

PREA Facility Audit Report: Final

Name of Facility: Summit View Youth Center

Facility Type: Juvenile

Date Interim Report Submitted: 12/19/2022

Date Final Report Submitted: 07/03/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: DeShane Reed	Date of Signature: 07/03/ 2023

AUDITOR INFORMATION	
Auditor name:	Reed, DeShane
Email:	drbconsultinggroup@gmail.com
Start Date of On-Site Audit:	10/12/2022
End Date of On-Site Audit:	10/14/2022

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

Primary Contact	
Name:	Jennifer Simeo
Email Address:	jsimeo@dcfs.nv.gov
Telephone Number:	775-513-5378

Superintendent/Director/Administrator	
Name:	Patrick Mendez
Email Address:	pmendez@dcfs.nv.gov
Telephone Number:	702-668-4755

Facility PREA Compliance Manager	
Name:	Aldo Mora
Email Address:	amora@dcfs.nv.gov
Telephone Number:	O: 702-668-4747

Facility Characteristics	
Designed facility capacity:	48
Current population of facility:	35
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?	Males
Age range of population:	12-18 years old
Facility security levels/resident custody levels:	Facility secure
Number of staff currently employed at the	60

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	34
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

AGENCY INFORMATION	
Name of agency:	Nevada Division of Child and Family Services
Governing authority or parent agency (if applicable):	Nevada Department of Health and Human Services
Physical Address:	4126 Technology Way, 3rd Floor, Carson City, Nevada - 89706
Mailing Address:	
Telephone number:	7756684400

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

Agency-Wide PREA Coordinator Information			
Name:	Lori Kearse	Email Address:	lkearse@dcfs.nv.gov

Facility AUDIT FINDINGS
Summary of Audit Findings
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

0

Number of standards met:

39

Number of standards not met:

0

Not audited at the facility level:

Audited at the agency-level, and not relevant to the facility-level audit because the facility has no independent responsibility for the operation of these standards.

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AGENCY AUDIT FINDINGS

Summary of Audit Findings

These standards were audited at the agency-level. For more information, please see the attached agency audit report found at the end of this document.

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

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

Number of standards exceeded:

0

Number of standards met:

8

Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-10-12
2. End date of the onsite portion of the audit:	2022-10-14

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Reached out to "Signs of Hope" to verify MOUs and their process when reports for victim advocacy comes in. Contact #: (702) 366-1640.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	48
15. Average daily population for the past 12 months:	40
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	42
37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	42
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	6
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1

<p>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>N/A</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>60</p>

50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	10
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	This PREA Auditor conducted multiple "informal interviews" with randomly selected staff, volunteers, and contractors (8-12 total).
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None
If "Other," describe:	LGBTI Residents, Residents with disabilities, and LEP residents.

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Received and reviewed the master resident population roster to determine who would be randomly selected. Utilized the help of the PREA Compliance Manager, Assistant Superintendent, and Clinical Staff to assist with my random selections.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Received and reviewed the master resident population roster to determine who would be randomly selected. Utilized the help of the PREA Compliance Manager, Assistant Superintendent, and Clinical Staff to assist with my random and targeted selections. Received full cooperation from all.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>7</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p>59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>1</p>

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Received and reviewed the master resident population roster to determine who would be randomly selected. Utilized the help of the PREA Compliance Manager, Assistant Superintendent, and Clinical Staff to assist with my targeted selections. No Physically Disabled residents were identified. This PREA Auditor also asked residents and staff during randomly selected interviews.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Received and reviewed the master resident population roster to determine who would be randomly selected. Utilized the help of the PREA Compliance Manager, Assistant Superintendent, and Clinical Staff to assist with my targeted selections. No Blind or low vision residents were identified. This PREA Auditor also asked residents and staff during randomly selected interviews.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Received and reviewed the master resident population roster to determine who would be randomly selected. Utilized the help of the PREA Compliance Manager, Assistant Superintendent, and Clinical Staff to assist with my targeted selections. No Transgender or Intersex residents were identified. This PREA Auditor also asked residents and staff during randomly selected interviews.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>1</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>No text provided.</p>

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Received and reviewed the master resident population roster to determine who would be randomly selected. Utilized the help of the PREA Compliance Manager, Assistant Superintendent, and Clinical Staff to assist with my targeted selections. No resident placed in segregation/isolation for risk of sexual victimization residents were identified. This PREA Auditor also asked residents and staff during randomly selected interviews.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>N/A</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>22</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>N/A</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Received and reviewed the master staff roster to determine who would be randomly selected. Utilized the help of the PREA Compliance Manager, Assistant Superintendent, and PREA Coordinator to assist with my random and targeted selections. This PREA Auditor also asked additional questions during staff interviews to ensure my randomly selected interviews were diverse in multiple characteristics.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>9</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

a. Explain why it was not possible to interview the Agency Head:	Interviewed the Deputy Administrator of Juvenile Justice Services (Agency Head designee who's directly responsible and provides oversight to NV-DCFS' residential and youth parole).
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	N/A

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>Summit View Youth Center's (SVYC) staff team assisted the PREA Auditor with testing critical functions, and well as provided safe access to all aspects of SVYC.</p>
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Documentation Sampling

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

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>N/A</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	3	1	2	2
Staff-on-inmate sexual abuse	0	0	0	0
Total	3	1	2	2

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	8	0	8	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	8	0	8	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	2	1	1	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	2	1	1	0	0

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	2	2	4
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	2	2	4

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	2
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>6</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>6</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	N/A
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

Yes
 No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit evidentiary documents uploaded via PREA’s Online Audit System, documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.311. Summit View Youth Center (SVYC) submitted their “Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09)” as evidence of compliance with PREA Standard 115.311. Excerpts from DCFS-JJS Statewide PREA Policy” states, <i>“The Division of Child and Family Services (DCFS) has zero tolerance towards all forms of sexual abuse and sexual harassment of youth within a state facility. This includes sexual abuse and sexual harassment against youth by other youth, staff, volunteers, contractors, visitors, or interns as defined within the Department of Justice Prison Rape Elimination Act (PREA) Standards, 28 CFR Part 115. Such conduct is punishable by administrative or disciplinary sanctions and/or criminal prosecution... The Division shall: Employ an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the</i></p>

	<p><i>PREA standards. The Facility shall: Designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PREA Compliance Manager may have other duties in addition to PREA.</i>" Additionally, Summit View Youth Center (SVYC) submitted their PREA Standard Operating Procedures (SVYC-#300.09) as evidence of compliance with PREA Standard 115.311.</p> <p>DCFS-JJS's Statewide PREA Policy (#DCFS/JJS 300.09) and SVYC's Standard Operating Procedures (SVYC-#300.09) has the necessary language to align with PREA Standard 115.311. DCFS's Organizational Chart also identified their PREA Coordinator who oversees the DCFS's efforts to comply with PREA Standards in all their Juvenile Justice Services Facilities. Additionally, this PREA auditor also observed, interacted, and interviewed DCFS's PREA Coordinator and SVYC's PREA Compliance Manager. The PREA Coordinator and PREA Compliance Manager shared that they were supported and were allotted enough time and authority to effectively engage in their roles.</p> <p>This PREA auditor concludes that DCFS-Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.311.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Summit View Youth Center's (SVYC) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.311. Summit View Youth Center (SVYC) submitted their "Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09)" as evidence of compliance with PREA Standard 115.312. DCFS-JJS's Statewide PREA Policy (#DCFS/JJS 300.09) has the necessary language to align with PREA Standard 115.312</p> <p>Additionally, Summit View Youth Center (SVYC) submitted 3 executed "Residential and Facility Based Contracts, Service Agreements, and Interlocal Agreements" with providers who DCFC contracts with to house DCFS custodial youth. Each of these contracts contains a PREA addendum (Attachment #7) which states, "<i>Residential Contract Providers: A. If the contractor houses 50% or more juvenile justice involved youth in any one facility or location, per PREA Standard § 115.312, this signed addendum acknowledges you will:</i></p> <p>1. Be PREA compliant and provide proof of this compliance via a PREA audit, completed within the last three (3) years, and performed by a Federal certified auditor, at the time of contract initiation; OR</p>

2. Be actively working towards PREA compliance, with identified action plans and timelines, and obtain PREA compliance within 18 months of the date of the fully executed contract as demonstrated by a PREA audit performed by a Federal certified auditor.

B. Further, this signed addendum acknowledges you will: 1. Maintain PREA compliance as demonstrated by a PREA audit performed by a Federal certified auditor every three (3) years and allow compliance monitoring in non-audit years by a DCFS staff person, to ensure PREA compliance is being maintained. Compliance monitoring may include onsite visits, facility observations, interviewing of staff and youth, and reviewing of documents per Department of Justice guidance...

Facility-Based Contract Providers: **A.** Per PREA Standard § 115.317 and DCFS Policy 300.09, this signed addendum acknowledges the following:

1. Individuals working on behalf of any contracted vendor who work in a juvenile correctional facility and have contact with youth shall undergo an FBI and State fingerprint-based background check and Child Abuse and Neglect (CAN) Registry Check before providing any facility-based services. The expense of the fingerprint-based background check is the responsibility of the contracted vendor. The Child Abuse and Neglect Registry Check is provided free of charge by DCFS.

2. Per Standard § 115.317 and DCFS Policy 300.09, the contracted vendor shall undergo an additional FBI and State fingerprint-based background check within 5 years of the original background check for each individual working on behalf of the contracted vendor who works in a juvenile correctional facility and has contact with youth.

3. Annually, per guidance within Standard § 115.317 and per DCFS Policy 300.09, each individual working on behalf of the contracted vendor who works in a juvenile correctional facility and has contact with youth shall sign a document attesting to the fact that they have not:

a. Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution, or have 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 have you been civilly or administratively adjudicated to have engaged in the activity described in any part of this question.

b. Been adjudicated as having engaged in any type of inmate Sexual Harassment, which includes as a staff member, volunteer, contractor or as any type of service provided coming in contact with an inmate in the facilities mentioned in Question 7.6.1.”

During the on-site audit, this auditor interviewed DCFS’s PREA Coordinator, who shared that any agency contracting with DCFS to house DCFS custodial youth, must adopt and be in compliance with PREA Standards.

This PREA auditor concludes that DCFS-Summit View Youth Center (SVYC) is in

compliance with PREA Standard 115.312.

115.313 Supervision and monitoring

Auditor Overall Determination: Meets Standard

Auditor Discussion

This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.313. Summit View Youth Center (SVYC) submitted their “Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09)” as evidence of compliance with PREA Standard 115.313. Excerpts from “DCFS-JJS Statewide PREA Policy” states, *“Each facility shall develop and implement an approved staffing plan which provides for adequate levels of staffing and, where available, video monitoring capabilities addressing all required elements of PREA Standard 115.313. Refer to the Facility Staffing Plan Guide (Attachment C). Each time the staffing ratios set forth in the Staffing Plan are not met, the facility shall document this on the Deviations from Staffing Plan Report (Attachment D) and justify the reasons why.*

Staffing patterns shall consider the youth population, the composition of the youth population, and applicable Federal, State, and local laws. The facility shall maintain a minimum staffing ratio of 1:8 during youth waking hours and 1:16 during youth sleeping hours, except during limited and discrete exigent circumstances. Such circumstances shall be documented.

The facility PREA Compliance Manager, along with the Superintendent, shall conduct an annual facility assessment to determine if staffing patterns, video monitoring systems, and other technologies and resources the facility has available is adequate to ensure compliance with PREA and to ensure the protection of youth against sexual abuse and sexual harassment.

The facility shall maintain a staffing plan which provides for adequate levels of staffing to ensure for the protection of each youth against sexual abuse and sexual harassment. Staff shall comply with facility policy when they are with a youth so they can be observed by another staff member directly or through video monitoring system. In situations where additional staffing is needed, the Superintendent shall be notified, and best efforts will be made to make additional staff available.

The facility shall provide a staffing plan update to the Division annually, or more often if required. The staffing plan shall be approved by the PREA Coordinator and the Facility PREA Compliance Manager. Refer to the Facility Staffing Plan Guide (Attachment C).

Upper-level staff designated by the Superintendent or PREA Compliance Manager shall make at least three unannounced rounds per week, covering each shift, in differing areas of the facility and at differing times, to verify staffing ratios and to deter Page 9 of 26 03/2022 and identify any behavior qualified as sexual harassment or sexual abuse. Staff shall not alert other staff members these supervisory rounds are occurring.

This shall be documented on the PREA Unannounced Round Log (Attachment E). Completed logs shall be given to the facility PREA Compliance Manager or documented in Tyler Supervision..."

DCFS-JJS's Statewide PREA Policy (#DCFS/JJS 300.09) has the necessary language to align with PREA Standard 115.312. Additionally, SVYC submitted their written staffing plan, specific to SVYC, their physical plant, demographics, ratios (wake/sleeping), and their division of supervisory, video monitoring, unannounced rounds, and direct supervision staff. This PREA Auditor also interviewed SVYC's PREA Compliance Manager and Assistant Superintendent of Operations. Both shared that they manage staff/youth ratios and proper supervision (when staff call-offs, vacations, or personnel shortages) through **1)** switching staff on current shift to fill direct supervision ratio or call the upcoming shift's staff member in earlier; **2)** Provide opportunities for volunteer overtime or **3)** identifying staff from their rotating Mandatory list to work additional hours until coverage can be acquired (not to exceed 8 hours). If unable to fill position, the shift supervisor or corrections officers are pulled into direct supervision. A "Deviation Plan" is completed each time SVYC deviate from their original staffing plan (explaining why deviation occurred). SVYC submitted their "Deviation from Staffing Plan Reports" from September 2021 through May 2022. These reports state the deviation timeframe, the shift, compliance level, and what intervention was needed to gain compliance to staffing plan (overtime, switch shifts, called down a supervisor, etc.).

Finally, this PREA Auditor also reviewed "Unannounced Supervisory Rounds" being conducted and documented, as well as reviewed SVYC electronic documentation of their "Unannounced Supervisory Logs," submitted through the PREA Online Audit System (OAS). This auditor reviewed "Unannounced Supervisory Rounds" from 8/1/21 through 7/31/22. These logs were easy to read and identified specifically the purpose to the documented round.

This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.313.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Summit View Youth Center's (SVYC) pre-audit

evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.313. Summit View Youth Center (SVYC) submitted their "Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09)" as evidence of compliance with PREA Standard 115.313. Excerpts from "DCFS-JJS Statewide PREA Policy" states, *"The facility shall implement procedures which enable youth 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering a youth housing unit. In facilities which do not contain discrete housing units, staff of the opposite gender shall be required to announce their presence when entering an area where youth are likely to be showering, performing bodily functions, or changing clothing.*

2. *No staff member, including medical staff, may physically examine the genital area of a transgender or intersex youth solely to determine the sex of the youth.*

3. *The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances, or when conducted by a medical professional and in the presence of a secondary same-gendered as the youth being searched or preferred-gendered staff.*

4. *Cross-gender pat-down searches are prohibited, except in exigent circumstances, and shall be documented on the Exigent Circumstances for Cross-Gender Pat-Downs and Searches Form (Attachment F).*

5. *The preferred gender for searches made by a transgender or intersex youth via the Statement of Search Preference Form, per Searches of Youth and Property (State Facilities) DCFS/JJS 300.14, shall not constitute a cross-gender pat-down search or an exigent circumstance for a cross-gender pat-down search. If a transgender or intersex youth marks 'No Preference' on this form, the youth shall be searched by the same gender of staff as the youth's gender identity, per guidance from NRS 62B.212. Page 10 of 26 03/2022*

6. *Staff shall be trained in conducting cross-gender, intersex, or transgender pat-down searches in a respectful manner and in the least intrusive manner as possible, per NAC 62B.085 2(e), at hire and annually.*

C. Lesbian, Gay, Bisexual, Transgender and Intersex Youth

1. *Housing assignments and facility placement for youth who are transgender, or intersex shall be made in alignment with the youth's gender identity, taking into consideration the wishes of the child per NAC 62B.085.1(b).1(I-II), while, at the same time, ensuring the health and safety of the youth. These placement decisions must be reassessed, at a minimum, every six months.*

2. *If the facility determines the youth's wishes as to their preferred bed placement*

creates a safety concern and denies their request, the facility shall document those safety concerns and the Superintendent shall reassess the youth's placement at least every sixty days.

