

PREA Facility Audit Report: Final

Name of Facility: Caliente Youth Center

Facility Type: Juvenile

Date Interim Report Submitted: 11/19/2020

Date Final Report Submitted: 06/22/2021

AUDITOR DECLARATION	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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: 06/22/2021

AUDITOR INFORMATION	
Auditor name:	Weir, Will
Email:	prea.america@gmail.com
Start Date of On-Site Audit:	10/06/2020
End Date of On-Site Audit:	10/06/2020

FACILITY INFORMATION	
Facility name:	Caliente Youth Center
Facility physical address:	500 Youth Center Drive, Caliente, Nevada - 89008
Facility Phone:	
Facility mailing address:	751 Ryland Street, Reno, Nevada - 89502

Primary Contact	
Name:	Jennifer Simeo
Email Address:	jsimeo@dcfs.nv.gov
Telephone Number:	7755135378

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Telephone Number:	

Facility Characteristics	
Designed facility capacity:	140
Current population of facility:	59
Average daily population for the past 12 months:	68
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	12-19
Facility security levels/resident custody levels:	Staff secure
Number of staff currently employed at the facility who may have contact with residents:	73
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	12
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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

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

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

AUDIT FINDINGS

Narrative:

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

In 2019 PREA America was selected to perform the agency audit for the Nevada Department of Health and Human Services, Division of Child and Family Services, Office of Juvenile Justice Services, as well as audits for facilities operated by the agency. During the agency audit, the Audit Team started to learn about Caliente Youth Center (CYC) in Caliente, Nevada, the subject of this report. In June 2020, Pre-Audit work specific to CYC began. In the months that followed, communication with the PREA Coordinator to discuss the audit process, audit preparation, the Pre-Audit Questionnaire (PAQ), and supporting documents and elements of the on-site visit took place. The Audit Notice Posting was sent with instructions to print on colored paper and regarding proper distribution of the posting. Alternative language posting was also made available. Proof of posting was verified by emailed photos, sent August 20, of the various locations in the facility where the postings were placed. The date of the email was used to verify that the postings were in place the required minimum of 6 weeks prior to the on-site visit, along with observations of the postings during the physical plant tour. The PREA America Audit Team consisted of Project Manager Tom Kovach and DOJ-certified PREA Auditor Will Weir, MCJ.

During the Pre-Audit Phase, an extensive desk audit of the facility was conducted, including of its PAQ, policies, and procedures, as well as supporting documentation. Files and information were provided through the Online Audit System (OAS), emails, phone calls, interviews, and by paper during the On-Site Audit. Leading up to the On-Site Audit, phone calls and emails were exchanged to clarify issues. This phase of the audit was used to collaborate with the facility staff on questions and concerns regarding documenting compliance. Communication with the facility staff was used to understand the policies and procedures unique to the facility and understand how PREA was put into practice. Internet research was done on the facility. All documents received were reviewed, including logs, training files, and curricula. To verify compliance with regulations such as those regarding background checks, 5-year rechecks, and child abuse registries, such files were reviewed of randomly selected staff, contractors, and volunteers. Files of residents were randomly selected as well, to verify PREA education and PREA Screenings. Phone calls were made to listed advocates, to verify the advocacy required by the Standards.

The October 6, 2020 On-Site Audit started with a briefing which included confirmation of the current population of 58, review of agenda and logistics, discussion of mandatory reporting, and clarifying the need to allow any staff or resident who requests an interview to get one. The Audit Team checked to see if there were questions or concerns.

The Site Review included obtaining and studying the facility diagram of the physical plant. The supervision and movement of staff and students were observed, during which we engaged in casual conversation to ascertain whether observations made were of "normal" supervision and movement. Random checks were made to assure that doors intended to be secured were locked. Random checks of PREA Hotline phones for functionality were made. All housing units and bathroom facilities were inspected for compliance with cross-gender supervision standards. This included a camera review for those areas with cameras. All areas of the physical plants were observed, with attention to those areas

which statistically are high-risk for sexual abuse. PREA Postings in the Visitation area, including third-party reporting postings, were checked. Confirmation of the availability to the staff of First Responder Duties was also a part of the tour. Blind spots were identified, and procedures for checking them were verified.

