Assistant Superintendent, however, he still supervises the PREA Compliance Manager, who is a Sergeant. There may be additional changes in the coming weeks and months as the Superintendent position has become recently vacant.' Things had changed a bit more by the time the On-Site Audit was completed, and hiring is still in progress. The Standard requires the PCM to have 'sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.' This will be verified when the facility Organizational Chart is updated."

The agency and facility worked with the Audit Team. The agency and the facility had different Corrective Action Plans since the two entities were audited separately. The Agency Audit Final Report was submitted 06/17/2020 and documented the efforts made by the agency as it came to demonstrate full compliance with this Standard. The facility has also fulfilled the CAP and now fully complies with this Standard.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>PREA Standards state that 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.</p> <p>Analysis: Evidence considered for compliance with this Standard includes interlocal agreements with Clark and Douglas Counties, Spring Mountain, and China Springs; PREA Audit, China Spring Youth Camp, 2019; PREA Audit, China Spring Youth Camp, 2016; PREA Audit, Spring Mountain Youth Camp, 2017; Spring Mountain Audit Report; PREA Contract administrator interview; and related policies and emails.</p>

115.313	<p>Supervision and monitoring</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The facility develops, documents, and makes its best efforts to comply with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. In calculating adequate staffing levels and determining the need for video monitoring, it takes into consideration: Generally accepted juvenile detention and residential practices; Any judicial findings of inadequacy; Any findings of inadequacy from Federal investigative agencies; Any findings of inadequacy from internal or external oversight bodies; All components of the facility’s physical plant (including “blind spots” or areas where staff or residents may be isolated); The composition of the resident population; The number and placement of supervisory staff; Institution programs occurring on a particular shift; Any applicable State or local laws, regulations, or Standards; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and Any other relevant factors. At least once every year, the agency, 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. The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds on all shifts, with a prohibition of staff alerting other staff of the conduct of the rounds.</p> <p>Analysis: Evidence considered for compliance with this Standard includes: Summit View Youth Center (SVYC) Staffing Plan; SVYC Revised Staffing Plan; SVYC Staffing Plan Annual Review; 6 Staffing Plan Deviation Reports; Unannounced Rounds Logs, showing all shifts and housing units; SVYC SOP Section C; Unannounced Rounds Universal Form; Youth Population for 1st, 10th, and 20th day for last 12 months; Schematic Map of Summit View Youth Center; and interviews with staff and youth. The facility is receiving 9 newly legislatively approved direct-care staff positions to bolster their staffing ratios. Due to the facility's transparency, documentation of staffing plan deviations, and solutions already in progress, they have shown compliance with this Standard.</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility does not conduct cross-gender searches of any kind. Interviews indicate that this policy has not been violated, and that there have not been exigent circumstances requiring cross-gender searches. The facility policy requires that all cross-gender searches be documented and justified, if they occur. Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing. The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.</p> <p>Analysis: Evidence considered for compliance with this Standard includes: SVYC SOP Sections E, F, G (pp 7-8); Universal Exigent Circumstances Form; Staff Training Spread Sheet; SVYC Cross-Gender and Transgender Pat-Search Training; Randomly selected staff training files; and interviews with randomly selected staff and students. Approximately 1/3 of residents indicated that some staff allow them to put up towels for extra privacy at times, such as when they are using the toilet, and others do not. No residents indicated that any inappropriate cross-gender viewing had occurred, but this minority of residents indicated confusion regarding how to consistently achieve a level of privacy. Since this appeared to be more of a staff training issue than an indicator of a violation of this Standard, this was addressed in the CAP under Standard 115.331, along with other training issues. Both the Interim Report and the Final Report indicate that the facility has demonstrated compliance with this Standard.</p>

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has established procedures to provide disabled residents and residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>Analysis: Evidence considered for compliance with this Standard includes: SVYC SOP Section H (Page 8), Section B (Page 10); Youth education video; JJS PREA Policy 300.09.3.3.17; Contract for Interpreters; Universal forms for Youth Acknowledgements and Youth Education; PREA 101: Youth with Disabilities; Spanish PREA education; Spanish PREA Intake Orientation; Universal form for Limited Circumstances for Resident Interpreter; and interview with the Agency Head and residents with disabilities, as well as randomly selected staff. This triangulation of evidence indicates full compliance with this Standard. 2 students expressed concerns that staff may not employ enough skill in dealing with residents with cognitive and/or emotional disabilities. This concern was addressed in Standard 115.331 with employee training during the CAP.</p>

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 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. The 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. Agency policy requires that before it hires any new employees who may have contact with residents, it conducts criminal background record checks, consults any child abuse registry maintained by the State or locality in which the employee would work; and consistent with Federal, State, and local law, makes 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.</p> <p>Analysis: Evidence considered for compliance with this Standard includes PREA Policy Section XII (Page 24); 7 randomly selected staff files; 5 randomly selected contractor and volunteer files; and an interview with the Agency Human Resource Director. These sources provided verification that the facility is compliant with this Standard.</p>

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has not made a substantial expansion or modification to existing facilities since it opened in 2016.</p> <p>Analysis: Evidence considered for compliance with this Standard includes interviews with the Agency Head and Superintendent; the Facility schematic; and Site Review observations.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency/facility is responsible for conducting administrative investigations, while the North Las Vegas Police Department is responsible for criminal sexual abuse investigations. All residents who experience sexual abuse have access to offsite forensic medical examinations. These examinations are offered without financial cost to the victim and are conducted by Sexual Assault Forensic Examiners (SAFEs) or (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs. No forensic medical exams have been performed because there were no allegations indicating an exam since the facility opened. The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means, and these efforts are documented. If they are not able to provide victim advocate services, the facility provides a qualified staff member.</p> <p>Analysis: Evidence considered for compliance with this Standard includes: PREA Policy Section C (Page 19-20), Section B (page 19); SVYC SOP Section K (Pages 10-11); MOU with North Las Vegas Police Department, which includes the protocol requirements; interviews with randomly selected staff, SANE Provider, PREA Compliance Manager, and Victim’s Advocate; MOU with Rape Crisis Center; and a victim’s advocate training certification.</p>