3. *LGBTI youth shall not be placed in a particular housing unit or other assignment based solely on this classification, nor shall this classification be considered an indication of sexual aggressiveness.*

4. *While in the facility, transgender and intersex youth shall have the ability to shower separately and have access to privacy when changing clothes or using the bathroom facilities per NAC 62B.085.1(b) 2.*

5. *Staff shall not use any language or behavior which may put a youth at risk of sexual victimization. Staff shall maintain confidentiality, including around other youth, who are not aware of the youth's SOGIE or intersex status.*

6. *Staff shall maintain confidentiality when discussing allegations of sexual abuse and sexual harassment with family members, courts, lawyers, child welfare workers, or anyone who is not aware of the youth's SOGIE or intersex status."*

DCFS-JJS's Statewide PREA Policy (#DCFS/JJS 300.09) has the necessary language to align with PREA Standard 115.312. Additionally, SVYC submitted their DCFS-JJS "Exigent Circumstance for Cross-Gender Pat-Downs and Searches Report," as an example of how they would document cross-gender pat searches, if no other options are available. This document is used at all DCFS-JJS facilities.

SVYC is an all-male youth facility. However, their staff consists of male and female staff. During interviews with 15 randomly selected residents, each stated that male staff solely pat search the male the male residents. Additionally, this auditor interviewed a random selection of 10 direct supervision staff. Each staff consistently stated that if a transgender resident desires to be pat searched by a different gendered staff, they are accommodated. During interviews with 15 randomly selected residents, this auditor asked if staff of opposite gender announces when entering their housing units. 14 of the 15 residents stated, "YES" (1 resident said "sometimes"). This PREA auditor also observed 1 large (red and white) sign outside of each residential housing unit and 2 large (red and white) signs inside each housing unit's entryway to resident rooms which stated, "NOTICE: You are entering a male youth housing unit. Female staff and visitors will announce their presence." Finally, each of the 21 total Direct Supervision, Specialized, and Contracted interviewed staff stated that they received training in opposite gender announcement and cross-gender pat-searches. This auditor requested a random selection of staff training files to review most recent PREA trainings. Each requested staff's file had up to date PREA trainings.

This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.315.

proficient

Auditor Overall Determination: Meets Standard

Auditor Discussion

This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.316. Summit View Youth Center (SVYC) submitted their “Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09)” as evidence of compliance with PREA Standard 115.316. Excerpts from “DCFS-JJS Statewide PREA Policy” states, *“The facility shall make accommodations for youth who may need an interpreter due to limited proficiency in English or youth who have disabilities. Disabilities may include vision or hearing impaired, those who have intellectual disabilities, or those who have educational special needs.*

The facility may enter into a Memorandum of Understanding, a Service Provider Agreement, or a contract with a private company or local agency, including local school districts or any other type of organization which can provide interpreter services. DCFS also maintains contracts and service agreements for interpreter services which can provide telephone-based interpreter services within the facility. The facility may not use youth interpreters to deliver or discuss PREA related information, unless the lack of an appropriate interpreter could compromise the safety of a youth, the assistance of first responders in an emergency, or an investigation. These circumstances shall be documented on the Limited Circumstances for Resident Interpreter Form (Attachment I).

Each facility shall take appropriate steps to ensure youth with disabilities (including, for example, youth who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.”

Summit View Youth Center (SVYC) submitted their PREA Standard Operating Procedures (SVYC #300.09) (Page 7; Sections H & I) as evidence of compliance with PREA Standard 115.316. Excerpts from “SVYC Standard operating Procedures” states, *“Youth who have disabilities, including youth who are deaf, hard of hearing, blind, have low vision, or who have intellectual, psychiatric, or speech disabilities, will have an equal opportunity to participate and benefit from all aspects of the facility’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to include:*

- a.** *Ensuring effective communication with youth who are deaf or hard of hearing by providing interpreters, written materials, and closed captioning....*
- b.** *In addition to providing written PREA educational materials, youth who are*

hearing impaired would have access to, on an as needed basis, sign language services through contracted State of Nevada vendors. i. Vendor contact information can be found at: https://purchasing.nv.gov/Contracts/Documents/Translation_Interpretation/

1. SVYC will take reasonable steps to ensure accessibility to an interpreter for youth who are Limited English Proficient (LEP).

2. SVYC prohibits the use of youth as interpreters, except for limited circumstances and if approved by the Shift Supervisor.

a. If limited circumstances occur and a youth interpreter is used for PREA related communications, it will be documented on the Limited Circumstances for Resident Interpreter form (DCFS/JJS 300.09, Attachment I) and provided to the PREA Compliance Manager.

3. For youth who have limited English language proficiency, telephone-based interpreter services through contracted State of Nevada vendors would be available on an as needed basis.

a. SVYC also offers PREA educational materials in Spanish. Spanish posters which inform youth on how to report PREA are also posted within the facility.”

“DCFS-JJS Statewide PREA Policy and SVYC’s PREA Standard Operating Procedures (SVYC #300.09) has the necessary language to align with PREA Standard 115.316. Additionally, SVYC submitted their DCFS-JJS list of Interpretation, Translation, and American Sign Language Lines as additional evidence of providing access to residents with disabilities (LEP, deaf, low-vision, etc.). During this PREA Auditor’s interviews with 21 direct supervision and specialized staff. All staff identified that there’s interpretation service hotlines provided for Limited-English speaking and deaf residents. This PREA Auditor also interviewed 3 targeted residents (1 LEP, 1 Autistic, and 1 Low-Vision resident). Each resident shared that they received PREA Orientation and PREA Education where they understood. The LEP and deaf resident knew that that Summit View Youth Center (SVYC) provided access to translation services to residents. SVYC also submitted their DCFC-JJS interpretation services vendor’s list and with Purchase Order numbers, to verify that they are approved vendors. This PREA Auditor also contacted “Las Vegas Interpreters Connections, LLC” to verify if they are contracted to provide services to Summit View Youth Center (SVYC). They verified that they are regularly used by Summit View Youth Center (SVYC).

After this auditor’s review of Summit View Youth Center’s policy, interviews, observations of consistency in practice, and review of submitted evidence of compliance, Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.316.

Auditor Overall Determination: Meets Standard

Auditor Discussion

This PREA Auditor reviewed Summit View Youth Center's (SVYC) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.317. Summit View Youth Center (SVYC) submitted their "Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09)" as evidence of compliance with PREA Standard 115.317. Excerpts from "DCFS-JJS Statewide PREA Policy" states, "All new hires and current staff being considered for promotion shall have a background investigation to include:

- 1.** A criminal history background record check;
 - 2.** A review of any child abuse registry maintained at the state or local level; and
 - 3.** Make an effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or harassment or any resignation during a pending investigation of an allegation of sexual abuse or harassment.
- B.** The Division shall determine if any candidate, contractor, volunteer, or intern for hire or promotion has any allegations of sexual abuse, sexual harassment, or any violations of sexual misconduct prior to an offer of employment or promotion.
- C.** In addition to those within NRS 62B, the Division prohibits the hiring or promoting of anyone who may have contact with youth, or prohibit enlisting the services of any contractor or volunteer who may have contact with youth, who:
- 1.** 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);
 - 2.** Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
 - 3.** Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph B of this section.
- D.** If a background check reveals a criminal conviction, plea or verdict of guilty to a misdemeanor or felony, withheld judgment or a valid child or adult complaint, no disposition on file, or a conviction following a plea of "no contest", the Division Administrator or designee will inform the individual of the findings.
- E.** The Division shall conduct criminal background checks of current employees, contractors, and volunteers who work within a facility settings every five years.
- F.** The Division shall ensure candidates and staff sign the DCFS HR PREA

Questionnaire (Attachment T), which asks about previous sexual misconduct, upon the interview process for hire and promotion and annually thereafter, which shall be maintained in their permanent employee file. In addition, the Division shall ensure contractors and volunteers sign the DCFS HR PREA Questionnaire before contact with youth and annually thereafter.

G. *Any candidate who has been found to have provided false information shall be subject to administrative action including termination.”*

“DCFS-JJS Statewide PREA Policy (DCFS-JJS #300.09) has the necessary language to align with PREA Standard 115.317. Additionally, DCFS-JJS submitted their “SVYC Master Human Resource Spreadsheet” which included: All active SYVC staff names, their hire dates, any status change dates, last dates seen for prints, Child Abuse and Neglect (CANS) check dates/results, Federal Background Check (FBC) dates, State Background Check (SBC) dates, last fingerprints completed (within 5 years), and the last PREA Acknowledgement. Each active staff employed at SVYC were up to date with all HR annual, 5-year, CANS, and upon promotion background checks. This PREA auditor also requested a random selection of contractual staff and volunteer files to review for background checks, CANS, PREA-Related acknowledgement, and trainings. SVYC submitted to this auditor the requested names, their backgrounds, CANS checks, and PREA Acknowledgement. SVYC also submitted background and CANS checks for 15 Clark County School District (CCSD) contracted education staff working at SVYC. Each contractual staff, volunteer, and CCSD staff name submitted, were within 5- years on their FBI fingerprints, and CANS results.

Finally, this auditor interviewed DCFS Human Resource Analyst. She confirmed that she conducts pre-hire state and federal background checks, as well as CANS checks on all prospective employees of DCFS. DCFS’s HR Analyst also shared that background checks and CANS are conducted on all staff “no matter what.” This applies to contractors as well. Finally, DCFS’s HR Analyst shared that DCFS share PREA-related information with other hiring entities who may be seeking to hire former DCFS employees.

After this auditor’s review of Summit View Youth Center’s policy, interviews, observations of consistency in practice, and review of submitted evidence of compliance, Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.317.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as

	<p>on-site document/file reviews and observations to determine compliance for Standard 115.318. Summit View Youth Center (SVYC) reported that they have not acquired a new facility, made any facility upgrades, camera upgrades, or expansions to the facility since August 20, 2012. This auditor also interviewed DCFS's PREA Coordinator, who informed this PREA auditor that SVYC will be upgrading their cameras through a grant they received through a BJA PREA Grant.</p> <p>This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.318.</p>
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115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Summit View Youth Center's (SVYC) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.321. Summit View Youth Center (SVYC) submitted their "Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09)" as evidence of compliance with PREA Standard 115.321. Excerpts from "DCFS-JJS Statewide PREA Policy" states, <i>"All allegations with a criminal element, including all sexual abuse allegations, shall be immediately reported to local law enforcement for investigation. The Superintendent shall ensure all allegations of sexual abuse are routed to local law enforcement.</i></p> <p><i>All facility staff shall fully cooperate in criminal investigations. The PREA Compliance Manager shall help arrange interviews and provide requested information.</i></p> <p><i>The facility shall leave an investigation open when local law enforcement is the investigative body.</i></p> <p><i>The facility will make every effort to receive a copy of the finalized police report from local law enforcement and take any follow up action required.</i></p> <p><i>An administrative investigation shall be initiated once local law enforcement has verbally or in writing, verified they have completed their investigation, including those still pending a final police report.</i></p> <p>FORENSIC MEDICAL INVESTIGATIONS</p> <p><i>Any victim or alleged victim of sexual abuse shall have timely and unimpeded access to emergency medical treatment.</i></p> <p><i>Victims or alleged victims shall be requested not to shower, change clothing, use the bathroom, brush teeth, or consume food or beverage prior to seeking</i></p>

emergency medical treatment if it is still possible to collect evidence. Perpetrators or alleged perpetrators shall not be permitted to shower, change clothing, use the bathroom, brush teeth, or consume food or beverage until possible evidence is collected. Evidence collection should take place within two hours.

Emergency medical treatment may be the nearest hospital, outside facility, or clinic.

A qualified medical practitioner shall perform forensic medical examinations to determine the nature and scope of the abuse and collect any evidence related to the alleged abuse.”

DCFS-JJS Statewide PREA Policy (DCFS-JJS #300.09) has the necessary language to align with PREA Standard 115.321. While conducting the on-site audit, this Auditor interviewed SVYC’s Director of Nursing, who shared Sexual Assault and Forensic Examinations are conducted by University Medical Center. This PREA Auditor also interviewed 2 Mental Health clinicians who shared the “Signs of Hope” is who SVYC has a Memorandum of Understanding (MOU) with for victim Advocacy Services. This auditor also viewed “Signs of Hope” postings and contact information throughout the residents housing units and in areas where residents frequent. This PREA Auditor interviewed 15 randomly selected residents. All 14/15 interviewed residents responded that they were informed about victim advocacy access, and they have seen the postings in their housing units.

This auditor also interviewed 21 randomly selected direct supervision and specialized staff (excluding HR). Each were asked if they knew the institution’s protocol on responding to a resident reporting sexual abuse, as well as SVYC’s protocol on obtaining and preserving usable evidence when sexual abuse is alleged. Each interviewed staff knew to separate the individuals involved, close off the space, contact supervisory staff, don’t allow involved residents to shower or toilet or change clothing, and write their 1st Responders Report. The 10 direct supervision staff shared that they have an orange “crime scene preservation” tool kit, which has the necessary items to properly preserve evidence until North Las Vegas Police Department (NLVPD) arrives. SVYC submitted their active and current MOU with NLVPD, which has the necessary language to align with PREA Standard 115.321.

This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.321.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents

submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.322. Summit View Youth Center (SVYC) submitted their "Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09)" as evidence of compliance with PREA Standard 115.322. Excerpts from "DCFS-JJS Statewide PREA Policy" states, "(A). All allegations with a criminal element, including all sexual abuse allegations, shall be immediately reported to local law enforcement for investigation. The Superintendent shall ensure all allegations of sexual abuse are routed to local law enforcement.

(B). All facility staff shall fully cooperate in criminal investigations. The PREA Compliance Manager shall help arrange interviews and provide requested information.

(C). The facility shall leave an investigation open when local law enforcement is the investigative body.

(D). The facility will make every effort to receive a copy of the finalized police report from local law enforcement and take any follow up action required.

(E). An administrative investigation shall be initiated once local law enforcement has verbally or in writing, verified they have completed their investigation, including those still pending a final police report.

ADMINISTRATIVE INVESTIGATIONS:

(A). Allegation's meeting PREA definitions of sexual harassment, not meeting a criminal element, shall be handled through an administrative investigation conducted by a DCFS PREA Investigator.

(B). Investigations handled initially by law enforcement, either investigated or declined, shall be administratively investigated once law enforcement has completed their work.

(C). Each facility shall follow their customized Coordinated Response, to ensure each staff member fulfills their responsibility within an administrative investigation (see facility's Coordinated Response).

(D). Alleged victims, perpetrators and witnesses shall be interviewed by a trained investigator in-person or through a video-based platform (e.g., Life Size) in a private and confidential setting. Phone interviews shall be avoided unless it is the only option to secure the testimony.

(E). The facility shall not terminate an investigation of sexual abuse or sexual harassment solely because the source of the allegation recants the allegation, leaves the facility, or an employee vacates or is terminated from his or her position. All allegations shall be fully and completely investigated until their conclusion. Victims who recant may be victims of retaliation, so investigations shall continue until finalized."