The following issues were noted during the Site Review. (Refer to the Summary of Audit Findings later in this report for the resolution of these issues.)

1. Outside agency reporting is through 211. When testing the system, the calling instructions were unclear on the recording. Once an operator came on, the operator was unsure as to what to do, and her supervisor was also unclear. After 8 minutes, the call was terminated since it is not realistic to expect a reporting party to wait that long. The operator did call back after a few hours, able to take a report, but some issues remain.
2. All bathrooms have a door to a hallway that leads to an outside exit. The exit door is alarmed, but the door to the hallway is not. This creates a risk for sexual abuse. Potential remedies were discussed.
3. The Site Review included an inspection of newly installed ADA bathroom renovations for the showers. The PCM had concerns, and we concurred, with the potential for cross-gender supervision issues. Also, such a privacy issue might interfere with a transgender resident's ability to shower separately from other residents. Remedies were discussed.
4. Interviews with multiple staff indicated that the PREA Compliance Manager indicated he has insufficient time to perform all his PREA duties due to the many other duties he has.

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

18 of the 58 residents were interviewed privately. At least 3 residents of each of the 4 active housing units were conducted. 7 females and 11 males were interviewed. 9 residents were selected by pure random selection, and another 9 were selected as "targeted interviews," as required by the PREA Auditor Handbook, because of the presence of factors that may place them at risk of abuse. These residents included the youngest residents of the facility (ages 13 and 14 years old); residents with cognitive disabilities; residents who identify (or are perceived to be) lesbian, gay, bisexual, or gender non-conforming; and residents who have previously reported sexual abuse, whether in the facility or in the community.

There was a total of 22 staff interviewed. 10 were interviewed as Specialized Staff, including administrators and those with special roles/duties within the agency and facility. An additional twelve staff were selected randomly, representing various stations, housing units, shifts, and genders. The specialized staff included the Agency Head designee, Agency PREA Coordinator, Superintendent-designee, Agency Human Resources, sexual abuse investigators, PREA Compliance Manager, higher-level staff for unannounced rounds, medical staff, mental health staff, SANE Nurse (in the community), staff who perform Screening and Intake, staff who monitor for Retaliation, Incident Review Team, as well as a contractor and staff who have acted as First Responders.

6 resident interviews indicated that the grievance system was not working properly. The superintendent designee stated that it was not surprising that the residents have this perception since there had been an

uptake in grievances in the previous 2 weeks. Some interviews indicated that some staff had started discouraging residents from filing grievances.

4 residents answered interview questions in a way that indicated that 3rd party reporting might be difficult due to lack of privacy during telephone calls with family. Due to the geographical location of the facility, and issues associated with the COVID-19 pandemic, some residents do not have face-to-face family visits and rely on communication by telephone. The phone they are required to use is not in a private area, being next to where staff are posted. Other residents are nearby as well. The case manager that could help them make private calls does not have an office in the unit where the private calls could occur.

4 interviews indicated that some of the female residents might be at risk of sexual harassment because of the inappropriate joking and/or intimidating ways some of the female residents interact with them and each other. They described some sexually explicit language, dating proposals, and angry reactions that are distractions from what they are at the facility to address.

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

The issuance of the Interim PREA Audit Report on November 19, 2020, triggered a Corrective Action Period (CAP) of up to 180 days unless additional time is required because of the COVID-19 Pandemic. An additional 30 days was approved for the facility to complete the identified corrective action items. Dealing with ongoing COVID-19 protocols interrupts daily operations and challenges the process of change management to fully institutionalize new patterns of compliance and the documentation of that compliance. This report shows that the facility and agency collaborated and completed items agreed to in a jointly developed Corrective Action Plan in the time allotted. The actions that were taken during the CAP to show full compliance with each remaining Standard are detailed in the "Summary of Audit Findings" section below.