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility and the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All referrals of allegations of sexual abuse or sexual harassment for criminal investigation are documented.</p> <p>Analysis: Evidence considered for compliance with this Standard includes: PREA Policy Section IX (pages 18-20); SVYC SOP Section L (Page 12); documentation regarding 12 Administrative Investigations (including 3 referred for criminal investigation); Agency Website with PREA Information; notifications to law enforcement; law enforcement responses; and interviews with Investigative Staff and students interviewed during investigations.</p>

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Employees who may have contact with students are trained on the following required matters: zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; students’ right to be free from sexual abuse and sexual harassment; the right of students and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in juvenile facilities; the common reactions of juvenile victims of sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse; how to distinguish between consensual sexual contact and sexual abuse among students; how to avoid inappropriate relationships with students; how to communicate effectively and professionally with students, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming students; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities, including relevant laws regarding the applicable age of consent. Between trainings, the agency is to provide employees with refresher information about current policies regarding sexual abuse and sexual harassment. The agency documents that employees understand the training they have received.</p> <p>Corrective Action: On 02-24 & 25, 2020, Protecting the Safety and Well-Being of LGBTI and Gender-Nonconforming Residents was provided by the PREA Resource Center (Impact/Justice) by nationally recognized trainer Bernadette Brown, J.D. Signatures, titles, and statements of understanding of the training were provided by attendees as proof. On 04-20-2020, additional training component on this topic was conducted involving a Post-Test, and the answers to the Post-Test were presented to the Audit Team as proof of attendance and understanding.</p> <p>On 05-20-2020, the Superintendent verified full compliance regarding youth visitation and phone calls, especially relating to Third-Party Reporting. “Youth are free to take cordless phones to their room and have been known to come up to admin to make confidential calls In visitation, there is enough distance from family visiting and staff to where the youth can communicate discretely with their visitor to their concerns privately.”</p> <p>Analysis: Evidence considered for compliance with this Standard, during the Pre-Audit and On-Site Phases of this Audit, includes: Training curriculum for PREA 101; the National Institute of Corrections online course, "PREA: Your Role Responding to Sexual Abuse"; signed staff training acknowledgements; Wallet Card provided to staff; 7 randomly selected staff training records; SVYC SOP Section M (page 12); PREA Acknowledgement Statement for Staff; and interviews with randomly selected staff, as well as with students.</p> <p>The Interim Report documented that “1/3 of students expressed staff inconsistencies regarding privacy and confidentiality in one or more areas. Although some students had a concern in one area and not another, these concerns about privacy and confidentiality can be summarized in the following areas, indicating possible lack of understanding and/or lack of effective training by staff: 1) Approximately 1/3 of students stated that interviews conducted during screenings and investigations might not be conducted in a fully private space and might</p>

be overheard; 2) Approximately 1/3 of students said that visitation and phone calls that need to be confidential can be overheard/monitored by staff, thus making third-party reporting more difficult. Examples were given such as staff listening to conversations with case workers, staff telling them not to whisper to a family member, and staff not knowing how to assist them to set up a private visit, when needed. [Relating concerns expressed by students is not to indicate that rules against whispering, or other staff actions are inappropriate, but only that there are perceived barriers in the event there is a legitimate need for privacy.] 3) 1/3 said that some staff allow them to put up towels for extra privacy at times, such as when they are using the toilet, and others do not.

“Relating to issues other than privacy and confidentiality, a few other observations were made that might inform the content of additional, enhanced, or refresher training. Although the documentation reviewed, and interviews conducted, indicated no instances when First Responder Duties were not completed adequately, staff interviews indicated a review of these duties is in order. These staff remembered getting the training, but they just were not clear regarding all of the duties. By contrast, several staff did not remember getting training regarding cross-gender searches. Some staff do remember getting the training, but they are not confident in their understanding of how to do these searches, if exigent circumstances require such searches. Some did not understand the term cross-gender, getting it confused with LGBTI terms, such as transgender. Three-fourths of residents stated that LGBTI students are either bullied during their stay at Summit View, or they have to endure hearing the term, ‘faggot’ a lot. One resident recounted an incident (which was reported) of a staff member insulting a resident with the term. This coincided with other interviews, which indicated that the mandatory staff training regarding how to communicate effectively and professionally with LGBTI students had been met with various kinds of resistance. For example, the Audit Team was told that a supervisor wore a shirt containing an expletive to the class. The shirt contained a phrase indicating that the person was not happy about attending the training. See Standard 115.342 regarding treatment of LGBTI youth. Lastly, 2 students indicated that some staff are not helpful regarding students with learning, cognitive, and emotional type disabilities.”

During the CAP, staff and residents were all retrained, and verification was provided addressing the concerns of the Interim Report, showing full compliance with the Standard.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>47 volunteers and contractors who may have contact with residents have been trained on their responsibilities under the agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>Analysis: Evidence considered for compliance with this Standard includes: Training acknowledgement form; PREA 101-SVYC; Staff training spreadsheet; SVYC SOP Section M (Page 13); 6 randomly selected training acknowledgements for contractors and volunteers; and interview with a contractor. A triangulation of evidence indicates compliance with this Standard.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Students receive information at the time of intake about the zero-tolerance policy, and about how to report incidents or suspicions of sexual abuse or sexual harassment. The facility provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. In addition to providing such education, the agency ensures that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. The agency maintains documentation of resident participation in PREA education sessions.</p> <p>Analysis: Evidence considered for compliance with this Standard includes: PREA Policy Section V (page 10); SVYC SOP Section V (page 9), Section P (page 15); SVYC Handbook; PREA Posters; Universal Documents for PREA Intake Orientation and Youth Acknowledgement; PREA Video; Youth Education Tracking Spread Sheet; 10 Randomly selected Intake records for orientation and acknowledgements; and interviews with Intake Staff and randomly selected youths. The agency had already identified 10 residents in the past year who were late in getting the comprehensive PREA training that is due within the first 10 days. Explanations were sought and appropriate corrections were made to reduce the chances of these delays occurring in the future. All students received PREA information upon admission. Due to a triangulation of evidence, which includes a good knowledge base regarding PREA expressed by the residents, combined with corrective actions already taken, indicate the facility is in full compliance with this Standard.</p>