	<p>DCFS-JJS Statewide PREA Policy (DCFS-JJS #300.09) has the necessary language to align with PREA Standard 115.322. Additionally, while onsite, this PREA auditor reviewed 8 randomly selected SVYC completed investigation files (within the last 12 months). Of the 8 files, 6 files started and completed as administrative investigations. Two files were started as criminal and law enforcement investigated and declined to pursue criminal charges. These 2 files were then investigated and completed as administrative investigations by Nevada’s DCFS PREA Investigators. According to Nevada’s DCFS PREA Coordinator, she oversees all administrative investigations conducted by Nevada DCFC PREA Investigators. Nevada’s DCFS PREA Investigators are specialized trained staff who do not investigate administrative PREA Incidents at their own facilities. This helps to decrease biased investigations and increase more objective investigations.</p> <p>This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.322.</p>
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.331. Summit View Youth Center (SVYC) submitted their PREA Standard Operating Procedures (SVYC #300.09) (Page 11; Section M) as evidence of compliance with PREA Standard 115.331. Excerpts from SVYC’s Standard Operating Procedures states, “(1) All staff, contractors, and volunteers will be required to complete PREA training before they are permitted to work with youth.</p> <p>(2). The PREA Compliance Manager or Training Officer is responsible to provide PREA training to staff, contractors, and volunteers initially and annually.</p> <p>(a). Initial training will consist of:</p> <ul style="list-style-type: none"> • Completion of the Prison Rape Elimination Act Staff Acknowledgement (DCFS/JJS 300.09, Attachment J) • PREA 101 presentation • Completion of the PREA: Your Role Responding to Sexual Abuse online PREA course offered by the National Institute of Corrections (NIC). Participants must receive a score of at least 80% to pass the course • Issuance of the Juvenile Facility PREA Standards Quick Guides <p>(b). Annual refresher training will consist of a PREA 101 presentation and review of</p>

	<p>any pertinent PREA information related to the facility over the previous year.</p> <p>(c). Staff will be required to complete the Prison Rape Elimination Act Staff Acknowledgement annually.</p> <p>SVYC’s Standard Operating Procedures (SVYC #300.09) (Page 11; Section M) has the necessary language to align with PREA Standard 115.331. Additionally, this PREA auditor requested PREA training file evidence of 17 randomly selected specialized and direct supervision SVYC staff. Fourteen of the 17 staff selected had up-to-date trainings (comprehensive or refresher training within 2 years) and completed “PREA Refresher Acknowledge Forms” on file annually (for years opposite of refresher training years). The 3 randomly selected staff whose files were not present were either on military leave, extended leave, or transferred from facility. This auditor also interviewed 21 randomly selected staff (specialized, direct supervision, and contracted), to assess their knowledge of PREA, PREA’s purpose, and how PREA relates to each staff’s role. Each interviewed staff was well versed in their knowledge of PREA. Finally, Summit View Youth Center (SVYC) also submitted evidence of all a copy of their Power Point training (83 slides) to verify training material and content.</p> <p>This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.331.</p>
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115.332	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.332. Summit View Youth Center (SVYC) submitted their PREA Standard Operating Procedures (SVYC #300.09) (Pages 11-12; Section M) as evidence of compliance with PREA Standard 115.332. Excerpts from SVYC’s Standard Operating Procedures states, “(1) All staff, contractors, and volunteers will be required to complete PREA training before they are permitted to work with youth.</p> <p>(2). The PREA Compliance Manager or Training Officer is responsible to provide PREA training to staff, contractors, and volunteers initially and annually.</p> <p>(a). Initial training will consist of:</p> <ul style="list-style-type: none"> • Completion of the Prison Rape Elimination Act Staff Acknowledgement (DCFS/JJS 300.09, Attachment J)

	<ul style="list-style-type: none"> • PREA 101 presentation • Completion of the PREA: Your Role Responding to Sexual Abuse online PREA course offered by the National Institute of Corrections (NIC) – participants must receive a score of at least 80% to pass the course • Issuance of the Juvenile Facility PREA Standards Quick Guides <p>(b). Annual refresher training will consist of a PREA 101 presentation and review of any pertinent PREA information related to the facility over the previous year.</p> <p>(c). Staff will be required to complete the Prison Rape Elimination Act Staff Acknowledgement annually.</p> <p>(7). Contractor and volunteer training requirements will be based on the level of contact the individual will have with youth. This will be determined by the PREA Compliance Manager, supervisory staff, or the Superintendent.</p> <p>(8). All emergency personnel responding to an incident within the facility are exempt from the above training requirements.</p> <p>SVYC’s Standard Operating Procedures (SVYC #300.09) (Page 11; Section M) has the necessary language to align with PREA Standard 115.332. This auditor randomly interviewed 3 contracted staff (Director of Nursing, Education Principal, and Psychiatric Case Worker). Each shared their understanding of their role in ensuring resident safety from sexual abuse/sexual harassment. This auditor also reviewed their files and each of their PREA trainings were current. This PREA auditor also interviewed DCFS’s PREA Coordinator and PREA Compliance Manager who shared that based on the extent of the contractors’/volunteers’ interactions with the resident, they may either review and sign a 2-Page “PREA Acknowledgement Training Form,” attend SVYC’s comprehensive PREA 101 staff training, or take an identified PREA training course through the National Institute of Corrections (NIC). This was verified through this auditor’s review of SVYC Training Spreadsheet, submitted through the O.A.S, which identified the training level received by SVYC’s 33 contracted staff and 2 volunteers.</p> <p>This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.332.</p>
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as

on-site document/file reviews and observations to determine compliance for Standard 115.333. Summit View Youth Center (SVYC) submitted their "Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 10-11; Sections A-B)" as evidence of compliance with PREA Standard 115.333. Excerpts from "DCFS-JJS Statewide PREA Policy" states, "(1) *During the intake process, youth shall receive, at a minimum, age-appropriate information, explaining the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and sexual harassment within 72 hours of arrival at the facility. The training shall be presented through written, verbal, and visual education platforms.*

(2). *Within 10 days of arrival, youth shall receive additional, comprehensive, age appropriate education regarding their rights to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting, and how the agency and facility will respond to reports.*

(3). *Youth shall sign the "PREA Youth Acknowledgement Statement" and the "Juvenile PREA Comprehensive Education," which will document their understanding of these trainings. These documents shall be maintained in the youth's main folder. Training data shall be maintained by the PREA Compliance Manager. This data shall be provided to the PREA Coordinator quarterly.*

(4). *The facility shall ensure PREA information and ways to report sexual abuse and sexual harassment, such as posters and brochures, are continuously available and visible to youth throughout their confinement. Youth shall also receive a handbook with PREA information upon admission.*

(5). *The facility shall provide all youth equal opportunity to participate in or benefit from all facility efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including formats for youth who are limited English proficient, deaf, visually impaired, or otherwise disabled, or have limited reading skills. The PREA Compliance Manager at each facility shall arrange for this accommodation, as needed.*

Youth with Disabilities or who are Limited English Proficient

(1). *The facility shall make accommodations for youth who may need an interpreter due to limited proficiency in English or youth who have disabilities. Disabilities may include vision or hearing impaired, those who have intellectual disabilities, or those who have educational special needs.*

(2). *The facility may enter into a Memorandum of Understanding, a Service Provider Agreement, or a contract with a private company or local agency, including local school districts or any other type of organization which can provide interpreter services. DCFS also maintains contracts and service agreements for interpreter services which can provide telephone-based interpreter services within the facility.*

(3). *The facility may not use youth interpreters to deliver or discuss PREA related information, unless the lack of an appropriate interpreter could compromise the*

safety of a youth, the assistance of first responders in an emergency, or an investigation. These circumstances shall be documented on the Limited Circumstances for Resident Interpreter Form.

(4). *Each facility shall take appropriate steps to ensure youth with disabilities (including, for example, youth who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.*

Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Page 10-11; Sections A-B)" has the necessary language to align with PREA Standard 115.332. While on-site, this auditor interviewed 15 randomly selected residents. Each resident had knowledge of SVYC's not tolerance for sexual abuse/sexual harassment, their rights to be free from sexual abuse/sexual harassment, ways to report, and rights not to be retaliated for reporting. Each resident also stated that they first gained such knowledge when they arrived and through their PREA education videos and group discussion. Additionally, all 15 interviewed residents reported that they reviewed Summit View Youth Center's (SVYC) "PREA Youth Acknowledgement Form" during PREA Orientation at intake and later participated in "PREA Education" group. This auditor also verified that each resident must complete PREA Education to advance off "entry level" in the program.

This auditor also interviewed 2 Correctional Sergeant's who's responsible for "PREA Orientation," and 3 Group Supervision staff who's responsible for "PREA Education." Each were confident in their process and in meeting PREA Standard 115.333 timelines ("PREA Orientation" for residents at Intake and "PREA Comprehensive Education" for residents within 10 days of Intake). This auditor reviewed SVYC's "PREA Compliance Manager's Risk Spreadsheet" (which tracks admission dates, PREA Orientation and Education dates, PREA Risk Assessment dates, Housing Decision based on the risk score, 14-day Mental Health follow-up dates, and any Reassessment dates), as well as SVYC's "Youth Education Audit-March 2022."

SVYC reported in OAS that 14 out of 58 youth admitted to SVYC within the past 12 months have not received their "PREA Education" within 10-days of their intake date (24%). Additionally, SVYC's "PREA Compliance Manager's Admissions Tracking Spreadsheet," showed 36 intakes documented between 7/21/21 to 6/22/22. Of the 36 total intakes documented on the "PREA Compliance Manager's Admissions Tracking Spreadsheet," PREA Education for 15 of the 36 intakes were beyond the required 10-day threshold (41.6%) to align with PREA Standard 115.333.

This auditor recommended that Summit View Youth Center (SVYC) identify a systematic way to ensure all residents being admitted to SVYC receives "PREA Education" within 10 days of their arrival. This could be an email notification/reminder, which pops up 72 hours prior to the 10th day. The personnel who receive this notification/reminder could be the Group Supervision staff (who's responsible

	<p>for “PREA Education”) and the PREA Compliance Manager. This auditor also recommended that Summit View Youth Center (SVYC) demonstrate consistency in practice over a period before compliance can be concluded. This PREA auditor concluded that Summit View Youth Center (SVYC) was not in compliance with PREA Standard 115.333. A CORRECTIVE ACTION was required.</p> <p>During Summit View Youth Center’s (SVYC) Corrective Action period, SVYC submitted, in the OAS Supplemental Files, photos of 4 randomly selected resident rooms in Everest I and Everest II housing units, as evidence that PREA Zero Tolerance and Ways to Report posters/signage are placed throughout the facility. In speaking with the PREA Coordinator, each resident has a PREA poster on the wall in their rooms and throughout the housing unit’s day space. Additionally, SVYC submitted their “PREA Compliance Manager’s Admissions Tracking Spreadsheet” (which tracks admission dates, PREA Orientation and Education dates, PREA Risk Assessment dates, Housing Decision based on the risk score, 14-day Mental Health follow-up dates, and any Reassessment dates). This admissions tracker identified admissions from 9/14/22 through 6/7/2023. This auditor identified 30 admissions. Of those 30 admissions, 26 of the 30 received “PREA Information” on the same day of admission and their “PREA Resident Comprehensive Education” occurred within the required 10-day window from their admission date. The “PREA Resident Comprehensive Education” for the 4 out of the 30 were not documented because they were new admissions (6/7/23) and were within their 10 days at the time this admissions tracker was submitted as evidence.</p> <p>Finally, SVYC submitted 17 completed/signed “PREA Information” and “PREA Resident Comprehensive Education” forms from the admission tracker of 30 residents, as additional evidence of compliance to PREA Standard 115.333. This auditor compared the names, information, dates of the completed forms to the admissions tracker names and dates. All 17 names and corresponding dates were aligned.</p> <p>This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.333.</p>
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.334. Summit View Youth Center (SVYC) submitted their “Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy</p>

(#DCFS/JJS 300.09) (Pages 12; Sections D)” as evidence of compliance with PREA Standard 115.334. Excerpts from “DCFS-JJS Statewide PREA Policy” states, “1). *All Division and facility staff who complete investigations of PREA allegations shall receive specialized training in techniques for interviewing youth sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection, evidence storage, the criteria and evidence needed to substantiate a case of sexual abuse or sexual harassment and shall have adequate education and experience to complete the task. Further, investigative staff shall know the requirements of when to make a referral to local law enforcement and Child Protective Services. This training shall include the National Institute of Corrections (NIC) online training titled PREA: Investigating Sexual Abuse in a Confinement Setting and Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations. The PREA Compliance Manager or Training Officer shall keep a record of training received by investigative staff. The PREA Compliance Manager shall provide this data to the PREA Coordinator upon request.*”

Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Page 12; Sections D) has the necessary language to align with PREA Standard 115.334. While on-site, this auditor interviewed DCFS’ PREA Coordinator, who shared that she oversees all Nevada-DCFS PREA Administrative Investigators. She further stated that Nevada-DCFS PREA Investigators are specialized trained staff and receives 2 trainings by National Institute of Corrections: “*Investigating Sexual Abuse in a Confinement Setting I*” and “*Advanced Investigating Sexual Abuse in a Confinement Setting.*” PREA investigators also receives a comprehensive specialized training developed and facilitated by Nevada-DCFS. This auditor reviewed this Nevada-DCFS’s PowerPoint training as evidence. Finally, Nevada’s DCFS PREA Coordinator stated, “*PREA Administrative Investigators do not investigate Administrative PREA Incidents at their own facilities. This helps to decrease biased investigations and increase more objective investigations.*” DCFS’ PREA Coordinator is also specialized trained to conduct PREA Administrative Investigations.

This auditor also interviewed 3 PREA Administrative Investigators at SVYC. Each shared that they received specialized investigation training beyond their comprehensive PREA 101 staff development training. This auditor reviewed 6 training files of Nevada-DCFS PREA Administrative Investigators (including the 3 interviewed PREA Administrative Investigators and PREA Coordinator). Each file had a current specialized investigations training certificate or electronically generated course completion form.

This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.334.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard

Auditor Discussion

This PREA Auditor reviewed Summit View Youth Center's (SVYC) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.335. Summit View Youth Center (SVYC) submitted their "Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 12; Sections D)" as evidence of compliance with PREA Standard 115.335. Excerpts from "DCFS-JJS Statewide PREA Policy" states, "2). *Facility medical staff shall complete the National Institute of Corrections (NIC) online training entitled PREA: Medical Health Care for Sexual Abuse Victims in a Confinement Setting and PREA 201 for Medical and Mental Health Practitioners, within three months of hire date. The PREA Compliance Manager or Training Officer shall keep a record of this training. The PREA Compliance Manager shall provide this data to the PREA Coordinator upon request.*

3). Facility mental health staff shall complete the National Institute of corrections (NIC) online training entitled PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting and PREA 201 for Medical and Mental Health Practitioners, within three months of hire date. The PREA Compliance Manager or Training Officer shall keep a record of this training. The PREA Compliance Manager shall provide this data to the PREA Coordinator upon request."

Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Page 12; Sections D) has the necessary language to align with PREA Standard 115.335. While on-site, this auditor interviewed DCFS' PREA Coordinator, who shared that SVYC's Training Coordinator, Director of Nursing, and Mental Health Supervisor work together to ensure each of SVYC's 6 Medical and Mental Health staff (3 MH staff, 2 RNs, and 1 Director of Nursing) receives specialized training beyond SVYC's PREA 101 Staff Development training.

DCFS's PREA Coordinator further stated that Nevada-DCFS Medical and Mental Health receives specialized training through the National Institute of Corrections. These trainings include: "PREA 201 for Medical and Mental Health Practitioners," "Medical Care for Sexual Abuse Victims in a Confinement Setting," "Behavioral Health Care for Sexual Abuse Victims in a Confinement Setting," and "Communicating Effectively and Professionally with LGBTI Offenders."

This auditor also interviewed 2 Mental Health Staff and SVYC's Director of Nursing. Each shared that they received specialized investigation training beyond their comprehensive PREA 101 Staff Development. SVYC's Director of Nursing informed this PREA Auditor that SVYC utilizes "University Medical Center-Las Vegas for SANE/SAFE screenings. This auditor reviewed 6 training files of SVYC's entire Medical and Mental Health staff. Each file had a current specialized medical and mental health training certificate or electronically generated course completion forms.

This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.335.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.341. Summit View Youth Center (SVYC) submitted their “Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 13-14)” as evidence of compliance with PREA Standard 115.341. Excerpts from “DCFS-JJS Statewide PREA Policy” states, <i>“Within 72 hours of arrival, including youth transferred from another DCFS state facility, facility staff shall obtain and use information about each youth’s personal history and behavior to reduce the risk of sexual abuse and sexual harassment by or to a youth. The facility shall also require the youth’s risk level be reassessed periodically throughout their confinement, including when a youth is involved in a PREA investigation as an alleged victim or alleged perpetrator, due to a referral, or receipt of additional information warranting another assessment.</i></p> <p>2. <i>The facility shall incorporate the PREA Risk Assessment Screening Tool (Attachment K), into their intake protocol, to be completed within 72 hours of admission, to screen for vulnerability for victimization and sexually aggressive behavior. This information shall be ascertained through conversations with youth; medical and mental health screenings, including the Children’s Uniform Mental Health Assessment (CUMHA); and by reviewing court records, case files, facility behavioral records, parole and probation information, and other relevant documentation from the youth’s files. The screening shall include, at a minimum, the following:</i></p> <ul style="list-style-type: none"> a. <i>Prior sexual victimization or abusiveness;</i> b. <i>Any gender nonconforming appearance or manner;</i> c. <i>An opportunity for the youth to self-identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI) per NAC 62B.085 1(a)(if the opportunity was not provided during the intake process through the Youth Parole Bureau);</i> d. <i>Current charges and offense history;</i> e. <i>Age;</i> f. <i>Level of emotional and cognitive development;</i> g. <i>Physical size and stature;</i> h. <i>Mental illness or mental disabilities;</i>

- i. Intellectual or developmental disabilities;*
- j. Physical disabilities;*
- k. Youth’s perception of their own vulnerability; and*
- l. Any other information about the youth which may indicate a heightened need for supervision, additional safety precautions, separation from other youth, and whether the youth may be vulnerable to sexual abuse."*

Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Page 12; Sections D) has the necessary language to align with PREA Standard 115.335. While on-site, this auditor interviewed DCFS’ PREA Coordinator and SVYC’s PREA Compliance Manager who shared that facility shift supervisors completes “*PREA Risk Screening for Victimization/Perpetration Tool*” for all residents at intake. This PREA auditor reviewed SVYC’s objective screening tool and their process in administering their screening tool. SVYC’s “*PREA Risk Screening for Victimization/Perpetration Tool*” is an electronic tool which automates point totals for each question asked and questions are categorized to identify propensity to victimization or propensity to perpetration. Each question aligns with PREA Standard 115.341.