AUDIT FINDINGS

Facility Characteristics:

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

As described on the Nevada JJS website, the Caliente Youth Center (CYC), established in 1962, is a staff-secure facility located in Caliente, Nevada. The facility includes seven separate housing units for youth committed to the state for correctional care: five units for males and two for females. CYC has the capacity to serve up to 140 youth ages 12 to 18. Nestled up against the mountains, CYC provides a unique atmosphere for correctional care. On-site, in addition to the seven separate housing units, there is an administration building, an infirmary, a full-service kitchen and laundry, maintenance, an accredited high school, a gymnasium, a football/soccer field, a baseball/softball diamond, and a workout room for aerobic, weightlifting, and cardio fitness.

There are 7 round Housing units in separate buildings with single rooms encompassing a dayroom with a staff desk on one side and a bathroom on the other. Storage rooms are locked when not in use. Three Housing Units were closed. One Housing unit is for female students and three are for male students. Among the 14 buildings are Maintenance, greenhouse, school, gym medical, mental health, and two maintenance shacks for storage. There is also an administration building.

The facility campus is on the outskirts of town butted up to cliffs and a stream with verdant banks which attract deer that are often seen on the campus. Although the capacity is for 140 youth, reductions have lowered the average to 60.

AUDIT FINDINGS

Summary of Audit Findings:

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

Number of standards exceeded:	0
Number of standards met:	37
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.	6

The following is a list of the 4 "Standards Not Met" as indicated in the PREA Audit Interim Report of 11-19-20, along with the corrective actions taken during the CAP:

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

Interviews with multiple staff indicated that the PREA Compliance Manager did not have sufficient time to perform all his PREA duties due to the many other duties he had. A workload review supported the statements made in these interviews. Therefore, at the time of the Interim Report, the facility had not yet shown proof of compliance with this Standard.

Corrective Action:

The CAP stated, in part, "The PREA Compliance Manager and PREA Coordinator will take an inventory of tasks and identify those tasks that the PREA Coordinator, or Programs Office staff, can complete (the PREA Coordinator is within the Programs Office which also includes staff who could help with administrative tasks). Tasks will be assigned to the PREA Coordinator or other Programs Office staff to ensure that all PREA related facility tasks get completed. These task assignments will be permanent until the current PREA Compliance Manager has other non-PREA related tasks permanently taken away or the facility Superintendent assigns a new PREA Compliance Manager who has the sufficient time. These new task assignments will be provided to the auditor once finalized. If the facility Superintendent assigns another staff to this role during the corrective action period, this will be reported to the auditor. The agency had plans to request additional staff in the 2021 budget cycle, however, state agencies must cut their budgets, and no new staff will be approved. The agency does plan to request new facility staff in the 2023 budget cycle, if the economy recovers, that would be responsible for PREA within the facilities."

As feared, by the end of the CAP, additional staff were still not available. However, agency officials, along with the PC and the PCM, developed a plan as described above regarding the PCM receiving assistance

with the following duties: Review of the PREA Risk Assessment data; Tracking of PREA Risk Assessment data; Training updates to PREA related curriculums as necessary; Assistance with training PREA related curriculums; and Audits of youth and staff training.

Standard 115.313: Supervision and monitoring

The following is an excerpt from the PREA Audit Interim Report:

"1) Bathrooms have a door to a hallway which leads to an outside exit and access to a closet. The exit door is alarmed but the door to the hallway is not. This creates a risk for sexual abuse. . . .

"2) The Site Review included an inspection of newly installed ADA bathroom renovations for the showers. The PCM had concerns, and we concurred, with the potential for cross-gender supervision issues. Also, there may be a lack of privacy for transgender residents. . . .

"3) 6 resident interviews indicated that the grievance system was not working properly. The superintendent designee stated that it was not surprising that the residents have this perception, since there had been an uptake in grievances in the previous 2 weeks. Some interviews indicated that some staff had started discouraging residents from filing grievances. This issue is included under this Standard because it brings up issues regarding the way staff supervise and monitor youth who need to make complaints.

"4) 4 interviews indicated that some of the female residents may be at risk of sexual harassment because of the inappropriate joking and/or intimidating ways some of the female residents interact with them, and each other. They described sexually explicit language, insistent dating proposals, and angry reactions that are distractions from the goals the youth believe they were placed at the facility to accomplish. . . .