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility does not conduct its own criminal investigations, but the agency requires that administrative investigators in facilities are trained in conducting sexual abuse investigations in confinement settings. The training includes techniques for interviewing juvenile 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.</p> <p>Analysis: Evidence considered for compliance with this Standard includes: PREA Policy Section D; PREA Administration Investigation Training; NIC Training; Training Documents for three investigators; and interviews with the Investigator and the Investigator Trainer.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has a written policy related to the training of medical and mental health practitioners who work regularly in its facilities. The training includes: How to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>Analysis: Evidence considered for compliance with this Standard includes: PREA Policy Section D; 5 NIC Training Certificates; and interviews with medical staff and mental health staff. There are two mental health counselors, one mental health supervisor, and two nurses at the facility. Audit activities included assessing a triangulation of evidence that verified that the facility has shown compliance with this Standard.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A policy is in place that requires screening, whether upon admission to the facility or upon transfer from another facility, for risk of sexual abuse victimization or sexual abusiveness toward other residents. These screenings must be repeated throughout the student's confinement. The policy requires that students be screened for risk of sexual victimization or risk of sexually abusing other students, within 72 hours of their intake. Such assessments must be conducted using an objective screening instrument. 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 student's own perception of vulnerability; and (11) Any other specific information about individual students that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other students. This information is ascertained through conversations with the student 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. Controls are in place 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 student's detriment by staff or other students.</p> <p>Corrective Action: On 02-10-2020, the Summit View Youth Center Superintendent verified that "SV now conducts the PREA risk assessment during the intake process . . . in a designated room where no other youth are present for their responses to ensure confidentiality." Instructions were distributed to administrators and screeners.</p> <p>A 9-page, detailed PREA Risk Assessment Rater Guide, reinforcing the uniformity and privacy of the screening and reassessment process, as well as each applicable provision of Standards 115.341 and 115.342, was issued 02-12-2020, then distributed and also reviewed in training with screeners. A gotomeeting.com overview was conducted 02-26-2020 by the PREA Coordinator.</p> <p>A move had to be finalized, that placed risk assessments in a limited-access area within the electronic case management system. On 02-27-20, documentation was provided to verify that this move was finalized. Verification was provided that all users in need of the information for the protection of students had access, and that they had an understanding of the rules of that access. The system "was created specifically to house the PREA Risk Assessments, as those are to be kept confidential." Also a screen print example was provided.</p> <p>The facility provided 41 screenings during the CAP, including reassessments as appropriate, demonstrating consistent use of the uniform tool. The agency sought feedback. With the help of the PREA Resource Center, internal reviews were completed of the process and the forms used, making subtle improvements to the wording, and instructions were improved for clarity,</p>

ease of understanding, and consistent scoring. The result appears to be a tool that has become fully engrained in the practice of the facility; a tool which is reviewed by the PCM upon completion of each screening, identifies discrete and unique risk factors as well as levels of vulnerability, and triggers follow-up screenings or other review as indicated.

Analysis: Evidence considered for compliance with this Standard, during the Pre-Audit and On-Site Phases of this Audit, includes: PREA Policy Section VI (Pages 13-14); Youth Risk Assessment Tracking Spreadsheet; Risk Assessment Form, and revisions; 10 Youth Screenings that were randomly selected; and interviews with staff responsible for risk screening, the PC, the PCM, and students. The Interim Report stated, “Minor issues were raised about a couple of assessments not being completed in a timely manner, and about inconsistencies in the scoring. For example, a resident with little vulnerability due to a minor disability could have theoretically been scored the same as a resident with multiple incapacitating disabilities. However, the audit team found that these issues had already been acknowledged, and that solutions were being pursued. The latest version of the screening tool, implemented during the 30 days after the On-Site Audit, is stronger than other versions, and it includes prompts for increased consistency and accuracy. The facility may continue to improve the Risk Assessment Form, but it already appears to meet the minimum requirements of this Standard. During the CAP, all youth should be shown to have been screened with a recent version of the tool, and to have been reassessed appropriately.”

The Interim Report went on to say, “During the Site Review, it was agreed that the open area where the screening was conducted did not seem private, even when it was. An office was identified that the staff and administrators believed would provide an additional sense of privacy, as well as actual privacy during busy times. It was not shown, during the audit, that reassessments are reliably completed. The system of oversight had recently been updated, and a bit more time during which there is documentation of its utilization is needed, in order to verify that it is working, including to protect confidentiality. This includes an IT fix that restricts access to sensitive information. To summarize, while the CAP may involve more improvements being made and implemented, the main issue involves getting the recent improvements fully implemented into the facility culture, in the form of proven, sustained, documented practices.”

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility uses information from the risk screening required by B115.341 to inform housing, bed, work, education, and program assignments. The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex students in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. The facility makes housing and program assignments for transgender or intersex students in the facility on a case-by-case basis. The facility uses all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for students, with the goal of keeping all students safe and free from sexual abuse. Students may be isolated from others only as a last resort, when less restrictive measures are inadequate to keep them and other students safe, and then, only until an alternative means of keeping all students safe can be arranged. Placement and programming assignments for each transgender or intersex student are to be reassessed, at least twice each year, to review any threats to safety experienced by the student. A transgender or intersex student’s own view with respect to their safety shall be given serious consideration. Transgender and intersex students are given the opportunity to shower separately from other students.</p> <p>Corrective Action: In addition to the work described for 115.341, new policy had to be written and implemented to address new state law NRS 62B.250. It is now codified in State law, as well as in this new policy, that all facility employees, volunteers, interns, and contractors shall be trained at least once per year in, “how to work with and communicate effectively and professionally with youth, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming youth per NRS 62B.250.” This policy was not effective until 06-05-2020. Staff had already been trained on these requirements twice, but on June 18, 2020, they all received the agency’s latest version of PREA 101, containing all the provisions of Standard 115.331, and including the new law, as well. The timing of the policy rollout did not allow for the SOP to be updated before the maximum 180 days of the CAP expired. The Superintendent has confirmed that the new policy is being added to the Standard Operating Procedures (SOP), and that this will also require training regarding any ways the policy may be uniquely applied/practiced at the facility.</p> <p>The youth also received refresher PREA education, as well. During the training, youth were advised “of their rights to privacy while making a PREA related call to either their guardian or the PREA hotline. The youth were given examples of the differences between sexual harassment and abuse, how to properly use the grievance procedure, proper peer interactions, and a reminder of our zero tolerance policy.” As with all training completed as part of the CAP agreement, attendee signatures were provided.</p> <p>Additionally, in June 2020, staff received their regularly required PREA training regarding cross-gender searches and searches of transgender residents.</p> <p>Analysis: Evidence considered for compliance with this Standard, during the Pre-Audit and On-Site Phases of this Audit, includes: SVYC SOP Section Q (pp 16-17); Housing Decision</p>

Documentation; observations from Site Review; 4 reassessments; and interviews with the Superintendent, the PCM, staff responsible for Risk Screening, and students. The Interim Report stated that, "All but 3 youth indicated that LGBTI youth may be bullied and/or might have to endure hearing the word, 'faggot,' a lot. New policy is being developed, due to a new law passed in Nevada relevant to the housing and treatment of LGBTI residents. Training on the new policy will be required, which may have the added benefit of assisting the facility to come into compliance with this Standard. When this training is completed, and the screenings and reassessments have been completed consistently over time, in an environment respectful to privacy, more documentation will be available to show full compliance with all provisions of this Standard in practice."