This auditor requested to review the “*PREA Risk Screening for Victimization/Perpetration*” for a random selection of 10 residents who were admitted to SVYC within the past 12-months. Each resident had a completed “*PREA Risk Screening for Victimization/Perpetration Tool*” in their files and completed within 72 hours of admission (many completed same day). Finally, this auditor requested to review the “*PREA Risk Reassessment Screening*” for a random selection of 8 residents who were admitted to SVYC within the past 12-months. Each resident had a completed “*PREA Risk Reassessment Screening*” in their files.

This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.341.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.342. Summit View Youth Center (SVYC) submitted their “Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 13-14)” as evidence of compliance with PREA Standard

115.342. Excerpts from “DCFS-JJS Statewide PREA Policy” states, “*The PREA Compliance Manager shall review the PREA Risk Assessment (Attachment K) and all relevant information pertaining to the youth’s vulnerability for victimization or propensity to abuse prior to housing, bed, program, education, and work assignments, to ensure appropriate placements. The facility staff completing any PREA Risk Assessment shall ensure the PREA Compliance Manager receives a copy of this document when completed at intake and periodically. The original shall be kept in the youth’s medical file.*”

a. *In the event there is no available and appropriate same-gendered living unit to place youth assessed as a risk for victimization separate from youth assessed as a risk for perpetration, youth shall be separated by placing them on separate sides of the living unit. Staff shall also take steps to separate them operationally, including within line movements, in educational and dining settings, and during large muscle exercise.”*

Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 13-14) has the necessary language to align with PREA Standard 115.342. While on-site, this auditor interviewed SVYC’s PREA Compliance Manager who shared that he tracks and uses the outcomes of all “*PREA Risk Screening for Victimization/Perpetration*” to identify resident housing, programming, bedding, and overall facility movement for all residents at SVYC. SVYC’s PREA Compliance Manager submitted his “*PREA Compliance Risk Spreadsheet,*” which he tracks admission date, PREA Education date, PREA Risk Assessment Date, Housing Decision based on the risk score, 14-day Mental Health follow-up dates, and any Reassessment Dates.

Summit View Youth Center (SVYC) also submitted their PREA Standard Operating Procedures (SVYC #300.09) (Pages 16-17) as evidence of compliance with PREA Standard 115.342. Excerpts from SVYC’s Standard Operating Procedures states, “*SVYC will use information in the intake and screening processes to determine housing, bed, program, education, and work assignments. The PREA Compliance Manager will be provided a copy of this assessment to ensure appropriate placements are made for the youth within the facility.*”

2. *The goal is to keep all residents safe and free from sexual abuse and harassment. The Intake Team and PREA Compliance Manager will consider the youth’s propensity for vulnerability to sexual victimization or a propensity towards sexual perpetration before making housing, bed, program, education, and work assignments.*

3. *SVYC prohibits placing gay, bisexual, transgender, and inter-sex residents housing, bed, or other assignments solely based on such identification or status.*

4. *SVYC PREA Compliance Manager will consider, on a case-by-case basis, whether assigning a transgender or intersex resident to a facility for male residents (and making other housing and programming assignments) would affect the youth’s health and safety, and whether the placement would present management or security issues.*

	<p>a. Placement and programming assignments of a transgender or intersex resident will be reassessed at least twice each year to review any threats to safety experienced by the youth. Transgender or intersex youth’s own views of their own safety will be given serious consideration.</p> <p>b. SVYC prohibits considering gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually abusive.</p> <p>5. Transgender and intersex youths’ housing assignment requests along with their own views of their continued safety will be given consideration. <i>a.</i> If SVYC determines a youth’s request creates a safety concern, and denies the housing assignment request, the SVYC intake sergeant will document the concerns in the youth’s web-based case management system record.</p> <p><i>i.</i> Superintendent will reassess housing assignment every 60 days.”</p> <p>6. SVYC residents will only be isolated if the youth is a danger to others or for protection from others. For the later reason, all other options will have been exhausted and will be the last resort. If any youth is isolated from the group for reason of safety, every seven days, the reason for the isolation will be reevaluated to determine if the threat still exists and if there is a better solution to the separation.</p> <p>a. If a resident is isolated for protection, the Superintendent or their designee will clearly document the facility’s concern for safety and the reason why no alternative means of separation can be arranged.”</p> <p>Finally, according to randomly selected interviews with 10 SVYC’s Direct Supervision staff, SVYC do not isolate residents based on outcomes of screening. If all other options to keep the resident safe are exhausted, a resident may be temporarily confined to their own single-celled room until options can be developed. This was confirmed when this PREA auditor interviewed a random selection of 15 SYVC residents. Each resident confirmed that SVYC does not have isolation rooms, rather uses a resident own room to ensure their and others safety.</p> <p>This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.342.</p>
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as

on-site document/file reviews and observations to determine compliance for Standard 115.351. Summit View Youth Center (SVYC) submitted their "Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 15; Section VIII)" as evidence of compliance with PREA Standard 115.351. Excerpts from "DCFS-JJS Statewide PREA Policy" states, "1. All facilities shall have multiple mechanisms available for youth to privately report incidents including:

a. Filling out and submitting a grievance form (Attachment L);

b. Telling any DCFS staff member, including a teacher, counselor, case manager, probation/parole officer, medical staff, mental health staff, PREA Compliance Manager, or any other trusted adult;

c. Calling the PREA Coordinator on a toll-free number;

d. Writing a letter, at the facility's expense, to the PREA Coordinator. Facility staff shall not unseal any correspondence to the PREA Coordinator. This correspondence is to be mailed without disturbance. Further, this mail may be sent out without a return address.

e. Submitting an incident report online at: <http://dcfs.nv.gov/Programs/JJS/PREAHome/>.

f. Calling the designated external reporting contact.

2. Facility staff shall meet one-on-one with any youth wanting to verbally report a sexual abuse or sexual harassment allegation. This allegation shall be documented on the PREA Youth Report (Form A) (Attachment N).

3. Facility and investigative staff shall use trauma-informed care methods when interacting with alleged youth victims, including showing empathy, understanding the youth may have experienced past trauma, explaining the process to them, and letting them know their allegation will be treated seriously.

4. Youth shall have reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

5. The Superintendent or designee shall ensure all hotline numbers are accessible to youth as well as privacy to make a call.

6. Staff shall accept reports made verbally, in writing, anonymously, or from a third party. Youth are not required to document their report in writing."

The Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 13-14) has the necessary language to align with PREA Standard 115.342. DCFS' SVYC also submitted their "Youth Brochure" and "PREA Zero Tolerance Poster" (which has resident reporting avenues on the poster) as evidence of multiple internal ways for residents to report. The brochure and poster shared that a resident could report to a staff, to the PREA

	<p>coordinator, through a grievance, and online. DCFS' PREA Coordinator also submitted their MOU with 2-1-1, who serves as the outside entity for resident confidential reporting. While on-site, this auditor contacted 2-1-1 and immediately received a reporting representative, who was ready to take my report.</p> <p>This auditor interviewed 15 randomly selected youth. This auditor asked each resident to identify the multiple ways a resident could report a sexual abuse or sexual harassment. 12 of the 15 interviewed residents were able to identify 3 to 4 reporting avenues (3 identified 2 reporting avenues). This auditor also interviewed 22 randomly selected specialized staff, direct supervision staff, contracted staff, and volunteers. Each interviewed staff and volunteers shared that they accept and promptly responds to verbal, written, anonymous, and third-party reports. Finally, this auditor reviewed the SVYC's "Staff Acknowledgement Form," which all staff are required to sign, acknowledging SVYC's zero tolerance for sexual abuse/sexual harassment and staff's responsibilities to immediately respond to reports of sexual abuse and sexual harassment.</p> <p>This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.351.</p>
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115.352	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Due to Nevada-Division of Child and Family Services (DCFS) not having administrative procedures to address resident grievances regarding sexual abuse, this PREA Auditor did not receive pre-audit documentation to review for PREA Standard 115.352</p> <p>This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.352.</p>

115.353	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Summit View Youth Center's (SVYC) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for</p>

Standard 115.353. Summit View Youth Center (SVYC) submitted their PREA Standard Operating Procedures (SVYC #300.09) (Pages 20; Section T) as evidence of compliance with PREA Standard 115.353. Excerpts from SVYC's Standard Operating Procedures states, "**1.** SVYC will provide mental health services to victims of alleged sexual assault.

2. Mental health services will be provided immediately for assaultive cases. If SVYC mental health staff are unavailable, the youth victim will be taken to the emergency room for such services. Furthermore, if the youth victim would like to seek supportive help from an outside agency, they will be supported to do so.

3. If at any time a victim of an alleged sexual assault requests to speak with a Domestic Violence service, they may do so and in a way which is confidential between the two parties.

4. Youth may receive outside victim advocacy from local organizations such as Signs of Hope by calling (702) 366-1640; by calling the Rape, Abuse, and Incest National Network at (800) 656-4673 or by visiting them at www.rainn.org. Youth will have the opportunity to make these contacts confidentially. Outside victim advocacy resources are also in the youth handbook provided at intake and the PREA brochure.

5. Youth may mail correspondence to outside victim advocacy, including Signs of Hope at 801 S. Rancho Drive, Suite C-3, Las Vegas, NV 89106. Any correspondences will be mailed undisturbed and will be confidential. This resource is available in the youth handbook.

6. Prior to giving residents access to outside services, the Superintendent or designee will inform youth their report of abuse will be forwarded to authorities in accordance to mandatory reporting laws.

7. The Superintendent or designee will advise youth they will have access to their attorney or other legal representative(s), and they will have reasonable access to their parents or legal guardians.

8. SVYC will maintain and update as necessary a Memorandum of Understanding (MOU) with law enforcement, specifically with the North Las Vegas Police Department. Community service providers will be contacted as well, to provide residents with emotional support services related to sexual abuse through a Memorandum of Understanding. Regardless of an MOU being in place, these services will be requested whenever necessary. All Memorandum of Understanding documents will be maintained by the statewide PREA Coordinator and Superintendent."

Summit View Youth Center's PREA Standard Operating Procedures (SVYC #300.09) (Pages 20; Section T) has the necessary language to align with PREA Standard 115.353. DCFS' SVYC also submitted their "Youth Handbook (Page 9) which

	<p>identifies the national hotline and local agency who is partnered with SVYC to provide emotional support services for victims of sexual assault/sexual abuse. Each resident receives a handbook upon admittance to SVYC. DCFS's PREA Coordinator and SVYC's PREA Compliance Manager also submitted SVYC's active Memorandum of Understanding with "Signs of Hope," SVYC's local partner for emotional support services. During this auditor's on-site audit, there were "Signs of hope" postings through the resident housing units, visitation, recreation locations, and their school area.</p> <p>This auditor interviewed 15 randomly selected SVYC youth. This auditor asked each resident if they were provided information and access to contact outside support services for victim of sexual abuse at SVYC. All 15 interviewed resident either stated the national hotline of mentioned "Signs of Hope." Many residents pointed towards a posting of "Signs of Hope," which had their name, phone contact, and address. Finally, this auditor also interviewed 10 randomly selected direct supervision staff and 9 specialized staff, asking about resident access to outside emotional support. Each interviewed staff and shared their knowledge of SVYC's partnership with "Signs of Hope."</p> <p>This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.353.</p>
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115.354	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Summit View Youth Center's (SVYC) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.354. Summit View Youth Center (SVYC) submitted their PREA Standard Operating Procedures (SVYC #300.09) (Pages 20; Section T) as evidence of compliance with PREA Standard 115.354. Excerpts from SVYC's Standard Operating Procedures states, "1. Third parties can report sexual abuse and sexual harassment using the following methods:</p> <ul style="list-style-type: none"> a. Reporting to any SVYC staff member b. Calling the PREA Coordinator directly at 1-888-421-9971 c. Reporting to our external partner Nevada 211 by calling 211, texting your zip code to 898211, going to https://www.nevada211.org/ to chat with a 211 representative or calling them at 1-866-535-5654 from outside Nevada d. Reporting online at http://dcfs.nv.gov/Programs/JJS/PREAHome/

2. Information on reporting methods is provided in PREA brochures, PREA posters within the facility, youth and parental handbooks, and on the DCFS website located at: <http://dcfs.nv.gov/Programs/JJS/PREAHome/>

3. Third-party allegations of sexual abuse and sexual harassment are fully investigated and will follow the same investigative procedures of allegations reported by youth, staff, contractors, and volunteers."

Summit View Youth Center’s PREA Standard Operating Procedures (SVYC #300.09) (Pages 21; Section U) language aligns with PREA Standard 115.354. DCFS’ SVYC also submitted their website as evidence of their “transparency” to the public, community, and families. The website shares with families and the community various access points to complete a 3rd Party Report (Contact DCFS’ PREA Coordinator or SVYC’s PREA Compliance Manager, Call the DCFS PREA Hotline, call 211, or complete and online confidential report).

This auditor interviewed 15 randomly selected SVYC youth. This auditor asked each resident, “Are there individuals you know outside SVYC who you could report a sexual abuse/sexual harassment incident, if it happened to you while here at SVYC?” Each resident either stated that they could inform a guardian, family member, probation officer, attorney, or a trusted volunteer. Finally, 3rd Party reporting is a part of SVYC’s PREA Comprehensive Resident Education, which is required prior to a resident getting off Intake Level in the program.

This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.354.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.361. Summit View Youth Center (SVYC) submitted their “Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 15-19; Section 8)” as evidence of compliance with PREA Standard 115.361. Excerpts from “DCFS-JJS Statewide PREA Policy” states, “1. Upon learning of an allegation where a youth was sexually abused, the first staff member to respond shall immediately report the information to their designated supervisor, who will immediately report it to the Superintendent or designee. Staff are prohibited from revealing any information related to sexual abuse to anyone other than to make treatment, investigation, security, or management decisions. Non-security staff, if they are the first responder, shall immediately notify a security staff</p>

member.

2. Upon receiving news of the allegation, the Superintendent or designee shall immediately report the allegation to:

a. Local law enforcement.

b. The parent or legal guardian of the youth, both victim and perpetrator (unless there is documentation they should not be notified).

c. If the youth is under DCFS or county custody, the youth's case manager or social worker shall be notified.

d. Attorneys for the youth, both perpetrator and victim, shall be notified within 10 days of the allegation.

e. Child Protective Services, if the allegation involves a staff member and a youth under the age of 18.

f. DCFS Human Resources if the alleged perpetrator is a staff member.

3. The first direct care staff member aware of an alleged sexual abuse shall immediately ensure the youth is seen by medical staff for an initial evaluation and determination if outside treatment is needed."

Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 15-19; Section 8) has the necessary language to align with PREA Standard 115.361. While on-site, this auditor interviewed SVYC's Assistant Superintendent and PREA Compliance Manager who shared that all staff are trained to immediately respond to reports, suspicion, and observations of sexual abuse or sexual harassment. Additionally, both SVYC's Assistant Superintendent stated that all PREA incidents are reported CPS, guardians, legal, and law enforcement (if sexual abuse).

Summit View Youth Center (SVYC) also submitted their PREA Standard Operating Procedures (SVYC #300.09) (Pages 21-22; Section 5) as evidence of compliance with PREA Standard 115.361. Excerpts from SVYC's Standard Operating Procedures states, "**1.** All staff are required to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment alleged to have occurred in the facility, whether it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities which may have contributed to an incident or retaliation.

2. Facility staff will immediately report the above to their designated supervisor or a designee.

3. Youth are never required to write down their report; a verbal report is sufficient.

4. All staff, contractors, and volunteers are mandated reporters for child abuse, neglect, sexual harassment, and sexual abuse per NRS 432B.220 Section 4. Any

person who knowingly and willfully violates the provisions of NRS 432B.220 is guilty of a misdemeanor and subject to termination.