"5) Information contained in investigative documentation and audit interviews provides a window into the supervision and monitoring of CYC residents. For example, one staff interviewed as a collateral witness in an investigation stated that youth putting their hands on each other has been an ongoing problem in the cottage. It was not made clear if all such incidents are reported and/or addressed appropriately. This person went on to say that youth may be using PREA as a way to facilitate a bed move or other change. Although this may be true, there was not a recognition that the grievance system serves to protect staff that are doing their jobs appropriately, and provides youth an avenue through which to build positive problem resolution skills rather than through violence. Other statements and interviews seem to reveal an expectation that CYC girls misbehave. . . ."

Corrective Action: The facility and agency provided written documentation, video, audio, and digital photo evidence of installing magnetic door alarms on fire escape exits on Aurora, Beowawe, Currie, Hamilton, Jarbidge, Kimberly, and Lincoln Cottages. The PCM states, "When the fire escape door is opened and the seal is broken, the alarm will immediately sound to notify staff members." In addition, Caliente Youth Center provided photos of shower curtains installed on Beowawe and Currie Cottages, such as had been installed on the ADA units. They also provided curriculum (which includes the content as agreed in the Interim Report and CAP) and staff acknowledgment of training for "Strengthening PREA Compliance," "PREA SOP Updates," "Youth Grievance Procedures Policy," and "Youth Grievance Procedures SOP."

Standard 115.352: Exhaustion of administrative remedies

6 resident interviews indicated that the grievance system was not working properly. The superintendent designee stated that it was not surprising that the residents have this perception since there had been an uptake in grievances in the previous 2 weeks. Some interviews indicated that some staff had started discouraging residents from filing grievances. A few interviews indicated that boys were referred to as "sissys" or "crybabies" for complaining. Among female residents, interviews indicated a lack of complaint resolution by the facility. 4 interviews indicated that some of the female residents might be at risk of sexual harassment because of the inappropriate joking and/or intimidating ways some of the female residents interact with them and each other. They described some sexually explicit language, dating proposals, and angry reactions that are distractions from what they are there to work on. To summarize, half of the residents interviewed seem to believe that problems that should be resolved are not being resolved. These issues will be addressed during the CAP through a review of the grievance system as well as through a review of how staff monitor residents with complaints, as indicated in the narrative for Standard 115.313.

Corrective Action:

The Corrective Action Plan stated, in part, "The facility will review their grievance system to identify procedures for when grievances become backlogged and are in danger of not being responded to within policy timelines, to ensure the grievance system is available to all youth and their grievances are responded to timely. This will include backup alternatives for the Assistant Superintendent, who is the primary person designated to handle grievances. The facility will define what resolution looks like for youth. These procedures will be documented in the facility's Standard Operating Procedures (SOP) in connection with the agency's Youth Grievance Procedure policy (DCFS/JJS 300.01). The SOP will be provided to the auditor once finalized. All facility staff will receive training on the agency's Youth Grievance Procedure policy (DCFS/JJS 300.01) and the facility's SOP. Proof of the training will be provided to the auditor once completed. Facility staff will receive training regarding the importance of a healthy grievance system, and that staff shall in no way impede the process in any manner when a youth believes there is a legitimate need to submit a grievance. Proof of staff training will be provided to the auditor once completed."

The agency completed the reviews and training as required. They provided curriculum (which includes the content described in the Interim Report and CAP) and staff acknowledgment of training for "Strengthening PREA Compliance," "PREA SOP Updates," "Youth Grievance Procedures Policy," and "Youth Grievance Procedures SOP."

Standard 115.354: Third-party reporting

Although a third-party reporting system was in place during the Caliente Youth Center Site Review, the Audit Team found that there were barriers to it being used:

1) The outside agency reporting is through the 211 system. When performing the test call, none of the automated menu instructions were relevant to PREA. Once an operator came on the line, both the operator and the operator's supervisor were unsure as to what to do. After 8 minutes, the call was terminated since it is not realistic to expect a reporting party to wait that long. The operator did call back after a few hours, ready to take a report, but callers needing to report sexual abuse may not have a safe and reliable callback number. Information provided to the Audit Team indicated that although operators were trained regarding how to take reports of sexual abuse or harassment, some were new and/or

inexperienced. Also, menu options had changed due to the COVID-19 pandemic so that callers did not encounter any options relating to PREA, so they might not know how to proceed in making a report.