This analysis, and a review of work completed during the CAP, described above, provide proof of compliance.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual abuse or 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. The facility provides 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 facility. The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The facility does provide residents with access to tools to make written reports of sexual abuse or sexual harassment. The agency has also established procedures for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>Analysis: Evidence considered for compliance with this Standard includes: Youth Handbook; PREA Posters in English and Spanish; PREA Policy Section VII (pages14-15); 211 MOU; SVYC SOP Section K (Pages 10-11), Section R #4 (page 18); PREA 101 Slide 29; and interviews with the PCM and with randomly selected staff and youth. These sources provided a consistent verification of compliance.</p>

115.352 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

The facility has an administrative procedure for dealing with student grievances regarding sexual abuse. The facility policy allows a student to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. There is no time limit for a student to submit a grievance regarding an allegation of sexual abuse, and the student is not required to use an informal grievance process, nor to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Any allegation of sexual abuse or sexual harassment is immediately placed into the PREA investigative process, and it does not continue in the grievance system.

Analysis: Evidence considered for compliance with this Standard includes: PREA Policy Section B (Pages 15-17); Resident Handbook; Nevada Juvenile Justice Services Quality Assurance Review Youth Grievances July 2019; investigative documentation; and interviews with the PC, and with students who reported sexual abuse or otherwise participated in investigations. Complaints were reviewed that were written on the "Youth Formal Grievance Form". They were investigated outside the grievance system, as allegations of sexual harassment, as required by agency policy. If a portion of the grievance was not related to sexual abuse or sexual harassment, that portion could have proceeded through the grievance process. It appears that those who handle grievances are in one accord regarding the handling of complaints.

115.353 Resident access to outside confidential support services and legal representation

Auditor Overall Determination: Meets Standard

Auditor Discussion

The facility provides students with access to outside victim advocates for emotional support services related to sexual abuse, by providing students with mailing addresses and telephone numbers of local, State, or national victim advocacy or rape crisis organizations, including toll-free hotline numbers, where available, by postings or other means.

Analysis: More than a triangulation of evidence was considered, including: SVYC SOP Section R (Page 18); PREA Policy Section VII (Page 15); Youth Handbook; Rape Crisis Center Posting; and interviews with randomly selected youth; MOU with Rape Crisis Center; MOU with North Las Vegas PD; Rape Crisis Center written confirmation of continuing MOU with SVYC; NLVPD and SVYC MOU renewal communication; and interviews with the Rape Crisis Center and with the ER Department of University Medical Center.

115.354 Third-party reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

The facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment by phone, email, in writing, and by personal contact. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.

Analysis: Evidence considered for compliance with this Standard includes: Agency Website; Third-Party Reporting Posters; PREA Policy VII #4 (Page 15); SVYC SOP Section U (Page 20-21); Family Handbook; interviews with students and staff; and verification of test PREA Incident Report sent by audit team. Approximately 1/3 of students said that visitation and phone calls that need to be confidential can be monitored or overheard, thus making third-party reporting more difficult. Examples were given, such as staff listening to conversations with case workers, staff telling them not to whisper to a family member, and staff not knowing how to assist them to set up a private visit, when needed. However, none of these students indicated that they had had a need to make a third-party report. Also, it should be noted that most students indicated that there would be no problem making third-party reports, if the need arose, and they were able to provide examples of how it could be accomplished. Some indicated inconsistencies among staff, and that they can go to supervisors or other staff when one staff does not understand a request. Since this issue appeared to be an issue for staff training, and since the third-party reporting system has been shown to be in place, this issue was handled during the CAP under Standard 115.331 (Employee training). The facility has provided at least a triangulation of evidence indicating they are compliant with this Standard.

115.361 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Staff are required to report immediately: 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. They also must report any retaliation against students or staff who reported such an incident. They must report staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency requires all staff to comply with any applicable mandatory child abuse reporting laws. Apart from reporting to designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Medical and mental health professionals are required to report sexual abuse to designated supervisors, as well as to the designated State or local services agency where required by mandatory reporting laws. Such practitioners shall be required to inform students, at the initiation of services, of their duty to report, and of the limitations of confidentiality. 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 that the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report is to be made to the alleged victim's caseworker, instead of to the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee will 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, for investigation.

Analysis: Evidence considered for compliance with this Standard includes: PREA Policy Section IX (Page 18), Section B (Page 5), Section A #6 (page 15), Section C #4 (page 9), Section D #3 (Page 21), and Section X #5 (page 23); SVYC SOP Section V #1 (Page 21) and Section BB (pp 24, 25); and interviews with randomly selected staff, medical and mental health staff, the PCM, and the Superintendent. Also, the investigative documentation reviewed indicated no lack of compliance with this Standard.

115.362 Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

When the agency or facility learns that a student is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the student.

Analysis: Evidence considered for compliance with this Standard includes: SVYC SOP (Section W, page 22); and interviews with the Agency Head, the Superintendent, randomly selected staff & students, the PC, and the PCM. This evidence indicated that the facility is fully compliant with this Standard.

115.363 Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

Facility policy requires that, upon receiving an allegation that a student was sexually abused while confined at another facility, the Facility Superintendent must notify the head of the facility where sexual abuse is alleged to have occurred, as well as notifying the appropriate investigative agency. The agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation. Policy also requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards.

Analysis: Evidence considered for compliance with this Standard includes: SVYC SOP (Sec X, Page 22); investigative documentation; and interviews with the Agency Head and the Superintendent which indicate that there have been no such occurrences in the last 12 months.