5. *Volunteers and contractors will immediately report to any staff member any sexual abuse, sexual harassment, retaliation or staff negligence or violation of policies which may contribute to an incident of sexual abuse or sexual harassment.*

6. *An immediate response to any sexual abuse or sexual harassment allegation is detailed in the Coordinated Response. Information on allegations will be shared with responsible parties on a need-to-know basis and information will be shared based on the extent necessary. Staff will maintain information on allegations and investigations in a confidential manner.*

7. *The Superintendent will make all required notifications to parents or legal guardians promptly (unless the facility has official documentation showing this notification should not occur). If the youth is within the child welfare system, the Superintendent will notify the youth's caseworker promptly. If the youth have an attorney, or other legal representative, the Superintendent will notify them within 14 days of the allegation.*

8. *All medical and mental health clinicians who provide services at SVYC are required to immediately report to the Superintendent and/or PREA Compliance Monitor any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment occurring within the facility; any knowledge, suspicion or information they receive regarding retaliation against staff or residents who report such incidents; and any staff negligence or violation of responsibilities or policies which may contribute to an incident or retaliation.*

9. *All staff, apart from reporting to designated supervisors or officials and designated State or local service agencies, are prohibited from revealing any information related to a sexual abuse or sexual harassment report to anyone other than to the extent necessary to complete the investigation effectively.*

10. *PREA allegations and investigations are considered confidential information. Information on the specific allegation will be shared on a need-to-know basis.*

a. *Medical and mental health staff will receive the information needed to provide victim services and conduct re-assessments.*

b. *The Head Group Supervisor, Assistant Head Group Supervisors, and correctional staff will be provided information about any heightened safety and security concerns for the alleged victim and perpetrator.*

c. *PREA Incident Review Team members will be provided a copy of the final investigation.*

11. *Medical practitioners are required to inform residents at the initiation of services their duty to report and the limitations of confidentiality, unless otherwise precluded by Federal, State, and local laws.*

	<p>12. <i>Allegations will be reported to a trained PREA investigators by the PREA Coordinator."</i></p> <p>Finally, according to randomly selected interviews with 22 SVYC direct supervision, medical, mental health, volunteer, and contracted staff, SVYC require all staff to immediately report any knowledge or suspicion on sexual abuse or sexual harassment. Furthermore, DCFS' PREA Coordinator submitted DCFS' "PREA Staff Acknowledgement Form," which is administered are an annual "refresher" and "reminder" to staff of their duties and responsibilities to report when an incident of sexual abuse or sexual harassment is reported to them, observed by them, or heard by them.</p> <p>This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.361.</p>
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115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Summit View Youth Center's (SVYC) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.362. Summit View Youth Center (SVYC) submitted their PREA Standard Operating Procedures (SVYC #300.09) (Pages 20; Section T) as evidence of compliance with PREA Standard 115.362. Excerpts from SVYC's Standard Operating Procedures states, <i>"SVYC will immediately take action to protect a resident upon learning the resident may be at risk for imminent sexual abuse. Actions could include contacting law enforcement, separating youth, or increasing staffing. These actions will be taken by the Superintendent or designee and/or the PREA Compliance Manager."</i></p> <p>Summit View Youth Center's PREA Standard Operating Procedures (SVYC #300.09) (Pages 22; Section W) language aligns with PREA Standard 115.362. This auditor interviewed 15 randomly selected SVYC youth. This auditor asked each resident, <i>"Does staff attempt to keep residents safe from sexual and sexual harassment?"</i> Each resident stated that staff make changes when needed to keep all resident safe. Additionally, 15 of 15 interviewed residents stated that they "feel safe" at SVYC, when asked by this auditor. Finally, this staff asked 10 randomly selected direct supervision staff and asked, <i>"How would you keep a vulnerable youth safe who's placed on the housing unit you're working?"</i> Each interviewed staff responded that they would either privately speak with the youth, confer with supervisor, or request the youth move to a safer housing unit (or a combination of the 3 responses).</p> <p>This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance</p>

with PREA Standard 115.362.

115.363 Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.363. Summit View Youth Center (SVYC) submitted their “Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Page 23; Section E)” as evidence of compliance with PREA Standard 115.363. Excerpts from “DCFS-JJS Statewide PREA Policy” states, *“Upon learning a youth was sexually abused while confined at another facility, the Superintendent shall notify, within 72 hours, the head of the other facility, and document the notification. Likewise, all notifications received by another facility a youth was sexually abused while confined in DCFS care will be investigated in accordance to this policy”*

Summit View Youth Center (SVYC) also submitted their PREA Standard Operating Procedures (SVYC #300.09) (Page 21; Section X) as evidence of compliance with PREA Standard 115.363. Excerpts from SVYC’s Standard Operating Procedures states, *“Upon receiving an allegation of a youth who was sexually abused while detained at another facility, the Superintendent will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and will also notify the appropriate investigative agency. a. The above notification will be provided as soon as possible, but no later than 72 hours after receiving the allegation. The Superintendent will document notification in the youth’s web-based case management record.”*

Though Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 23; Section E) and SVYC’s PREA Standard Operating Procedures (SVYC #300.09) (Page 21; Section X) has the necessary language to align with PREA Standard 115.361, this auditor could not conclude compliance with PREA Standard 115.363. SVYC stated in the PREA Resource Center’s Online Audit System (OAS) that SVYC had 1 incident in the past 12 months, where a resident admitted to SVYC reported a PREA-related incident which occurred at another facility. Though the PREA Coordinator stated in OAS that a phone call was made to the identified facility and the notification was documented in the “electronic case management system,” no physical evidence was provided for this auditor confirm compliance.

This PREA auditor recommended that SVYC develop a system where there’s

“physical evidence” that SVYC’s facility head made notification to the facility head or appropriate office of the agency where the allegation of abuse occurred, as well as the appropriate investigative agency. This could be through a letter from facility head to facility head, or an email thread from facility head to facility head (from facility head’s direct email, not from a different email address). This PREA auditor concluded that Summit View Youth Center (SVYC) was not in compliance with PREA Standard 115.363. A CORRECTIVE ACTION was required.

During Summit View Youth Center’s (SVYC) Corrective Action period, SVYC submitted, in the OAS Supporting Documentation/Supplemental Files Folder, email correspondence from NV-DCFS PREA Coordinator to all NV-DCFS heads and copied NV-DCFS Deputy Director (1/17/2023). This email contained the PREA Coordinator explaining information from this auditor sharing those verbal communications alone, from facility head-to-facility head, cannot be considered evidence of compliance. This is due to lack of physical documentation/email follow-up.

Additionally, NV-DCFS PREA Coordinator accompanied the email correspondence with a NV-DCFS approved “Facility Head-to Facility Head” template letter, which should be used going forward by NV-DCFS facility heads, if they receive a resident who reports being sexually abuse while at a previous facility. Finally, DCFS submitted their SOP 300.09 “Reporting to other Confinement Facilities” (Page 21; Section X), as evidence that SVYC indeed has a Standard Operating Procedure which aligns with PREA Standard 115.363.

This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.363.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="274 1442 564 1480">Auditor Discussion</p> <p data-bbox="274 1518 1477 2058">This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.364. Summit View Youth Center (SVYC) submitted their “Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 16-20; Section B/C)” as evidence of compliance with PREA Standard 115.364. Excerpts from “DCFS-JJS Statewide PREA Policy” states, “1. Upon learning of an allegation where a youth was sexually abused, the first staff member to respond shall immediately report the information to their designated supervisor, who will immediately report it to the Superintendent or designee. Staff are prohibited from revealing any information related to sexual abuse to anyone other than to make treatment, investigation, security, or management decisions.</p>

Non-security staff, if they are the first responder, shall immediately notify a security staff member.

2. *Upon receiving news of the allegation, the Superintendent or designee shall immediately report the allegation to:*

a. *Local law enforcement.*

b. *The parent or legal guardian of the youth, both victim and perpetrator (unless there is documentation they should not be notified).*

c. *If the youth is under DCFS or county custody, the youth's case manager or social worker shall be notified.*

d. *Attorneys for the youth, both perpetrator and victim, shall be notified within 10 days of the allegation.*

e. *Child Protective Services, if the allegation involves a staff member and a youth under the age of 18.*

f. *DCFS Human Resources if the alleged perpetrator is a staff member.*

2. *The first direct care staff member aware of an alleged sexual abuse shall immediately ensure the youth is seen by medical staff for an initial evaluation and determination if outside treatment is needed.*

This staff member shall ensure the alleged victim is safe and away from the alleged perpetrator. When separating youth who reside in the same living unit, moving the alleged perpetrator is always the first choice, unless supervisory staff approves moving the alleged victim due to other circumstances involving safety and security. This separation shall continue at least until an unfounded finding is made or the conclusion of the investigation. Substantiated investigations shall result in permanent separation.

a. *In the event there is no secondary and appropriate same-gendered living unit to move the alleged perpetrator or alleged victim to, youth shall be separated by placing them on separate sides of the living unit. Staff shall also take steps to separate them operationally, including within line movements, in educational and dining settings, and during large muscle exercise.*

This staff member shall obtain basic information about where the incident occurred and with whom. No other information shall be requested by this staff member. This information shall be reported to local law enforcement who is responsible to decide if they will investigate the allegation or the facility will conduct an administrative investigation.

This staff member shall preserve and protect the scene, if applicable, until the appropriate investigative staff arrives to begin the investigation. This may be either local law enforcement or a DCFS PREA Investigator.

If the incident just happened, the alleged perpetrator shall not be allowed to shower,

brush teeth, use the restroom, or eat and drink anything until there is an opportunity by local law enforcement or the DCFS PREA Investigator or designee to collect evidence. The staff shall also request the alleged victim not take any actions to destroy physical evidence, including, washing, changing clothes, eating, or drinking, or other actions until the investigative staff have the opportunity to collect evidence.

3. *The Superintendent shall maintain a Memorandum of Understanding (Attachment M), with local law enforcement. Every allegation of sexual abuse shall be sent to local law enforcement via email. If this is not available, local law enforcement will be notified via phone and this communication will be documented to the PREA Coordinator. Local law enforcement will make the decision if the allegation is such where local law enforcement will investigate the allegation or not. If local law enforcement chooses not to investigate, the PREA Coordinator shall start an administrative investigation and assign an investigator.”*

Summit View Youth Center (SVYC) also submitted their PREA Standard Operating Procedures (SVYC #300.09) (Page 23; Section Y) as evidence of compliance with PREA Standard 115.364. Excerpts from SVYC’s Standard Operating Procedures states, “1. When responding to an incident of sexual abuse or sexual harassment, staff are not to investigate the alleged offense. Staff will refer to PREA Allegation Checklist (Form B, DCFS/JJS 300.09, Attachment O) to ensure all initial steps are completed and submit an Incident Report.

2. *SVYC’s Coordinated Response includes the following duties for first responders:*

a. *Secure the scene and preserve evidence, including blocking off the area the alleged incident occurred, collecting evidence, and requesting the alleged victim and requiring the alleged perpetrator do nothing to damage potential evidence (i.e., change clothes, brush teeth, take a shower, eat or drink, use the restroom).*

b. *Separate the alleged victim and the alleged perpetrator, so they do not have any contact by moving the alleged perpetrator.*

c. *Notify medical and/or mental health staff. Notify a crisis advocate, as necessary and/or requested.*

d. *Complete an Incident Report.*

e. *Notify the Shift Supervisor and PREA Compliance Manager.”*

Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 16-20; Section B-C) and SVYC’s PREA Standard Operating Procedures (SVYC #300.09) (Page 23; Section Y) has the necessary language to align with PREA Standard 115.364. While on-site, this auditor interviewed SVYC’s Assistant Superintendent and PREA Compliance Manager shared that all staff are trained to immediately respond to reports, suspicion, and observations of sexual abuse or sexual harassment.

DCFS’ PREA Coordinator, SVYC’s Assistant Superintendent and SVYC’s PREA

	<p>Compliance Manager also showed this auditor a “DCFS First Responder Pocket Card,” which all staff are required to have on their person, while on duty at SVYC. The “DCFS First Responder Pocket Card” gives step-by-step instructions to 1st Responders on how to appropriately and immediately respond to a report, knowledge, or observation of sexual abuse (Ensure Separated, Secure Incident Location, Use PREA Response Kit, Request No Eat/Drink/Shower/Use Restroom, Immediately Notify Supervisor, Notify Medical/MH Staff, Ask Victim If They Would Like Emotional Support, Complete Incident Report) Finally, this auditor observed and checked the “PREA Response Kit” which DCFS’ PREA Coordinator and SVYC’ PREA Compliance Manager have placed on each housing unit. The PREA Response Kit is fully equipped with materials needed to preserve a possible crime scene and to gather usable evidence.</p> <p>This auditor interviewed 22 randomly selected direct supervision, medical, mental health, volunteer, and contracted staff. When this auditor posed a scenario-based question and asked the interviewee how they would respond. Each interviewed staff was able to share their 1st responder duties, including preserving usable evidence and using the “PREA Response Kit” clearly and confidently.” Finally, this auditor interviewed 15 randomly selected residents. Each resident’s primary PREA incident reporting avenue was “to tell a staff member.” Each shared that they felt that if they informed staff, that the incident would be responded to immediately.</p> <p>This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.364.</p>
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<p>115.365</p>	<p>Coordinated response</p>
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.365. Summit View Youth Center (SVYC) submitted their “PREA Coordinated Response Roles and Responsibilities Roadmap.” SVYC’s submitted roles and responsibilities roadmap gives a narrative of instructions of each staff member’s roles when sexual abuse is reported or observed.</p> <p>This auditor also interviewed 22 randomly selected direct supervision, medical, mental health, volunteer, and contracted staff. During each of these interviews, this auditor asked, “If a report or incident of sexual abuse occurs while you are on duty at SVYC, what is your coordinated responsibilities?” Each interviewed staff, clearly knew their roles to ensure victim safety and separation, preservation of evidence, medical attention, SAFE, mental health support, communications with appropriate</p>

	<p>guardians and community entities, law enforcement, documentation, etc.</p> <p>This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.365.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.366. This PREA auditor interviewed with DCFS PREA Coordinator, who stated that their entering into “Collective Bargaining Agreements do not limit DCR-PR Institutions from “the 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, as stated in PREA Standard 115.366. DCFS’ PREA Coordinator also submitted the link to DCFS Collective Bargaining Agreements (https://hr.nv.gov/sections/LRU/Labor_relations_unit).</p> <p>This PREA auditor was able to review “Collective Bargaining Agreements” related to DCFS facility employees through the link. The “Collective Bargaining Agreement” did not impede DCFS’ ability to protect victims from abusers, remove victims from contact with abusers pending outcomes of investigations.</p> <p>This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.366.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.367. Summit View Youth Center (SVYC) submitted their “Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 6; Section B)” as evidence of compliance with PREA Standard 115.367. Excerpts from “DCFS-JJS Statewide PREA Policy” states, “1. DCFS</p>

shall ensure all staff (including contractors and volunteers) cooperate in sexual abuse or sexual harassment investigations and take immediate steps to ensure youth and staff who report sexual abuse or sexual harassment are free from retaliation.

2. *On or about 10, 30, 60, and 90 days after an allegation, the Monitoring for Retaliation form (Attachment A), shall be completed to ensure no retaliation is occurring. The facility PREA Compliance Manager shall monitor all situations in which this applies and document any necessary actions taken if retaliation is occurring. This documentation shall be part of the investigative record.*

3. *Retaliation shall be reported to the PREA Coordinator by the next business day and addressed on a case-by-case basis, including an investigation conducted by facility staff or PREA Investigator.*

4. *Disciplinary action may be taken if retaliation is determined to have occurred.*

5. *The agency's obligation to monitor retaliation shall terminate if the agency determines the allegation is unfounded or if the youth being monitored is discharged from the facility."*

Summit View Youth Center (SVYC) also submitted their PREA Standard Operating Procedures (SVYC #300.09) (Page 25; Section 4) as evidence of compliance with PREA Standard 115.367. Excerpts from SVYC's Standard Operating Procedures states, "**1.** *SVYC takes seriously all reports of sexual abuse and harassment and protects youth and staff from retaliation for reporting sexual abuse and harassment.*

2. *All staff and youth are prohibited from retaliating against other staff or youth for reporting allegations of sexual abuse and harassment. Staff or youth who are found to have violated this prohibition will be subject to disciplinary action.*

3. *The Superintendent and PREA Compliance Manager will ensure the following actions are taken to guard against retaliation:*

a. *Separate the youth victim from the youth abuser by moving the abuser into a separate housing unit while making every effort to minimize the disruption to the youth's daily life, including access to education, programs, and other facility privileges; however, the involved youth will not have recreation together nor attend programming together.*

i. *In the event there is no secondary and appropriate same-gendered living unit to move the alleged perpetrator or alleged victim to, youth will be separated by assigning them to separate wings of the living unit. Group supervisor staff will be responsible to ensure youth remain separated during operations, including line movements, education, dining, large muscle, and other facility programming.*

b. *If allegations involve a staff member, they will be placed on administrative leave or reassigned to a post without sight and sound contact of youth victim until the investigation is concluded. They will have no contact with youth victim, until an*

unsubstantiated or unfounded finding is reached through a PREA Administrative Investigation.

c. If allegations involve a volunteer, their access to the facility will be revoked and will have no contact with youth victim, until an unsubstantiated or unfounded finding is reached through a PREA Administrative Investigation.

d. Provide mental health services for youth who may need emotional support.

e. Refer the staff member to the Employee Assistance Service program if needed.

f. Monitor treatment of the staff and/or youth who have reported sexual abuse or cooperated with investigators for at least 90 days after the reported incident (monitoring may continue beyond 90 days if the initial monitoring indicates the need). This will be done, at a minimum, at the 10, 30, 60, and 90-day mark from the date of the allegation. If changes are noted, those changes will be addressed with the staff and/or youth to determine if retaliation is taking place. If retaliation is confirmed, immediate steps will be taken to protect the youth or staff member.

g. If any other individual who cooperated with an investigation expresses a fear of retaliation, the Superintendent will take the appropriate measures to protect the individual.