2) 4 residents answered interview questions in a way that indicated that 3rd party reporting might be difficult due to lack of privacy during telephone calls with family. Due to distance, issues associated with the COVID-19 pandemic, and other issues, some residents did not have face-to-face family visits and relied on communication by telephone. The phone they were required to use was not in a private area, being next to where staff were posted. Residents were nearby as well. The case manager that could help them make private calls did not have an office in the unit.

Corrective Action:

The PC initiated solutions to these issues right away after the On-Site review. Acknowledging work already begun, the December 18, 2020, CAP stated, in part, "1) The PREA Coordinator has worked with the agency's third-party reporting partner, Nevada 211, to ensure that all call representatives are properly trained. Nevada 211 completed a refresher training on how to take a PREA report for all staff in October 2020 and has committed to quarterly refresher training. Subsequent test calls to Nevada 211 by the PREA Coordinator on 11-3-20 and the PREA auditor on 11-4-20 were successful. Due to the health emergency, new menu options were created that direct 211 callers to press 9 for COVID information and 1 for Health and Human Services. Nevada 211 confirmed that callers who want to make a PREA report could press either option and reach a call representative who could take their report, however, to reduce confusion, PREA posters, youth and staff brochures and youth handbooks in the facility will be corrected to direct callers to press 1. Once these corrections are made, the auditor will be provided pictures and documentation of these changes. The agency website has been updated accordingly, found here: <http://dcfs.nv.gov/Programs/JJS/PREAHome/>

"2) The facility will review and revise their procedures for ensuring that youth can make private phone calls, to provide all youth the opportunity to report sexual abuse or sexual harassment, as needed. This may include youth phone calls in their rooms, youth calls in private offices, or youth calls utilizing new laptops and webcams the facility will soon be receiving, in designated private areas. These procedures will be documented in the facility's PREA Standard Operating Procedures (SOP) and this will be provided to the auditor once completed. Staff will be trained on SOP changes and the auditor will be provided proof of training."

Consistent with the requirements of the CAP, the following was provided for the Audit Team to review: Nevada 2-1-1 Staff Training Curriculum, Nevada 2-1-1 Staff Training documented attendees and Zoom Meeting information, PREA Policy SOP-Caliente Youth Center-Revisions, and verification that posters and brochures had been updated (sometimes by affixing stickers containing the updated information and instructions), posted and distributed.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, and it includes sanctions for those found to have participated in prohibited behaviors. The agency employs a PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA Standards, as required by the Standards. However, at the time of the Interim Report, it had not been shown that the facility PREA Compliance Manager, who is the CYC Head Group Supervisor, had sufficient time to perform the PCM duties. Interviews with multiple staff indicated that the PREA Compliance Manager did not have sufficient time to perform all his PREA duties due to the many other duties he had.</p> <p>Corrective Action:</p> <p>The CAP stated, in part, "The PREA Compliance Manager and PREA Coordinator will take an inventory of tasks and identify those tasks that the PREA Coordinator, or Programs Office staff, can complete (the PREA Coordinator is within the Programs Office which also includes staff who could help with administrative tasks). Tasks will be assigned to the PREA Coordinator or other Programs Office staff to ensure that all PREA related facility tasks get completed. These task assignments will be permanent until the current PREA Compliance Manager has other non-PREA related tasks permanently taken away or the facility Superintendent assigns a new PREA Compliance Manager who has the sufficient time. These new task assignments will be provided to the auditor once finalized. If the facility Superintendent assigns another staff to this role during the corrective action period, this will be reported to the auditor. The agency had plans to request additional staff in the 2021 budget cycle, however, state agencies must cut their budgets, and no new staff will be approved. The agency does plan to request new facility staff in the 2023 budget cycle, if the economy recovers, that would be responsible for PREA within the facilities."</p> <p>As feared, by the end of the CAP, additional staff were still not available. However, agency officials, along with the PC and the PCM, developed a plan as described above regarding the PCM receiving assistance with the following duties: Review of the PREA Risk Assessment data; Tracking of PREA Risk Assessment data; Training updates to PREA related curriculums as necessary; Assistance with training PREA related curriculums; and Audits of youth and staff training.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with PREA Coordinator and Compliance Manager; Agency policy mandating zero tolerance (page 2 of PREA Policy) toward all forms of sexual abuse and sexual harassment in facilities operated directly or under contract; and the DCFS Residential Organizational Chart. Agency Policy includes definitions found on pages 5 and 6, sanctions for prohibited behaviors on page 24, as well as a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment starting on page 7. This evidence, along with the completion of</p>

the CAP, is accepted as verification of minimum compliance with this Standard.