115.364 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

The facility has a First Responder policy for allegations of sexual abuse. The agency policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to: separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; request that the alleged victim not take any actions that could destroy physical evidence; and ensure that the alleged abuser does not take any actions that could destroy physical evidence.

Analysis: Evidence considered for compliance with this Standard includes: PREA Policy Section B #1 (Page 15), and Section C #1 (Page 17); SVYC SOP (pp 22-23); PREA Allegations Check Lists; and interviews with First Responders, randomly selected staff, and residents. The evidence supports a finding that the facility is compliant with this Standard.

115.365 Coordinated response

Auditor Overall Determination: Meets Standard

Auditor Discussion

The facility has developed a written institutional plan to coordinate actions taken, among staff First Responders, medical and mental health practitioners, investigators, and facility leadership, in response to an incident of sexual abuse.

Analysis: Evidence considered for compliance with this Standard includes: Facility's Coordinated Response Plan; updated version of CRP; and interviews with staff and administrators, including the Superintendent. All sources of information were consistent with each other and with this Standard.

115.366 Preservation of ability to protect residents from contact with abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

The agency has no Collective Bargaining Contract (CBC) and maintains its ability to protect its students and employees from abusers.

Analysis: No evidence reviewed during this audit indicated any lack of compliance with the Standard. The Agency Head indicated CBC's can occur, but the agency does not have any.

115.367 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

The facility has a policy to protect all students and staff, or any cooperating individual who reports sexual abuse or sexual harassment, or who cooperates with sexual abuse or sexual harassment investigations, from retaliation by other residents or staff.

Analysis: Evidence considered for compliance with this Standard includes: PREA Policy Section B (page 5); Retaliation Monitoring for investigations conducted in past year; SVYC SOP Section BB #3 (page 25); and interviews with the Agency Head, staff charged with retaliation monitoring, and a student who reported abuse. After reviewing this documentation and the information obtained during interviews, the auditor is confident that the facility is compliant with this Standard.

115.368 Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

The facility has a policy that, when students are separated from other students, they will have access to legally required educational programming, special education services, and daily large-muscle exercise.

Analysis: Evidence considered for compliance with this Standard includes: SVYC SOP Section CC (Page 25) and Section Q (Page 16); and interviews with the Superintendent, random staff, medical and mental health staff; and interviews with students who have been temporarily separated from other students, although none have been separated for their protection. Interviews indicate that residents are only kept separate for short periods of time, usually less than one day, and often just for a few hours. It does not affect programming, except their school the day of the incident, and this is being addressed with a distance learning program.

115.371 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The Agency has a policy related to criminal and administrative agency investigations. The agency does not terminate an investigation solely because the source of the allegation recants the allegation. Substantiated allegations of conduct that appear to be criminal are referred for prosecution. When the quality of evidence appears to support criminal prosecution, the investigative agency will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis, and it will not be determined by the person's status as resident or staff. No polygraphs are required. Administrative investigations conducted by the agency include an effort to determine whether staff actions or failures to act contributed to the abuse. Criminal and Administrative investigations will 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, with copies of all documentary evidence attached to the reports, when feasible. The agency will retain all written reports 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. The departure of the alleged abuser or victim from the employment or control of the facility or agency will not provide a basis for terminating an investigation. When outside agencies investigate sexual abuse, the facility will cooperate with outside investigators and will endeavor to remain informed about the progress of the investigation.

Analysis: Evidence considered for compliance with this Standard includes: PREA Policy Section IX (pages 18-22), Section C #4, and Section D (Page 21); SVYC SOP Section DD and EE (Pages 25-27); and all completed investigations for the last 12 months. Interviews were conducted with an investigator, the Superintendent, the PC, the PCM, and residents who reported abuse and/or participated in investigations. 12 investigations were reviewed, including 2 that were provided during the 30 days after the on-site audit. Some investigations provided during the Pre-Audit process did not have all documentation included in their files. This was remedied during the 30 days after the on-site audit, when additional documentation was received. The facility has not shown full compliance with all provisions of this Standard for the past 12 months. Most were not documented as having been initiated promptly, and others had one or more missing components such as witness statements or research for prior complaints against the alleged perpetrator. All investigations included interviews of alleged victims and perpetrators, credibility assessments, and investigative facts and findings. The work completed during the 30 days after the on-site audit showed internal corrections to resolve the issues related to promptness and occasional missing investigative components. Also, two recently completed investigations were shown to have been initiated promptly and also met all the other provisions of this Standard. Additionally, the agency has gotten approval to hire a PREA Investigator. This person is not yet hired but is expected to assist with efforts to remain compliant with all provisions of this Standard. In the meantime, some administrative investigations are being completed by a regional Parole Officer/Investigator who responds quickly. During interviews, a few residents expressed concerns about privacy and confidentiality when they are interviewed by staff during screenings or investigations. This

issue was addressed in the CAP under Standards 115.331, 115.341, & 115.342.

115.372 Evidentiary standard for administrative investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Written policy imposes a standard of a preponderance of the evidence, or a lower standard of proof, when determining whether allegations of sexual abuse or sexual harassment are substantiated.

Analysis: Evidence considered for compliance with this Standard includes: PREA Policy Section C #6; interview with investigator, and documentation reviewed regarding 12 investigations. A triangulation of evidence indicates that the facility is compliant with this Standard.

115.373 Reporting to residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy requires that any student who makes an allegation that he suffered sexual abuse is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded, following an investigation by the agency. Policy and interviews conducted indicate that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the student of the outcome of the investigation. Following a student's allegation that a staff member has committed sexual abuse against the student, the facility subsequently informs the student (unless the facility has determined that the allegation is unfounded) whenever: The staff member is no longer posted within the student'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. Following a student's allegation that he has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The agency has a policy that all notifications to students described under this Standard are documented.

Analysis: Evidence considered for compliance with this Standard includes: PREA Policy Section C #7 (Page 20); SVYC SOP Section GG; examples of youth notification form; investigative documentation, including notifications to youth; Policy Notifications; and an interview with an investigator and with a student who reported abuse. A triangulation of evidence indicates that the facility practices are consistent with this Standard.