5. Monitoring for retaliation against staff will include negative staff evaluations and reassignments. The duty to monitor for retaliation will cease when a youth victim is released from the facility and/or when an allegation has been determined to be unfounded.”

Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 6; Section B) and SVYC’s PREA Standard Operating Procedures (SVYC #300.09) (Page 25; Section 4) has the necessary language to align with PREA Standard 115.367. While on-site, this auditor interviewed SVYC’s Assistant Superintendent and PREA Compliance Manager who shared that retaliation monitoring occurs with all PREA Administrative investigations, The PREA Compliance Manager and other trained staff are responsible for “*Retaliation Monitoring.*” Furthermore, SVYC submitted an example “Retaliation Monitoring” form for review. This PREA auditor also reviewed 8 randomly selected PREA Administrative Investigation files. Each of the 8 selected files contained a completed "Retaliation Monitoring" form.

This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.367.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard

Auditor Discussion

This PREA Auditor reviewed Summit View Youth Center's (SVYC) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.368. Summit View Youth Center (SVYC) submitted their SVYC's PREA Standard Operating Procedures (SVYC #300.09) (Page 17; Sections 6-8)" as evidence of compliance with PREA Standard 115.368. Excerpts from "SVYC's PREA Standard Operating Procedures" states, "**6.** SVYC residents will only be isolated if the youth is a danger to others or for protection from others. For the later reason, all other options will have been exhausted and will be the last resort. If any youth is isolated from the group for reason of safety, every seven days, the reason for the isolation will be reevaluated to determine if the threat still exists and if there is a better solution to the separation. a. If a resident is isolated for protection, the Superintendent or their designee will clearly document the facility's concern for safety and the reason why no alternative means of separation can be arranged.

7. Any room confinement or isolation lasting more than 15 minutes for safety reasons will be documented in the web-based case management system. The following will be included in the shift supervisor or unit lead's incident report:

a. Reason for confinement

b. Reason no alternative means of separation was used

c. Expected time confinement will be terminated

8. SVYC shall maintain youth in the general population and provide the following:

a. Daily large muscle

b. Legally required educational programming and special education services

c. While confined or isolated, daily visits from a medical or mental health clinician

d. Access to other programs and work opportunities to the extent possible."

SVYC's PREA Standard Operating Procedures (SVYC #300.09) (Page 17; Sections 6-8) has the necessary language to align with PREA Standard 115.368. While on-site, this auditor interviewed SVYC's Assistant Superintendent and PREA Compliance Manager who shared that room confinement is sole based on immediate harm to self or others. Furthermore, both stated that SVYC do not have a segregated housing unit. Rather out-of-control residents are confined to their own personal rooms (single room housing units). Finally, SVYC's Asst, Superintendent shared that resident do not lose any of their legally requires programming (education, visits, meals, large muscle exercise, etc.).

This auditor also interviewed 10 randomly selected direct supervision staff and

	<p>asked if room confinement is used to protect resident victims of sexual abuse. Each interviewed staff either stated that the victim and perpetrator would be separated in areas of housing assignment and program assignments, rather than using room confinement/isolation as an initial resort. According to the interviewed staff, room confinement is primarily used when a resident’s behavior presents harm to himself or other residents.</p> <p>Finally, this auditor interviewed 15 randomly selected residents and asked if victim residents of sexual abuse are isolation to protect them from their perpetrator. Each resident had similar responses, stating that residents are rarely isolated. They may be temporarily confined to their room, for behavioral issues, not PREA protections.</p> <p>This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.368.</p>
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.371. Summit View Youth Center (SVYC) submitted their “Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 20-22)” as evidence of compliance with PREA Standard 115.371. Excerpts from “DCFS-JJS Statewide PREA Policy” states, “A). <i>All allegations with a criminal element, including all sexual abuse allegations, shall be immediately reported to local law enforcement for investigation. The Superintendent shall ensure all allegations of sexual abuse are routed to local law enforcement.</i></p> <p>B). <i>All facility staff shall fully cooperate in criminal investigations. The PREA Compliance Manager shall help arrange interviews and provide requested information.</i></p> <p>C). <i>The facility shall leave an investigation open when local law enforcement is the investigative body.</i></p> <p>D). <i>The facility will make every effort to receive a copy of the finalized police report from local law enforcement and take any follow up action required.</i></p> <p>E). <i>An administrative investigation shall be initiated once local law enforcement has verbally or in writing, verified they have completed their investigation, including those still pending a final police report.</i></p>

ADMINISTRATIVE INVESTIGATIONS

- A).** Allegation's meeting PREA definitions of sexual harassment, not meeting a criminal element, shall be handled through an administrative investigation conducted by a DCFS PREA Investigator.
- B).** Investigations handled initially by law enforcement, either investigated or declined, shall be administratively investigated once law enforcement has completed their work.
- C).** Each facility shall follow their customized Coordinated Response (Attachment B), to ensure each staff member fulfills their responsibility within an administrative investigation (see facility's Coordinated Response).
- D).** Alleged victims, perpetrators and witnesses shall be interviewed by a trained investigator in person or through a video-based platform (e.g., Life Size) in a private and confidential setting. Phone interviews shall be avoided unless it is the only option to secure the testimony.
- E).** The facility shall not terminate an investigation of sexual abuse or sexual harassment solely because the source of the allegation recants the allegation, leaves the facility, or an employee vacates or is terminated from his or her position. All allegations shall be fully and completely investigated until their conclusion. Victims who recant may be victims of retaliation, so investigations shall continue until finalized.
- L).** Local law enforcement shall be contacted if the results of an administrative investigation end up meeting a level of a criminal offense after more information is gained during the administrative process. Facilities may share any data or evidence collected with local law enforcement except for staff interview evidence if staff member is the alleged perpetrator."

Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 20-22) has the necessary language to align with PREA Standard 115.371. While on-site, this auditor interviewed SVYC's Assistant Superintendent and PREA Compliance Manager who shared that ALL resident allegations of sexual abuse and sexual harassment are taken serious and immediately responded to and investigated. This auditor also interviewed 22 randomly selected direct supervision, medical, mental health, volunteer, and contracted staff. During each of these interviews, this auditor asked, "What is your responsibility when someone reports, you observe, or obtain knowledge of an allegation of sexual abuse or sexual harassment? How soon do you respond to these reports, observations, or this obtained knowledge allegation?" Each interviewed staff clearly knew their roles to ensure victim safety and separation, preservation of evidence, notification of supervisors, PREA Compliance Manager, PREA Coordinator to identify PREA Investigator, and proper documentation. Additionally, each interviewed staff stated that they would take immediate action after receiving report, observe, or obtain information about sexual abuse or sexual harassment. This PREA auditor also reviewed 8 randomly selected PREA Administrative

Investigation files. Each of the 8 selected files were complete with all components required of a PREA Investigation file (Overall Investigative Summary with Preponderance of Evidence, 1st Responder Incident Report, Alleged Victim/Perpetrator Statement/Interview Responses, Witness Statement, Video Time/Day Stamp, Other Support Documents, Retaliation Monitoring Forms, Resident Notification Verification).

This auditor interviewed 15 randomly selected residents and asked, "Have you reported an incident of sexual abuse or sexual harassment while being at SVYC." One resident shared that he did report through a grievance, that another resident groped him. When this auditor asked how this grievance report was responded to, the resident stated that the incident did not get addressed or investigated after informing the staff. This PREA Auditor shared this information with the DCFS' PREA Coordinator, who assigns PREA Investigators and keeps tracks of all completed PREA Investigations. She informed this auditor that she had no knowledge of this incident. The PREA Coordinator interviewed the resident, who confirmed his grievance report, the perpetrating resident, and that staff who did not respond to his grievance report. DCFS' PREA Coordinator informed this auditor that she immediately forwarded this groping incident to law enforcement for investigation, met with SVYC's PREA Compliance Manager and assigned a PREA Investigator. According to DCFS' policy, trained DCFS PREA Administrative Investigators do not investigate PREA-related incidents within their own facilities.

This auditor could not conclude compliance, due to this youth's report not being addressed and investigated. This youth's report of being groped by another male peer, only moved back onto the PREA radar, as a result on this PREA Auditor's randomly selected interviews. One could presume that a report if this nature could fall through the cracks of PREA reporting responsibilities, there could be more PREA-related reports not being addressed? This auditor recommended that DCFS' PREA Coordinator and SVYC's Superintendent work closely together to monitor youth reports of sexual abuse and sexual harassment, to ensure ALL reports of sexual abuse or sexual harassment at SVYC are being immediately responded to and investigated. DCFS' PREA Coordinator and/or an unbiased NV-DCFS personnel could also conduct periodic "resident status check surveys" to strengthen the integrity of their PREA reporting and responding efforts and trust in a culture of safety. This PREA also recommended that SVYC establish consistency in practice before this auditor could conclude compliance. This PREA auditor concluded that Summit View Youth Center (SVYC) was not in compliance with PREA Standard 115.371. A CORRECTIVE ACTION was required.

During Summit View Youth Center's (SVYC) Corrective Action period, SVYC submitted evidence in the OAS Supporting Documentation/Supplemental Files Folder. As a part of SVYC's Correction Action Plan, NV-DCFS PREA Coordinator, NV-DCFS Chief of Social Services, and NV-DCFS Deputy Director of JJS has assigned unbiased staff personnel (Interim NV-DCFS PREA Investigator) to conduct unannounced, confidential, on-site youth surveys with a random selection of SVYC youth each quarter.

	<p>In January 2023, NV-DCFS (with technical assistance from this auditor), started the development of the “Nevada JJS PREA Quality Review Youth Satisfaction Survey” (NPQYSS). During that same period NV-DCFS’s PREA Coordinator accepted another position with the state of Nevada. The NV-DCFS team continued and completed developing the NPQYSS in February 2023. NV-DCFS’s “Nevada JJS PREA Quality Review Youth Satisfaction Survey” consists of 12 questions, which are read to each randomly selected SVYC youth by the assigned surveying staff, and the youth answers accordingly with a “strongly disagree,” “disagree,” “undecided,” “agree,” “strongly agree.” Youth survey questions range from the following: #5) I believe that this facility prevents, protects and youth from sexual abuse and sexual harassment; #7) This facility provides youth multiple ways to report an incident of sexual abuse and sexual harassment; #8) I know how to report an incident of sexual of sexual harassment if it occurred to me; #10) I trust that this facility fully investigates reports of sexual abuse and sexual harassments; #11) I have reported a sexual abuse or sexual harassment incident since being placed at this facility and; #12) If yes, the incident was properly investigated, and I was informed of the outcome of the investigation.</p> <p>Finally, NV-DCFS submitted their NPQYSS survey data documentation from their 1st and 2nd quarter unannounced surveys at SVYC (3/27/23) and 6/8/23). Each quarter’s unannounced survey consisted of 5 randomly selected non-duplicated residents being surveyed. All 10 surveyed shared “Strongly Agree” or “Agree” to each of the 12 questions asked. Two residents shared that they reported sexual abuse/sexual harassment. Both also “agreed” that the allegation was properly investigated, and they were informed of the outcome.</p> <p>This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.371.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.372. Summit View Youth Center (SVYC) submitted their “Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 21; Section G)” as evidence of compliance with PREA Standard 115.372. Excerpts from “DCFS-JJS Statewide PREA Policy” states, “<i>With all administrative investigations, no standard beyond a preponderance of evidence shall be used.</i>”</p>

	<p>Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 21; Section G) has the necessary language to align with PREA Standard 115.372. While on-site, this auditor interviewed 3 DCFS-SVYC PREA Investigators, who confirmed that ALL PREA Administrative Investigators are trained to solely use “<i>Preponderance of Evidence</i>” as their standard in determining substantiation in investigations (Substantiated, Unsubstantiated, or Unfounded). This PREA auditor also reviewed 8 randomly selected PREA Administrative Investigation files. Each of the 8 selected files were complete with all components required of a PREA Investigation file (Overall Investigative Summary with Preponderance of Evidence, 1st Responder Incident Report, Alleged Victim/Perpetrator Statement/Interview Responses, Witness Statement, Video Time/Day Stamp, Other Support Documents, Retaliation Monitoring Forms, Resident Notification Verification)</p> <p>This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.372.</p>
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.373. Summit View Youth Center (SVYC) submitted their “Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 21; Section G)” as evidence of compliance with PREA Standard 115.373. Excerpts from “DCFS-JJS Statewide PREA Policy” states, “F). The elements within an administrative investigation include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Incident report documented in Tyler Supervision; 2. PREA Youth Report Form A (Attachment N); 3. PREA Allegation checklist Form B (Attachment O); 4. PREA Administrative Investigation Report (Attachment P), including summary of alleged incident, summary of physical and testimonial evidence, credibility assessments (based on the individual and not determined by the person’s status as a youth or staff), whether staff actions or failures to act contributed to the abuse or harassment, investigative facts and summary, and investigative findings as expressed as substantiated, unsubstantiated, and unfounded); 5. Written statements from all involved parties, including staff and youth;

	<p>6. Monitoring for Retaliation (Attachment A);</p> <p>7. Notification of Investigation (Attachment Q);</p> <p>8. PREA Incident Review Team (Attachment R).</p> <p>H). The alleged youth victim shall be notified of the final finding of the investigation. This shall be documented on the Notification of Investigation Form (Attachment Q)."</p> <p>Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 21; Section G) has the necessary language to align with PREA Standard 115.373. While on-site, this auditor interviewed 3 DCFS-SVYC PREA Investigators, who confirmed that ALL PREA Administrative Investigators are trained to issue a "<i>Notification of Investigation Form</i>" to the alleged sexual abuse/sexual harassment victim upon conclusion of the PREA investigation. While onsite, this PREA auditor also reviewed 8 randomly selected PREA Administrative Investigation files. Each of the 8 selected files were complete with all components required of a PREA Investigation file (Overall Investigative Summary with Preponderance of Evidence, 1st Responder Incident Report, Alleged Victim/Perpetrator Statement/Interview Responses, Witness Statement, Video Time/Day Stamp, Other Support Documents, Retaliation Monitoring Forms, Resident Notification Verification). Additionally, SVYC submitted 14 completed investigation packets of PREA Administrative Investigations in the past 12 months. Each contained completed/signed "<i>Notification of Investigation Forms</i>."</p> <p>This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.373.</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.376. Summit View Youth Center (SVYC) submitted their “Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 23; Section 14)” as evidence of compliance with PREA Standard 115.376. Excerpts from “DCFS-JJS Statewide PREA Policy” states, “1. Staff who violate agency policies relating to sexual abuse or sexual harassment with a youth shall be subject to administrative or disciplinary action up to and including termination. Discipline shall be based on the results of the Division’s Human Resource administrative investigation, with discipline in accordance with Chapter 284 of the Nevada Revised Statutes and Nevada Administrative Code and any other</p>

applicable statutes, per the Rules for State Personnel Administration manual. As warranted, staff may be reported to local law enforcement and any relevant licensing board.

2. *To ensure compliance with PREA Standard §115.376, the Division’s Human Resource office shall notify the PREA Coordinator, in writing, of the disciplinary action taken.*

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

b. *Disciplinary sanctions shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.*

3. *The Division’s Human Resources shall provide information on substantiated allegations, or pending investigations of sexual abuse or sexual harassment, with a current or former employee, upon receiving a request from an institutional employer.*

4. *Violations of policy and procedure relating to sexual abuse or sexual harassment shall be dealt with on a case-by-case basis.*

5. *Any staff member who voluntarily resigns or is terminated due to sexual abuse or sexual harassment violations may be referred to local law enforcement for possible criminal action, as well as reported to the appropriate state licensing agency, if the incident was not previously reported.”*

Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 23; Section 14) has the necessary language to align with PREA Standard 115.376. Additionally, while onsite, this PREA Auditor interviewed Summit View Youth Center’s (SVYC) Assistant Superintendent to gain insight into disciplinary sanctions for staff PREA violations. SVYC’s Assistant Superintendent informed this auditor that disciplinary actions for staff PREA violations range from reassignment, suspension, termination, and up to legal action taken. This auditor also corresponded with Nevada DCFS’s Human Resource Analyst who confirmed that SVYC Assistant Superintendent’s responses. SVYC’s Human Resources Manager also shared that they inform other facilities who are seeking to hire a former employee who has been substantiated for sexual abuse while employed at any Nevada DCFS facility.

This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.376.