Note on references to policy and procedure used in this report: DCFS revised the statewide PREA policy, effective June 5, 2020. The previous PREA policy, effective March 3, 2017, was also reviewed for this audit since it was in effect during part of the 12 month period reviewed for this audit. However, references to the old policy are not provided in this report. The agency has shown that the current policy has been fully implemented and is in effect. Likewise, both the old and new facility Standard Operating Procedures (SOP) were provided and were reviewed, but only the new SOP is referenced in this report. The new SOP, triggered by the updated agency policy, went into effect on August 14, 2020.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Audited at Agency Level
	Auditor Discussion
	<p>PREA Standards state that a public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.</p> <p>Analysis: This Standard applies to the Agency, not the Facility. Although this Standard was addressed during the Agency PREA Audit, and the Agency appeared to demonstrate compliance at that time, additional contract(s) have come to light since that time and must be reviewed for applicability during the next Agency audit.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility develops and documents a staffing plan that provides for the supervision, and, where applicable, video monitoring, of residents to protect them against abuse. The staffing plan includes all the topics required by the provisions of this Standard. At least once every year, the agency, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: the staffing plan; prevailing staffing patterns; the deployment of monitoring technology; or the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. The facility requires that intermediate-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds on all shifts, with a prohibition of staff alerting other staff of the conduct of the rounds. The original staff plan, finalized in August 2016, was based on an average daily number of residents of 129. However, the facility's youth population has been decreasing over the last few years. The average daily number of residents since July 2018 is 82; but, recently, the facility's budgeted bed capacity was cut from 112 to 64 due to the state's budgetary shortfalls. Since these changes have been closely monitored, the facility has managed to maintain appropriate staff to resident ratios if only looking at numbers. The Interim Report, reflecting circumstances encountered, and discussions engaged in, reviewed the fact that some youth require closer supervision than others, and more sophisticated accountability measures. It is possible that CYC should consider having some additional staff, and/or staff that are better trained, if staff are overwhelmed by some of the issues challenging some of the youth.</p> <p>At the time of the Interim Report, based on information obtained during interviews, it appeared that the following issues needed to be addressed during the Corrective Action Period (CAP):</p> <p>The Interim Report stated the following, "1) Bathrooms have a door to a hallway which leads to an outside exit and access to a closet. The exit door is alarmed but the door to the hallway is not. This creates a risk for sexual abuse. Potential remedies were discussed. 2) The Site Review included an inspection of newly installed ADA bathroom renovations for the showers. The PCM had concerns, and we concurred, with the potential for cross-gender supervision issues. Also, there may be a lack of privacy for transgender residents. Remedies were discussed. 3) 6 resident interviews indicated that the grievance system was not working properly. The superintendent designee stated that it was not surprising that the residents have this perception, since there had been an uptake in grievances in the previous 2 weeks. Some interviews indicated that some staff had started discouraging residents from filing grievances. This issue is included under this Standard because it brings up issues regarding the way staff supervise and monitor youth who need to make complaints. 4) 4 interviews indicated that some of the female residents may be at risk of sexual harassment because of the inappropriate joking and/or intimidating ways some of the female residents interact with them, and each other. They described sexually explicit language, insistent dating proposals, and angry reactions that are distractions from the goals the youth believe they were placed at the facility to accomplish. This issue also brings up questions regarding the quality of the supervision and monitoring provided to youth who at risk. 5) Information contained in investigative documentation and audit interviews provides a window into the supervision and</p>