115.376 Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

Facility staff are subject to disciplinary sanctions, up to and including termination, for violating agency sexual abuse or sexual harassment policies. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Analysis: Evidence considered for compliance with this Standard includes: PREA Policy Section X (Page 22); investigations conducted in past 12 months; and interviews with the PC, the PCM, and the Investigator. They appear to understand this Standard, and they feel they have been following it. Two employees have been given letters of reprimand, but not in the last 12 months. There were no indications of lack of compliance with this Standard after a review of a triangulation of evidence.

115.377 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. The facility takes appropriate remedial measures, according to policy and interviews, and it considers 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.

Analysis: Evidence considered for compliance with this Standard includes: PREA Policy Section C (Page 23); investigations reviewed; and interviews with the Superintendent and staff who work with contractors and volunteers. In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents, since there were no such allegations or findings.

115.378 Interventions and disciplinary sanctions for residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

Students are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the student engaged in student-on-student sexual abuse. In the event a disciplinary sanction for student-on-student sexual abuse results in the isolation of a student, students in isolation receive daily visits from a medical or mental health care clinician and have access to other programs and work opportunities, to the extent possible. The agency disciplines students for sexual contact with staff only upon finding that the staff member did not consent to such contact. The Agency prohibits disciplinary action for a report of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency prohibits all sexual activity between students, and it disciplines students for such activity, but it deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Analysis: Evidence considered for compliance with this Standard includes: PREA Policy Section B (Pages 22-23); SVYC SOP Section 2 (Page 29), Sections C, D, E, F; and Section IV (page 6) of the Confinement Policy. Interviews with the Superintendent, with random staff, and with medical and mental health staff also indicate compliance with this Standard.

115.381 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

According to policy, all residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to B115.341 are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Medical and mental health staff maintain secondary materials documenting compliance with the above required services. All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to B 115.341, are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Mental health staff maintain secondary materials documenting compliance with the above required services. The information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

Analysis: Evidence considered for compliance with this Standard includes: SVYC SOP Section II (Page 29 and 30); documentation of these referrals; and documentation of reassessments being completed when new information is obtained during the course of a resident's stay. Interviews were conducted with staff responsible for Risk Screening, with a resident who disclosed abuse, and with medical and mental health staff.

115.382 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

According to policy, student victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners, according to their professional judgment. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff, in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis. Treatment services are provided to every victim, without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Analysis: Evidence considered for (and consistent with) compliance with this Standard includes: SVYC SOP Section JJ (Page 30), and interviews with medical and mental health staff, with First Responders, and with community providers. Documentation received by the auditor, and interviews conducted, indicate that the infrastructure and protocols are in place to fully follow this Standard, although no emergencies requiring these services occurred in the past year.

115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy requires that the facility offer medical and mental health evaluations and, as appropriate, treatment, to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections, as medically appropriate. Treatment services are 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. The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers, and all youth with prior sexual victimization, and offers treatment when deemed appropriate by mental health practitioners.

Analysis: Evidence considered for compliance with this Standard includes: SVYC SOP (Section T, Page 20; and Section KK, Page 31); sample documentation of screenings and services provided; and interviews with medical and mental health staff. A triangulation of evidence shows that the facility practices are consistent with this Standard.

115.386 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy requires that the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation, unless the allegation has been determined to be unfounded. The facility is to conduct a sexual abuse incident review within 30 days of the conclusion of a criminal or administrative sexual abuse investigation. The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examines the area in the facility where the incident allegedly occurred, to assess whether physical barriers in the area may enable abuse; assesses the adequacy of staffing levels in that area, during different shifts; assesses whether monitoring technology should be deployed or augmented, to supplement supervision by staff; and prepares a report of its findings, including but not necessarily limited to determinations made pursuant to this Section, and any recommendations for improvement; and submits such report to the facility head and PREA Compliance Manager. The facility implements the recommendations for improvement or documents its reasons for not doing so.

Analysis: Evidence considered for compliance with this Standard includes: SVYC SOP (Section LL page 31); Investigations and Incident Reviews; interviews with Superintendent, PC, PCM, and Incident Review Team; PREA Policy XI; Spreadsheet of investigations; Annual Report 2018; and Survey of Sexual Victimization (SSV) forms. The facility/agency came into full compliance with this Standard during the past several months, due to quality improvements initiated internally. Older investigations reviewed, from 2018 and early 2019, did not appear to be in full compliance, although Incident Reviews were occurring.

115.387 Data collection

Auditor Overall Determination: Meets Standard

Auditor Discussion

The agency collects accurate, uniform data for every allegation of sexual abuse, using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice. The agency aggregates the incident-based sexual abuse data at least annually. The facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Analysis: Evidence considered for compliance with this Standard includes: SVYC SOP (Section LL, page 31); Investigations and Incident Reviews; Interviews with PC, Agency Head, Superintendent, PCM, and Incident Review Team; PREA Policy XI; Spreadsheet of investigations; Annual Report 2018; SSV5-2017; SSV-I-J-2017; and Agency PREA Page on Website.

115.388 Data review for corrective action

Auditor Overall Determination: Meets Standard

Auditor Discussion

The agency reviews data collected and aggregated pursuant to 115.387, in order to assess and improve the effectiveness of their sexual abuse prevention, detection, and response policies, and training.

Analysis: Evidence considered for compliance with this Standard includes a review of the Annual Reports; the Agency Website; and interviews with the Agency Head, the PC, and the PCM.

115.389 Data storage, publication, and destruction

Auditor Overall Determination: Meets Standard

Auditor Discussion

The agency ensures that incident-based and aggregate data are securely retained. Agency policy requires that aggregated sexual abuse data be made readily available to the public, at least annually. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to B115.387 for at least 10 years after the date of initial collection, unless Federal, State or local law requires otherwise. The facility provided all their investigative documentation and explained their logging system, indicating an accurate method of tracking and reporting their allegations and investigations.

Analysis: Evidence considered for compliance with this Standard includes: PREA Policy Section XI, pages 23-24, & XIII, page 25; Website review (<http://dcfs.nv.gov/Programs/JJS/PREAHome/>); Annual Reports (2015 – 2018); and interviews with the PREA Coordinator.

115.401 Frequency and scope of audits

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies, resources, contact information, reporting information, and prior reports can be found at: <http://dcfs.nv.gov/Programs/JJS/PREAHome/>.

Analysis: Evidence considered for compliance with this Standard includes: PREA Policy, Page 25; interviews; and documentation reviews.