115.377	Corrective action for contractors and volunteers
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	Auditor Overall Determination: Meets Standard
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Auditor Discussion

This PREA Auditor reviewed Summit View Youth Center's (SVYC) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.377. Summit View Youth Center (SVYC) submitted their "Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 23; Section 14)" as evidence of compliance with PREA Standard 115.377. Excerpts from "DCFS-JJS Statewide PREA Policy" states, "**1.** Staff who violate agency policies relating to sexual abuse or sexual harassment with a youth shall be subject to administrative or disciplinary action up to and including termination. Discipline shall be based on the results of the Division's Human Resource administrative investigation, with discipline in accordance with Chapter 284 of the Nevada Revised Statutes and Nevada Administrative Code and any other applicable statutes, per the Rules for State Personnel Administration manual. As warranted, staff may be reported to local law enforcement and any relevant licensing board.

2. To ensure compliance with PREA Standard §115.376, the Division's Human Resource office shall notify the PREA Coordinator, in writing, of the disciplinary action taken.

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

b. Disciplinary sanctions shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

3. The Division's Human Resources shall provide information on substantiated allegations, or pending investigations of sexual abuse or sexual harassment, with a current or former employee, upon receiving a request from an institutional employer.

4. Violations of policy and procedure relating to sexual abuse or sexual harassment shall be dealt with on a case-by-case basis.

5. Any staff member who voluntarily resigns or is terminated due to sexual abuse or sexual harassment violations may be referred to local law enforcement for possible criminal action, as well as reported to the appropriate state licensing agency, if the incident was not previously reported."

Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 23; Section 14) has the necessary language to align with PREA Standard 115.377. Additionally, while onsite, this PREA Auditor interviewed Summit View Youth Center's (SVYC) Assistant Superintendent to gain insight into disciplinary sanctions for contractors/volunteers PREA violations. SVYC's

	<p>Assistant Superintendent informed this auditor that disciplinary actions for volunteers and contractors range from reporting contractor/volunteer to their licensing agency, up to criminal charges being filed. This auditor also corresponded with Nevada DCFS's Human Resource Analyst who confirmed that SVYC Assistant Superintendent's responses. SVYC's Human Resources Manager also shared that they inform other facilities who are seeking to contract or engage in a volunteer relationship with the former contractor/volunteer who has been substantiated for sexual abuse while at any Nevada DCFS facility.</p> <p>This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.377.</p>
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115.378	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Summit View Youth Center's (SVYC) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.378. Summit View Youth Center (SVYC) submitted their "Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 23; Section 14)" as evidence of compliance with PREA Standard 115.378. Excerpts from "DCFS-JJS Statewide PREA Policy" states, "1. <i>Youth with a substantiated case of sexual abuse or sexual harassment (which is not criminal) shall receive intervention rather than discipline and shall be conducted on a case-by-case basis based on the nature and circumstances of the acts committed by the youth. Types of interventions may include treatment, counseling, and education.</i>"</p> <p>Summit View Youth Center (SVYC) also submitted their PREA Standard Operating Procedures (SVYC #300.09) (Pages 17 & 30) as evidence of compliance with PREA Standard 115.378. Excerpts from SVYC's Standard Operating Procedures states, "a. <i>Youth, through a formal investigative process, who are found to have engaged in youth-on-youth sexual abuse or harassment will receive appropriate interventions, to include prosecution. Youth who are not formally prosecuted will be referred to the Disciplinary Review Board via a tracking form.</i></p> <p>b. <i>Any disciplinary measures provided will consider the offense committed, the circumstances of the offense, the youth's disciplinary history and a review of the sanctions provided to other youth who have committed similar offenses and with similar histories. The Disciplinary Review Board will also consider if the youth has a developmental disability or mental illness which may contribute to his behavior. The youth may be referred to the facility mental health counselor for a risk assessment</i></p>

and possible counseling.

c. In the event the sanctions provided to the youth include isolation, youth will be provided with one hour of recreation a day, access to school, access to medical services, and access to other programming to the extent possible.

d. In the event the sexual contact was with a staff member, disciplinary action will only be taken on the youth if the staff member did not consent or initiate such contact.

e. SVYC prohibits youth-on-youth sexual activity and federal law identifies youth-on[1]youth sexual activity cannot be ignored even if consensual. Federal definition indicates youth in confinement settings cannot consent to any sexual activity. In situations where there is a report of youth-on-youth sexual activity, it will first be determined through the investigative process if the activity was consensual in terms of no force or violence was involved. As consensual sex, which does not include coercion, is not abuse, the way it will be addressed is through the normal disciplinary process and appropriate actions and sanctions imposed.

f. Any reports of sexual abuse or harassment made in good faith by a youth who prove to be unsubstantiated will not constitute falsely reporting an incident or lying. Any reports of sexual abuse and/or sexual harassment found to be made in bad faith will be appropriately addressed following disciplinary policies and procedures.”

Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 23-24; Section 14) and SVYC’s PREA Standard Operating Procedures (SVYC #300.09) (Pages 17 & 30) has the necessary language to align with PREA Standard 115.378. Additionally, while onsite, this PREA Auditor interviewed Summit View Youth Center’s (SVYC) Assistant Superintendent to gain insight into disciplinary sanctions for resident PREA violations. SVYC’s Assistant Superintendent informed this auditor that SVYC utilize a range of interventions ranging from mental health counseling, program adjustments, disciplinary review board sanctions, up to criminal prosecution for resident. This auditor also interviewed Nevada DCFS’s PREA Coordinator who confirmed SVYC Assistant Superintendent’s responses. Nevada DCFS PREA Coordinator also shared that all the required reporting entities, guardians, and court-personnel are informed of the outcome of the investigation related to the alleged resident(s).

This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.378.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

This PREA Auditor reviewed Summit View Youth Center's (SVYC) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.381. Summit View Youth Center (SVYC) submitted their "Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Page 14-15; Section 6-7) and (Page 18; Section 11)" as evidence of compliance with PREA Standard 115.381. Excerpts from "DCFS-JJS Statewide PREA Policy" (Page 18; Section 11) states, "Youth who are alleged to be victims or perpetrators shall be referred to mental health for follow up and reassessed for risk." Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Page 14-15; Section 6-7), states,"**6.** The facility shall attempt to conduct a mental health evaluation on youth who have a known history of youth-on-youth perpetration within 60 days of learning of such history, and offer treatment as deemed appropriate by mental health staff.

7. If the intake screening process indicates a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the PREA Compliance Manager will ensure the resident is offered a meeting with a medical or mental health counselor within 14 days of the intake screening."

Summit View Youth Center (SVYC) also submitted their PREA Standard Operating Procedures (SVYC #300.09) (Pages 30-31; Section 2) as evidence of compliance with PREA Standard 115.381. Excerpts from SVYC's Standard Operating Procedures states, "1. If the intake screening process indicates a resident has experienced prior sexual assault victimization, whether it occurred in an institutional setting or in the community, the PREA Compliance Manager will ensure the resident is offered a follow-up meeting with a medical or mental health counselor within 14 days of the intake screening.

Youth who disclose prior sexual abuse or victimization during intake or screening shall be referred for a further medical and mental health screening within 72 hours of the disclosure and the services provided shall be tracked by the PREA Compliance Manager. Medical and mental health staff shall determine whether the incident occurred in a facility or community setting. The medical or mental health follow-up shall take place within 14 days of the disclosure.

3. The PREA Compliance Manager will ensure the appropriate referral is made within 72 hours regarding the follow up meeting with a medical or mental health counselor.

4. If determined a youth is a sexual abuser (youth-on-youth), a mental health evaluation will be attempted within the first 60 days of learning this information. Also, the facility will offer youth with previous sexual abuse mental health treatment when a qualified mental health clinician has deemed such treatment is needed.

5. Staff will handle any information related to sexual victimization or abusiveness with confidence and will limit this information to medical and mental health counselors and other necessary staff, including the Superintendent, Assistant

Superintendent, Psychiatric Case Manager, and PREA Compliance Manager, as necessary, to make informed treatment plans and security and management decisions, including for housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

6. *All SVYC medical and mental health staff will obtain informed consent from youth before disseminating information about prior sexual victimization not occurring in an institutional setting unless under the age of 18."*

Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 14-15; Section 6-7) and (Page 18; Section 11) aligns with PREA Standard 115.381. SVYC's PREA Standard Operating Procedures (SVYC #300.09) (Pages 30-31: Section 2) also has the necessary language to align with PREA Standard 115.381. While onsite, this PREA Auditor interviewed 2 Summit View Youth Center (SVYC) Mental Health Practitioners. During this interview, it was apparent that SVYC's mental health practitioners were aware of their requirement to complete a follow-up within 14 days for residents who were identified as "having history" of perpetration or victimization, based on SVYC's "PREA Risk of Abusiveness and Victimization" screening tool administered at intake. In turn, SVYC's Mental Health Practitioners were unable to provide this auditor with "contact note" or "progress note" evidence of conducting follow-ups within 14 days for those resident scoring "having history" of perpetration or victimization on the PREA screening tool at intake. This auditor shared the PREA Standard and explained the follow-up requirements.

This auditor also reviewed the "*PREA Compliance Manager's Admissions Tracking Spreadsheet,*" which SVYC's PREA Compliance Manager uses to track intakes, PREA Orientation, PREA Education, PREA Risk Screening Housing Decisions, and 14-Day Mental Health Follow-Ups. This risk spreadsheet tracked 36 total intakes from 7/21/21 to 6/22/22. According to this risk spreadsheet, there were 10 residents who scored "at risk," who may have had history of sexual victimization or perpetration. However, the spreadsheet did not delineate if any of the 10 identified "at-risk" residents had history and should have received a mental health follow-up within 14-days. The "*PREA Compliance Manager's Admission's Tracking Spreadsheet*" showed 0/10 received follow-up with a mental health practitioner. What was more concerning was that the "*PREA Compliance Manager's Admissions Tracking Spreadsheet*" showed that all 10 residents "were offered" mental health follow-up and all 10 "rejected follow-up."

This PREA auditor recommended that 14-day follow up "acceptance" or "rejection" by the resident occur at the point of contact during the follow-up session with the mental health practitioner, rather than at the point of contact with the intake staff. In this manner, the mental health practitioner will at minimum have a "contact note" showing that the follow-up within 14 days did occur. The resident already has a lot going on mentally, internally, and physically with the various screenings, questions, showering, exchange of clothing and property, seeing unfamiliar faces, thoughts of the unknown, and having to disclose person history/reliving traumas. After all the intake dust settles, a follow-up session with a mental health practitioner

	<p>could be beneficial.</p> <p>This auditor also recommended that the medical or mental health practitioner’s “contact notes” or “progress notes” related to sessions resulting from SVYC’s PREA Risk Screening results, should be clearly identified in the subject of the contact note and within the body of the note. This PREA auditor concluded that Summit View Youth Center (SVYC) was not in compliance with PREA Standard 115.381. A CORRECTIVE ACTION was required.</p> <p>During Summit View Youth Center’s (SVYC) Corrective Action period, SVYC submitted evidence in the OAS Supporting Documentation/Supplemental Files Folder. SVYC submitted email correspondence (dated 11/29/22) from NV-DCFS PREA Coordinator to the Mental Health Contracted, MH Staff, Classification, and the MH Staff who conduct PREA Risk Screenings. The email consisted of PREA Coordinator providing clear direction on properly documenting 14-day follow-ups for residents who assessed to have history or scores “at risk” of victimization or perpetration. NV-DCFS’s PREA Coordinator also shared that all 14-day follow-ups should be documented in “Enterprise Supervision,” and in a manner which makes it clear that this is a note/follow-up clearly related to SVYC’s PREA Risk Assessment. As of 1/2023, “Enterprise Supervision” has been updated with 2 new categories to capture PREA-Specific clinical notes specifically, “PREA 14-day follow-ups” and “PREA Allegation Follow-ups.”</p> <p>Additionally, SVYC submitted 4-5 example emails sent from the intake mental health counselors who conducts the PREA Risk Assessments, to the Mental Health Practitioners, PREA Compliance Manager, and Superintendents. These emails share the results of the PREA Risk Assessment, to initiate/prompt the Mental Health Practitioner’s follow-up with the resident within 14-days. SVYC also submitted their “PREA Risk Assessment History Report” which captured all PREA Risk Assessments from 1/2023 through 6/2023. This report shows 42 admissions and their dates, as well as their PREA Risk Assessment Dates/Risk Scores. SVYC also submitted all PREA 14-day follow-ups from 3/2023 through 6/2023. This auditor reviewed 22 progress/clinical note documentations which verified follow-up in the allotted 14-day timeframe. The note also stated the purpose of the follow-up interaction being PREA Risk Score related.</p> <p>This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.381.</p>
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents

submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.382. Summit View Youth Center (SVYC) submitted their "Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 20; Section X)" as evidence of compliance with PREA Standard 115.382. Excerpts from "DCFS-JJS Statewide PREA Policy" states, "**A.** Any victim or alleged victim of sexual abuse shall have timely and unimpeded access to emergency medical treatment.

B. Victims or alleged victims shall be requested not to shower, change clothing, use the bathroom, brush teeth, or consume food or beverage prior to seeking emergency medical treatment if it is still possible to collect evidence. Perpetrators or alleged perpetrators shall not be permitted to shower, change clothing, use the bathroom, brush teeth, or consume food or beverage until possible evidence is collected. Evidence collection should take place within two hours.

C. Emergency medical treatment may be the nearest hospital, outside facility, or clinic.

D. A qualified medical practitioner shall perform forensic medical examinations to determine the nature and scope of the abuse and collect any evidence related to the alleged abuse.

E. The facility is responsible for any and all costs associated with emergency medical treatment and forensic medical examinations.

F. Upon return to the facility, the Superintendent or designee and the PREA Compliance Manager shall review the youth's current housing situation and make changes if necessary. The safety, security, and well-being of the alleged victim shall be the primary concern. Under no circumstances may an alleged victim be housed in the same area as the alleged perpetrator. If a staff member is the alleged perpetrator, they may not work in the same housing unit as the alleged victim.

G. If a youth requires ongoing medical care related to the alleged abuse outside of the facility, the Superintendent shall ensure the youth receives any and all services required. The facility is responsible for all costs associated with these services."

Summit View Youth Center (SVYC) also submitted their PREA Standard Operating Procedures (SVYC #300.09) (Page 31: Section JJ) as evidence of compliance with PREA Standard 115.382. Excerpts from SVYC's Standard Operating Procedures states, "1. Victims of sexual abuse will receive immediate, unimpeded access to emergency medical treatment and crisis intervention services. The initial step will be a SVYC staff member transporting the victim to UMC for any emergency care and crisis intervention services. The hospital will make a medical assessment to determine the emergency care necessary. A forensic exam will be offered to the victim by the emergency mental health provider or medical practitioner. The type of emergency services will be determined by the emergency medical practitioner or mental health provider. The forensic exam will be conducted by professionals who are certified in sexual assaults whenever possible. The service will be offered

	<p><i>whether the victim cooperates in the investigation or not. The financial cost will be assumed by SVYC.</i></p> <p>2. <i>UMC will offer information about and offer sexually transmitted infections prophylaxis, where medically appropriate, in accordance to professionally accepted standards of care. Sexually transmitted disease (STD) tests will be offered to residents who wish to be tested at no cost and regardless of whether the victim names the abuser or cooperates with the investigation.</i></p> <p>3. <i>SVYC will offer mental health services, if appropriate or requested, to a youth victim of sexual assault through the Mental Health Crisis Team available at (702) 486-7865.”</i></p> <p>Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Page 20; Section X) and SVYC’s PREA Standard Operating Procedures (SVYC #300.09) (Page 31; Section JJ) has the necessary language to align with PREA Standard 115.382. Additionally, while onsite, this PREA Auditor interviewed Summit View Youth Center’s (SVYC) Director of Nursing (DON), to gain insight on Medical “<i>unimpeded access</i>” to victims of sexual abuse. SVYC’s Director of Nursing shared that victims of sexual abuse are seen immediately. Medical and mental health team enact their coordinated response crisis intervention procedures which includes Medical Attention, SANE/SAFE examinations, emotional support, information about STDs and STD testing. The DON also stated that the resident victim(s) will incur no cost for the medical or mental health services and follow-ups. This auditor reviewed SVYC’s “<i>Coordinated Response Procedures,</i>” which detailed each staff’s role in response to a sexual abuse allegation.</p> <p>Finally, this auditor interviewed 22 randomly selected direct supervision, medical, mental health, volunteer, and contracted staff. During each of these interviews, this auditor asked, “If a report or incident of sexual abuse occurs while you are on duty at SVYC, what is your coordinated responsibilities?” Each interviewed staff, clearly knew their roles to ensure victim safety and separation, preservation of evidence, medical attention, SAFE, mental health support, communications with appropriate guardians and community entities, law enforcement, documentation, etc.</p> <p>This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.382</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents

submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.382. Summit View Youth Center (SVYC) submitted their "Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 20; Section X)" as evidence of compliance with PREA Standard 115.382. Excerpts from "DCFS-JJS Statewide PREA Policy" states, "**A.** Any victim or alleged victim of sexual abuse shall have timely and unimpeded access to emergency medical treatment.