monitoring of CYC residents. For example, one staff interviewed as a collateral witness in an investigation stated that youth putting their hands on each other has been an ongoing problem in the cottage. It was not made clear if all such incidents are reported and/or addressed appropriately. This person went on to say that youth may be using PREA as a way to facilitate a bed move or other change. Although this may be true, there was not a recognition that the grievance system serves to protect staff that are doing their jobs appropriately, and provides youth an avenue through which to build positive problem resolution skills rather than having to solve problems through violence. Other statements and interviews seem to reveal an expectation that CYC girls will misbehave. When staff believe, prior to something being investigated, that certain inappropriate behaviors are standard, and/or that complaints about these behaviors are manipulative, a circumstance is created that may lead some staff to make assumptions rather than intervening appropriately, or submitting documentation of something they have observed for full investigation. Staff, as well as the students, must learn harm reduction techniques and allow the grievance system to function."

Corrective Action:

The Corrective Action Plan regarding this Standard included the following narrative,

"1) All bathroom doors that lead to the hallway will be alarmed to ensure that if they are opened, staff will be immediately aware. The facility will provide pictures and written documentation to the auditor when the alarms are in place.

"2) The cottages with the newly installed ADA bathroom doors will have shower curtains installed that will allow for privacy, to reduce cross-gender viewing and provide adequate privacy for transgender and intersex youth. The facility will provide pictures and written documentation to the auditor when the shower curtains are in place.

"3) The facility will review their grievance system to identify procedures for when grievances become backlogged and are in danger of not being responded to within policy timelines, to ensure the grievance system is available to all youth and their grievances are responded to timely. These procedures will be documented in the facility's Standard Operating Procedures (SOP) in connection with the agency's Youth Grievance Procedure policy (DCFS/JJS 300.01). The SOP will be provided to the auditor once finalized.

"Facility staff will receive training regarding the importance of a healthy grievance system and that staff shall in no way impede the process in any manner, when a youth believes there is a legitimate need to submit a grievance. Proof of staff training will be provided to the auditor once completed.

"4) Staff will receive training on incident reporting, including when to report 1) inappropriate youth on youth touching, 2) dating activities and requests, 3) comments of a sexual nature, 4) youth complaints of sexual harassment and 5) the importance of not making assumptions as to why youth report sexual abuse or sexual harassment. . . . The auditor will be provided proof of training once completed.

"5) Staff will receive training on incident reporting, including when to report 1) inappropriate youth on youth touching, 2) dating activities and requests, 3) comments of a sexual nature, 4) youth complaints of sexual harassment and 5) the importance of not making assumptions as to why youth report sexual abuse or sexual harassment (i.e. to get a bed change). The recent substantiated investigation will be used as an example of incidents that did not get reported

timely and did not allow the PREA Compliance Manager to identify trends that were occurring. The auditor will be provided proof of training once completed."

The facility and agency followed the above plan to the letter. They provided written documentation, video, audio, and digital photo evidence of installing magnetic door alarms on fire escape exits on Aurora, Beowawe, Currie, Hamilton, Jarbidge, Kimberly, and Lincoln Cottages. The PCM states, "When the fire escape door is opened and the seal is broken, the alarm will immediately sound to notify staff members." In addition, Caliente Youth Center provided photos of shower curtains installed on Beowawe and Currie Cottages such as had been installed on the ADA units. They also provided curriculum (which includes the content described in the Interim Report and CAP) and staff acknowledgment of training for "Strengthening PREA Compliance", "PREA SOP Updates", "Youth Grievance Procedures Policy", and "Youth Grievance Procedures SOP".

Analysis: Evidence used to determine compliance with this Standard includes: Site Review; interviews with the Superintendent-Designee, PREA Coordinator, and intermediate-level staff; Documentation of staffing plan development process; Staffing plan; Form for deviations from the staffing plan; Documentation of Annual Reviews for the last three years; CYC Standard Operating Procedure (SOP) Section B #5; staffing and resident logs and schedules supporting compliance with Ratios; and Documentation that unannounced rounds were conducted, and that those rounds covered all shifts, as well as a training memo on the unannounced rounds' note requirements. Also reviewed were the Youth Population numbers and the Schematic Map of CYC. These documents, in addition to verification of compliance provided during the CAP, provides a triangulation of congruent evidence indicating that the facility is compliant with this Standard.