115.403 Audit contents and findings

Auditor Overall Determination: Meets Standard

Auditor Discussion

The agency has prior audits posted as required.

Analysis: Evidence considered for compliance with this Standard includes: PREA Policy, Page 25; interviews with the PC, and a review of the audits posted at: <http://dcfs.nv.gov/Programs/JJS/PREAHome/>.

Appendix: Provision Findings

115.311 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? yes

Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? yes

115.311 (b) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

Has the agency employed or designated an agency-wide PREA Coordinator? yes

Is the PREA Coordinator position in the upper-level of the agency hierarchy? yes

Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? yes

115.311 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) yes

Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) no

115.312 (a) Contracting with other entities for the confinement of residents

If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) yes

115.312 (b) Contracting with other entities for the confinement of residents

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

115.313 (a) Supervision and monitoring

Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels	yes

and determining the need for video monitoring: The number and placement of supervisory staff?

Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? yes

Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? yes

Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? yes

115.313 (b) Supervision and monitoring

Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? yes

In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.) yes

115.313 (c) Supervision and monitoring

Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) yes

Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) yes

Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) yes

Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) yes

Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? yes

115.313 (d) Supervision and monitoring

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? yes

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? yes

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? yes

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? yes

115.313 (e) Supervision and monitoring

Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) yes

Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) yes

Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) yes

115.315 (a) Limits to cross-gender viewing and searches

Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? yes

115.315 (b) Limits to cross-gender viewing and searches

Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? yes

115.315 (c) Limits to cross-gender viewing and searches

Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? yes

Does the facility document all cross-gender pat-down searches? yes

115.315 (d) Limits to cross-gender viewing and searches

Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? yes

Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? yes

In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) yes

115.315 (e) Limits to cross-gender viewing and searches

Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? yes

If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? yes

115.315 (f) Limits to cross-gender viewing and searches

Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? yes

Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? yes

115.316 (a) Residents with disabilities and residents who are limited English proficient

Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all

aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?

Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? yes

Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? yes

Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? yes

Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? yes

Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) yes

Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? yes

Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? yes

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? yes

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? yes

Does the agency ensure that written materials are provided in formats or yes

through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?

115.316 (b) Residents with disabilities and residents who are limited English proficient

Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? yes

Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? yes

115.316 (c) Residents with disabilities and residents who are limited English proficient

Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? yes

115.317 (a) Hiring and promotion decisions

Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? yes

Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? yes

Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above? yes

Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? yes

Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? yes

Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? yes

115.317 (b) Hiring and promotion decisions

Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? yes

115.317 (c) Hiring and promotion decisions

Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? yes

Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? yes

Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? yes

115.317 (d) Hiring and promotion decisions

Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? yes

Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? yes

115.317 (e) Hiring and promotion decisions

Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? yes

115.317 (f) Hiring and promotion decisions

Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? yes

Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? yes

Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? yes

115.317 (g)	Hiring and promotion decisions	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b) Evidence protocol and forensic medical examinations

Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) yes

Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) yes

115.321 (c) Evidence protocol and forensic medical examinations

Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? yes

Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? yes

If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? yes

Has the agency documented its efforts to provide SAFEs or SANEs? yes

115.321 (d) Evidence protocol and forensic medical examinations

Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? yes

If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? yes

Has the agency documented its efforts to secure services from rape crisis centers? yes

115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c) Policies to ensure referrals of allegations for investigations

If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))

yes

115.331 (a) Employee training

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

115.331 (b) Employee training

Is such training tailored to the unique needs and attributes of residents of juvenile facilities? yes

Is such training tailored to the gender of the residents at the employee's facility? yes

Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? yes

115.331 (c) Employee training

Have all current employees who may have contact with residents received such training? yes

Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? yes

In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? yes

115.331 (d) Employee training

Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? yes

115.332 (a) Volunteer and contractor training

Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? yes

115.332 (b) Volunteer and contractor training

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

115.332 (c) Volunteer and contractor training

Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? yes

115.333 (a) Resident education

During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? yes

During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? yes

Is this information presented in an age-appropriate fashion? yes

115.333 (b) Resident education

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

Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? yes

Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? yes

115.333 (c) Resident education

Have all residents received such education? yes

Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility? yes

115.333 (d) Resident education

Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? yes

Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? yes

Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? yes

Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? yes

Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? yes

115.333 (e)	Resident education	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
		Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
		Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
		Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

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

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

yes

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

yes

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

yes

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

yes

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

If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)

yes

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

Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

yes

115.335 (d) Specialized training: Medical and mental health care

Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) yes

Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) yes

115.341 (a) Obtaining information from residents

Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? yes

Does the agency also obtain this information periodically throughout a resident's confinement? yes

115.341 (b) Obtaining information from residents

Are all PREA screening assessments conducted using an objective screening instrument? yes

115.341 (c) Obtaining information from residents

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? yes

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? yes

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? yes

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? yes

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? yes

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? yes

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? yes

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? yes

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? yes

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? yes

During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? yes

115.341 (d) Obtaining information from residents

Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? yes

Is this information ascertained: During classification assessments? yes

Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? yes

115.341 (e) Obtaining information from residents

Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? yes

115.342 (a) Placement of residents

Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? yes

Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? yes

Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? yes

Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? yes

Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? yes

115.342 (b) Placement of residents

Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? yes

During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? yes

During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? yes

Do residents in isolation receive daily visits from a medical or mental health care clinician? yes

Do residents also have access to other programs and work opportunities to the extent possible? yes

115.342 (c) Placement of residents

Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? yes

Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? yes

Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? yes

Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? yes

115.342 (d) Placement of residents

When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?

yes

When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?

yes

115.342 (e) Placement of residents

Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?

yes

115.342 (f) Placement of residents

Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?

yes

115.342 (g) Placement of residents

Are transgender and intersex residents given the opportunity to shower separately from other residents?

yes

115.342 (h) Placement of residents

If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)

na

If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)

na

115.342 (i) Placement of residents

In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?

yes

115.351 (a) Resident reporting

Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? yes

Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? yes

Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? yes

115.351 (b) Resident reporting

Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? yes

Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? yes

Does that private entity or office allow the resident to remain anonymous upon request? yes

Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? yes

115.351 (c) Resident reporting

Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? yes

Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? yes

115.351 (d) Resident reporting

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

115.351 (e) Resident reporting

Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? yes

115.352 (a) Exhaustion of administrative remedies

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

115.352 (b) Exhaustion of administrative remedies

Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) yes

Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) yes

115.352 (c) Exhaustion of administrative remedies

Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) yes

Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) yes

115.352 (d) Exhaustion of administrative remedies

Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)

yes

If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)

yes

At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)

yes

115.352 (e) Exhaustion of administrative remedies

Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)

yes

Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)

yes

If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)

yes

Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)

yes

If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)

yes

115.352 (f) Exhaustion of administrative remedies

Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)

yes

After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)

yes

After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)

yes

After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)

yes

Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)

yes

Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)

yes

Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)

yes

115.352 (g) Exhaustion of administrative remedies

If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)

yes

- 115.353 (a) Resident access to outside confidential support services and legal representation**
- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? yes
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? yes
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? yes
- 115.353 (b) Resident access to outside confidential support services and legal representation**
- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? yes
- 115.353 (c) Resident access to outside confidential support services and legal representation**
- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? yes
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? yes
- 115.353 (d) Resident access to outside confidential support services and legal representation**
- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? yes
- Does the facility provide residents with reasonable access to parents or legal guardians? yes

115.354 (a) Third-party reporting

Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? yes

Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? yes

115.361 (a) Staff and agency reporting duties

Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? yes

Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? yes

Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? yes

115.361 (b) Staff and agency reporting duties

Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? yes

115.361 (c) Staff and agency reporting duties

Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? yes

115.361 (d) Staff and agency reporting duties

Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? yes

Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? yes

115.361 (e) Staff and agency reporting duties

Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? yes

Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? yes

If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) yes

If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? yes

115.361 (f) Staff and agency reporting duties

Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? yes

115.362 (a) Agency protection duties

When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? yes

115.363 (a) Reporting to other confinement facilities

Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? yes

Does the head of the facility that received the allegation also notify the appropriate investigative agency? yes

115.363 (b) Reporting to other confinement facilities

Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? yes

115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.366 (a) Preservation of ability to protect residents from contact with abusers

Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? yes

115.367 (a) Agency protection against retaliation

Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? yes

Has the agency designated which staff members or departments are charged with monitoring retaliation? yes

115.367 (b) Agency protection against retaliation

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

115.367 (c) Agency protection against retaliation

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? yes

Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? yes

115.367 (d) Agency protection against retaliation

In the case of residents, does such monitoring also include periodic status checks? yes

115.367 (e)	Agency protection against retaliation	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
		Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
		Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
		Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

- 115.371 (e) Criminal and administrative agency investigations**
- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? yes
- 115.371 (f) Criminal and administrative agency investigations**
- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? yes
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? yes
- 115.371 (g) Criminal and administrative agency investigations**
- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? yes
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? yes
- 115.371 (h) Criminal and administrative agency investigations**
- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? yes
- 115.371 (i) Criminal and administrative agency investigations**
- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? yes
- 115.371 (j) Criminal and administrative agency investigations**
- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? yes
- 115.371 (k) Criminal and administrative agency investigations**
- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation? yes

115.371 (m) Criminal and administrative agency investigations

When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) yes

115.372 (a) Evidentiary standard for administrative investigations

Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? yes

115.373 (a) Reporting to residents

Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? yes

115.373 (b) Reporting to residents

If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) yes

115.373 (c) Reporting to residents

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

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

Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? yes

Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? yes

115.373 (d) Reporting to residents

Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? yes

Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? yes

115.373 (e) Reporting to residents

Does the agency document all such notifications or attempted notifications? yes

115.376 (a)	Disciplinary sanctions for staff	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
		Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
		Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
		Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.378 (a) Interventions and disciplinary sanctions for residents

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

115.378 (b) Interventions and disciplinary sanctions for residents

Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? yes

In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? yes

In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? yes

In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? yes

In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? yes

115.378 (c) Interventions and disciplinary sanctions for residents

When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? yes

115.378 (d) Interventions and disciplinary sanctions for residents

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? yes

If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? yes

- 115.378 (e) Interventions and disciplinary sanctions for residents**
- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? yes
- 115.378 (f) Interventions and disciplinary sanctions for residents**
- For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? yes
- 115.378 (g) Interventions and disciplinary sanctions for residents**
- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) yes
- 115.381 (a) Medical and mental health screenings; history of sexual abuse**
- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? yes
- 115.381 (b) Medical and mental health screenings; history of sexual abuse**
- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? yes
- 115.381 (c) Medical and mental health screenings; history of sexual abuse**
- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? yes
- 115.381 (d) Medical and mental health screenings; history of sexual abuse**
- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? yes

- 115.382 (a) Access to emergency medical and mental health services**
- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? yes
- 115.382 (b) Access to emergency medical and mental health services**
- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? yes
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? yes
- 115.382 (c) Access to emergency medical and mental health services**
- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? yes
- 115.382 (d) Access to emergency medical and mental health services**
- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? yes
- 115.383 (a) Ongoing medical and mental health care for sexual abuse victims and abusers**
- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? yes
- 115.383 (b) Ongoing medical and mental health care for sexual abuse victims and abusers**
- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? yes
- 115.383 (c) Ongoing medical and mental health care for sexual abuse victims and abusers**
- Does the facility provide such victims with medical and mental health services consistent with the community level of care? yes

- 115.383 (d) Ongoing medical and mental health care for sexual abuse victims and abusers**
- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) na
- 115.383 (e) Ongoing medical and mental health care for sexual abuse victims and abusers**
- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) na
- 115.383 (f) Ongoing medical and mental health care for sexual abuse victims and abusers**
- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? yes
- 115.383 (g) Ongoing medical and mental health care for sexual abuse victims and abusers**
- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? yes
- 115.383 (h) Ongoing medical and mental health care for sexual abuse victims and abusers**
- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? yes
- 115.386 (a) Sexual abuse incident reviews**
- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? yes
- 115.386 (b) Sexual abuse incident reviews**
- Does such review ordinarily occur within 30 days of the conclusion of the investigation? yes

115.386 (c)	Sexual abuse incident reviews	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
		Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
		Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
		Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
		Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
		Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.387 (f)	Data collection	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
		Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
		Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.388 (c)	Data review for corrective action	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b) Frequency and scope of audits

Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)

yes

If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)

na

If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)

na

115.401 (h) Frequency and scope of audits

Did the auditor have access to, and the ability to observe, all areas of the audited facility?

yes

115.401 (i) Frequency and scope of audits

Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?

yes

115.401 (m) Frequency and scope of audits

Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?

yes

115.401 (n) Frequency and scope of audits

Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?

yes

115.403 (f) Audit contents and findings

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

yes