B. Victims or alleged victims shall be requested not to shower, change clothing, use the bathroom, brush teeth, or consume food or beverage prior to seeking emergency medical treatment if it is still possible to collect evidence. Perpetrators or alleged perpetrators shall not be permitted to shower, change clothing, use the bathroom, brush teeth, or consume food or beverage until possible evidence is collected. Evidence collection should take place within two hours.

C. Emergency medical treatment may be the nearest hospital, outside facility, or clinic.

D. A qualified medical practitioner shall perform forensic medical examinations to determine the nature and scope of the abuse and collect any evidence related to the alleged abuse.

E. The facility is responsible for any and all costs associated with emergency medical treatment and forensic medical examinations.

F. Upon return to the facility, the Superintendent or designee and the PREA Compliance Manager shall review the youth's current housing situation and make changes if necessary. The safety, security, and well-being of the alleged victim shall be the primary concern. Under no circumstances may an alleged victim be housed in the same area as the alleged perpetrator. If a staff member is the alleged perpetrator, they may not work in the same housing unit as the alleged victim.

G. If a youth requires ongoing medical care related to the alleged abuse outside of the facility, the Superintendent shall ensure the youth receives any and all services required. The facility is responsible for all costs associated with these services."

Summit View Youth Center (SVYC) also submitted their PREA Standard Operating Procedures (SVYC #300.09) (Page 31: Section JJ) as evidence of compliance with PREA Standard 115.382. Excerpts from SVYC's Standard Operating Procedures states, "**1.** Victims of sexual abuse will receive immediate, unimpeded access to emergency medical treatment and crisis intervention services. The initial step will be a SVYC staff member transporting the victim to UMC for any emergency care and crisis intervention services. The hospital will make a medical assessment to determine the emergency care necessary. A forensic exam will be offered to the victim by the emergency mental health provider or medical practitioner. The type of emergency services will be determined by the emergency medical practitioner or mental health provider. The forensic exam will be conducted by professionals who are certified in sexual assaults whenever possible. The service will be offered

whether the victim cooperates in the investigation or not. The financial cost will be assumed by SVYC.

2. *UMC will offer information about and offer sexually transmitted infections prophylaxis, where medically appropriate, in accordance to professionally accepted standards of care. Sexually transmitted disease (STD) tests will be offered to residents who wish to be tested at no cost and regardless of whether the victim names the abuser or cooperates with the investigation.*

3. *SVYC will offer mental health services, if appropriate or requested, to a youth victim of sexual assault through the Mental Health Crisis Team available at (702) 486-7865.”*

Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Page 20; Section X) and SVYC’s PREA Standard Operating Procedures (SVYC #300.09) (Page 31; Section JJ) has the necessary language to align with PREA Standard 115.383. Additionally, while onsite, this PREA Auditor interviewed Summit View Youth Center’s (SVYC) Director of Nursing (DON), to gain insight on Medical “*ongoing medical and mental health care*” to victims of sexual abuse. SVYC’s Director of Nursing and SVYC’s Mental Health Supervisor both shared that victims of sexual abuse receive evaluations, follow-up services and referrals for continued care, at no cost, whether the resident continues to resident at the facility, transferred, or released from custody. SVYC’s Mental Health Supervisor also shared that if the abuser were another resident, they would offer mental health evaluations within 60 days of the reported incident.

This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.383.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.386. Summit View Youth Center (SVYC) submitted their “Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Pages 21; Section I)” as evidence of compliance with PREA Standard 115.386. Excerpts from “DCFS-JJS Statewide PREA Policy” states, “<i>Within 30 days of the conclusion of any substantiated or unsubstantiated investigation, an Incident Review Team, designated by the Superintendent to include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners, shall meet to review the allegation and investigative</i></p>

report, assess possible causes and identify any needed facility and policy changes. The Incident Review Team shall be provided the final investigative report at least two business days prior to the meeting and shall be advised of its confidential nature. The team's findings shall be documented on the PREA Incident Review Team Form (Attachment R). The Superintendent shall review and accept, reject, or modify any team recommendations."

Summit View Youth Center (SVYC) also submitted their PREA Standard Operating Procedures (SVYC #300.09) (Page 32; Section LL) as evidence of compliance with PREA Standard 115.386. Excerpts from SVYC's Standard Operating Procedures states, "**1.** *The PREA Incident Review Team (PIRT) will conduct an incident review at the conclusion of every substantiated and unsubstantiated administrative investigation, within 30 days of the conclusion of the investigation.*

2. *The team will consist of the PREA Compliance Manager and other staff selected by the Superintendent. This team could consist of the Director of Nursing, Mental Health Supervisor, Correctional Nurse, supervisory staff, trained PREA investigators, or Training Officer. The team will conduct a review within 30 days of the conclusion of each investigation. They will seek input from staff, investigators, and involved medical personal.*

3. *The PIRT will:*

a. *Consider whether the allegations or investigation indicates a need to change policy to better prevent, detect, or respond to sexual abuse*

b. *Consider whether the incident or allegation was motivated or otherwise caused by the perpetrator or victim's race; ethnicity; gender identity; sexual identify; gang affiliation or any other status or group dynamics within the facility*

c. *Examine the area where the incident allegedly occurred to assess whether physical barriers in the area may have enabled the abuse*

d. *Assess the adequacy of staffing levels in area where alleged incident occurred during the various shifts e. Assess whether monitoring technology should be deployed to supplement supervision by staff f. Prepare a report of its findings and any recommendations for improvement. This report will be submitted to the Superintendent.*

4. *The Superintendent will review the findings of the PIRT and take one of the following actions: a. Implement the recommendations as made b. Implement a modification of the recommendations made and document the reason for the modification c. Take no action and document the reason for no action for each recommendation d. Document actions or inactions* **5.** *The PREA Incident Review Team meeting form will be provided to the PREA Coordinator as they are completed."*

Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Page 20; Section X) and SVYC's PREA Standard

	<p>Operating Procedures (SVYC #300.09) (Page 31; Section JJ) has the necessary language to align with PREA Standard 115.386. Additionally, while onsite, this PREA Auditor interviewed Summit View Youth Center’s (SVYC) Assistant Superintendent, PREA Coordinator, PREA Compliance Manager, Director of Nursing (DON), and Mental Health Supervisor. Each interviewed Medical and Mental Health Supervisor shared that they have attended or had departmental representation attend “PREA Incident Review Team” (PIRT) meetings DCFS’ PREA Coordinator also shared that she receives “PREA Incident Review Team” (PIRT) forms when completed by SVYC.</p> <p>There were 9 total “unsubstantiated” or “substantiated” PREA allegations at SVYC in the past 12 months. This auditor reviewed a random selection of 8 files while on site. Each “unsubstantiated” or “substantiated” file reviewed, while onsite, had completed PIRT forms in their files. This auditor also reviewed a random selection of 5 completed PREA Investigations, submitted through OAS, to verify that PIRT meetings were occurring. Each submitted file reviewed contained completed PIRT forms with facility adjustments from the reviewing of each incident (ranged from staff refresher training, resident or staff movement, supervision adjustments, grievance training, etc.).</p> <p>This PREA auditor concludes that Summit View Youth Center (SVYC) is in compliance with PREA Standard 115.386.</p>
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115.387	Data collection
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

115.388	Data review for corrective action
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Summit View Youth Center’s (SVYC) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as on-site document/file reviews and observations to determine compliance for Standard 115.401. Summit View Youth Center (SVYC) submitted their “Division of Child and Family Services-Juvenile Justice Services (DCFS-JJS) Statewide PREA Policy (#DCFS/JJS 300.09) (Page35)” as evidence of compliance with PREA Standard 115.401. Excerpts from “DCFS-JJS Statewide PREA Policy” states, <i>“The Division shall contract with a certified PREA auditor to conduct a federal PREA audit on one facility per year, or one-third of all facilities, each 3-year audit cycle.</i></p> <p><i>A. All facilities shall create a Standard Operating Procedure consistent with this policy.</i></p> <p><i>B. This policy shall be reviewed annually”</i></p> <p>SMYC understands that they are required to have a PREA audit every three years, after the conclusion of this PREA Audit. The auditor had access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents. The auditor was permitted to conduct private interviews with inmates, residents, and detainees. The SMYC residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>This PREA auditor concludes SMYC is in compliance with PREA standard 115.401.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion

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 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual	yes

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

	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
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	yes

	and respectful manner, and in the least intrusive manner possible, consistent with security needs?	
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: 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 through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's 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	yes

	coercion, or if the victim did not consent or was unable to consent or refuse?	
	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	yes

	abuse or any resignation during a pending investigation of an allegation of sexual abuse?	
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	yes

	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.)	
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	yes

	interviews?	
	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.)	na
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	Policies to ensure referrals of allegations for investigations	

(c)		
	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	yes

	procedures?	
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	yes

	investigations. See 115.321(a).)	
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	yes

	medical or mental health care practitioners who work regularly in its facilities.)	
	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	yes

	practitioners contracted by or volunteering for the agency.)	
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	yes

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

(c)		
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	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.)	na
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.)	na
	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.)	na
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.)	na
	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.)	na
	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.)	na
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.)	na
	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.)	na

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

	exempt from this standard.)	
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.)	na
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	yes

	policy, to make treatment, investigation, and other security and management decisions?	
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?	no
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,	yes

	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?	
	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	yes

	substantiated?	
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	yes

	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?	
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	yes

	resident, does the agency ensure the resident is not denied daily large-muscle exercise?	
	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	yes

	alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	
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	Access to emergency medical and mental health services	

(a)		
	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	Sexual abuse incident reviews	

(b)		
	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
115.401 (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

PREA Agency Audit Report: Final

Name of Agency: Nevada Division of Child and Family Services

Facility Type: Juvenile

Date Interim Report Submitted: 10/19/2021

Date Final Report Submitted: 05/06/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: D. Will Weir	Date of Signature: 05/06/2022

AUDITOR INFORMATION	
Auditor name:	Weir, Will
Email:	prea.america@gmail.com
Start Date of On-Site Audit:	
End Date of On-Site Audit:	

AGENCY INFORMATION	
Name of agency:	Nevada Division of Child and Family Services
Governing authority or parent agency (if applicable):	Nevada Department of Health and Human Services
Physical Address:	4126 Technology Way, 3rd Floor, Carson City, Nevada - 89706
Mailing Address:	
Telephone number:	(775) 668-4400

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

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

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>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.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
9	
Number of standards not met:	
0	

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The Interim PREA Audit Report quoted the Nevada Division of Child and Family Services PREA Annual Report 2020, which stated that they planned to "Recruit for and hire a PREA Investigator, a position that was authorized during the last legislative session." Yet, they did not do this. Rather than successfully recruiting, training, and overseeing investigative teams and processes, they assigned their PREA Coordinator to do investigative work in addition to an already heavy workload. This was to the detriment of a system of PREA Coordination previously shown to be intact.</p> <p>The CAP stated, “The Division of Child and Family Services (DCFS) Human Resource is working with the Division of Human Resource Management to reclassify the authorized Criminal Investigator 3 position, Category 2 to a Criminal Investigator, Category 1 position. This change will allow DCFS to recruit for this position, which will act as the DCFS PREA Investigator. The DCFS Administrator and Deputy Administrator will ensure this reclassification occurs and recruitment efforts have begun before the end of the corrective action period. The auditor will be provided</p>

	<p>proof of these actions through reclassification paperwork (position card) and the recruitment posting. Proof of any successful recruitment during the corrective action period will also be provided. If the position is not filled by the end of the corrective action period, the agency assures dedication to ensuring PREA coordination and PREA investigations remain a high priority and will be staffed accordingly, including the use of back-up, trained PREA investigators.”</p> <p>The agency accomplished the objectives of the CAP, providing proof as required, but it did not have time to get a PREA Investigator hired by the end of the 180-day CAP. At the time of the writing of this Final Report, it appears that interviews will be held soon for the PREA Investigator position, and that the PREA Coordinator has assistance with PREA coordination and investigative activities adequate to meet the minimum requirements of this Standard.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA Audit Interim Report stated that the agency acknowledged a lack of contract monitoring.</p> <p>The CAP stated, “The DCFS Programs Office will develop and finalize an agency-wide Contracts policy which will mandate all elements within this Standard, from ensuring required language is in each qualifying residential contract to documenting the process for contract monitoring and repercussions for non-compliance. The Contract policy will be implemented and maintained by Parole staff, who initiate residential contracts, Fiscal staff, including the Administrative Services Officer and the Contract Administrator, who finalize contracts, and the PREA Coordinator, who will assist with monitoring. The Programs Office Quality Assurance Specialist will also assist with monitoring. The finalized Contract policy and examples showing proof of contract monitoring will be provided to the PREA auditor.”</p> <p>The policy, contracts, and verification of contract monitoring were provided and indicated full compliance with the Standard.</p>

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA Audit Interim Report stated, “Despite DCFS Human Resources reviewing and signing off on a new version of PREA Policy, they have not been shown to</p>

	<p>reliably follow their agency PREA policy in 3 significant areas. 1) Sharing of information regarding HR investigations; 2) Coordinating with facilities regarding sanctions for employees, and 3) enforcing their rule that staff who have engaged in sexual harassment of youth [have] been prohibited from contact with youth.”</p> <p>The CAP stated, “The DCFS Programs Office will revise the agencywide PREA policy to mandate 1) appropriate information sharing with the PREA Coordinator of HR investigative outcomes and sanctions, to ensure discipline is commensurate per the PREA Standards and 2) to ensure coordination between HR, the facility, and the PREA Coordinator, when DCFS staff have been administratively found to have violated the PREA definitions for sexual abuse and sexual harassment. This policy will be approved by the DCFS Administrator. The auditor will be provided the finalized, revised PREA policy.”</p> <p>The policy was provided, as well as documentation of coordination with facilities. The SOP was updated, as well, mandating the timely exchange of information. Additionally, their policy now matches their practices regarding staff who have engaged in the sexual harassment of youth.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The 2019 Nevada legislature passed Senate Bill 135, which authorizes collective bargaining for certain state employees. Nevada Governor Sisolak signed the bill into law in June 2019. The Audit Team reviewed documents (https://hr.nv.gov/Sections/LRU/Labor_Relations_Unit/) and interviewed administrators and staff. AFSCME union has begun collective bargaining but there is no indication of lack of compliance with this Standard.</p>

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA Audit Interim Report stated, “It has not been shown that agency HR and outside contract facilities are held accountable regarding their duties to report data as required by this Standard.” Otherwise, the agency demonstrated compliance with the provisions of this Standard. Policies, Reports, and Surveys of Sexual Victimization were reviewed. Interviews, and email exchanges, also explored efforts</p>

	<p>to maintain compliance.</p> <p>The CAP stated, “The 2020 PREA Annual Report will be revised to include 1) incident-based and aggregated data from every qualifying private residential contracted facility and 2) incident-based and aggregated data from HR investigations pertaining to PREA violations. This information will be included in all future DCFS PREA Annual Reports. The DCFS Administrator will approve all PREA Annual Reports. The revised 2020 PREA Annual Report and 2021 PREA Annual Report will be provided to the auditor.”</p> <p>During the CAP, revisions to the Annual Report were issued, as agreed, and published on the agency website.</p>
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	From interviews and documents reviewed, it appears that all data provided to the PREA Coordinator is reviewed and appropriately reported.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	From interviews and documents reviewed, it appears that all data provided is appropriately retained and reported.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The PREA Audit Interim Report stated, “The agency has not shown that contract facilities are audited as required.”</p> <p>The CAP stated, “The DCFS Programs Office will develop and finalize an agency-wide Contracts policy which will mandate the process for contract monitoring, to include required timeframes for residential contractors to schedule and obtain PREA</p>

	<p>compliance through a federal PREA audit. The Contract policy will be implemented and maintained by Parole staff, who initiate residential contracts, Fiscal staff, including the Administrative Services Officer and the Contract Administrator, who finalize contracts, and the PREA Coordinator, who will track audit scheduling and PREA Compliance via a PREA audit Final Report. The finalized Contract policy and schedule of audits will be provided to the PREA auditor.”</p> <p>During the CAP, the Contracts Policy was issued, and proof of practice documentation was provided.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Audit reports are published on the agency’s website.

Appendix: Provision Findings		
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
115.312 (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
115.317 (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	yes

	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.)	
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
115.387 (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	yes

	confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted	yes

	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?	
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.)	no
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this	na

	is not the second year of the current audit cycle.)	
	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.)	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