115.315	<p>Limits to cross-gender viewing and searches</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The facility does not conduct cross-gender searches of any kind. Interviews indicate that this policy has not been violated, and that there have not been exigent circumstances requiring cross-gender searches. The facility policy requires that all cross-gender searches be documented and justified, if they occur. Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing. The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with randomly selected staff and residents; Policies (agency PREA policy) and procedures (facility SOP) governing: pat searches of residents, strip searches and visual body cavity searches, and cross-gender viewing (found in PREA Policy page 10); Policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status (found in PREA SOP page 7, which also covers resident protections from cross-gender viewing by staff while showering, performing bodily functions, and changing and announcement of opposite gender staff); Training curricula regarding cross-gender pat-down searches and searches of transgender and intersex residents (specifically found in slides 73-76); and Staff training logs; Universal Exigent Circumstances Form; Staff Training Spread Sheet; Cross-Gender and Transgender Pat-Search Training; and Randomly selected staff training files. The Site Review included an inspection of newly installed ADA bathroom renovations for the showers. The PCM had concerns, and we concurred, with the potential for cross-gender supervision issues. Also, these showers create a potential privacy issue for transgender residents. Remedies were discussed. Since the facility already identified this issue, and there are no known violations of cross-gender supervision guidelines, this issue was addressed along with other issues under Standard 115.313 during the CAP. A triangulation of evidence indicates compliance with this Standard.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has established procedures to provide disabled residents and residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Agency Head, residents with cognitive disabilities, and randomly selected staff. Policies and procedures regarding the equal opportunity of disabled residents, and of residents with limited English proficiency, to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policy prohibiting the use of resident interpreters, resident readers, or other types of resident assistants, except in limited circumstances. Contracts with interpreters or other professionals hired to ensure effective communication with residents. Written materials used for effective communication about PREA with residents with disabilities, limited reading skills, or limited English proficiency. Documentation of staff training on PREA-compliant practices for residents with disabilities. Policies can be found in Agency PREA Policy pages 11-12. Also considered was the Youth education video; Contract for Interpreters; Universal forms for Youth Acknowledgements and Youth Education; PREA 101: Youth with Disabilities; Spanish PREA education; and Spanish PREA Intake Orientation.</p>

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or Has been civilly or administratively adjudicated to have engaged in the activity. The Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Agency policy requires that before it hires any new employees who may have contact with residents, it conducts criminal background record checks, consults any child abuse registry maintained by the State or locality in which the employee would work; and consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Human Resources staff. Policies on promotions and hiring of employees and contractors, including policies governing criminal background checks and checks of child abuse registries (found in PREA Policy pages 26-27). Files of persons hired or promoted in the last 12 months, to determine whether proper criminal record background checks and checks of child abuse registries have been conducted, and whether questions regarding past conduct were asked and answered. Records of background checks of contractors who might have contact with residents. Documentation of background records checks, and checks of child abuse registries, of current employees at five-year intervals, when applicable. 14 records were checked and the comprehensive HR tracking sheet (which logs background, registry checks, and institutional checks) was reviewed.</p>

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility has not acquired a new facility. Work was completed for the facility's video monitoring system in early 2020.</p> <p>Analysis: Evidence considered for compliance with this Standard includes interviews with the Agency Head designee and Superintendent designee; the Facility schematic; and Site Review observations. Also, documentation of a modification to add a video monitoring system in 2020 was reviewed.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility is responsible for conducting administrative investigations, while the law enforcement is responsible for criminal sexual abuse investigations. All residents who experience sexual abuse have access to offsite forensic medical examinations. These examinations are offered without financial cost to the victim and are conducted by Sexual Assault Forensic Examiners (SAFEs) or (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs. No forensic medical exams have been performed because there were no allegations indicating an exam in the past 12 months. The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person, or by other means, and these efforts are documented. If they are not able to provide victim advocate services, the facility provides a qualified staff member.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with randomly selected staff and SANE Nurse. Documentation that forensic medical exams are offered for free. Documentation of efforts to secure services from the rape crisis center. Documentation of staff member's qualifications, if Agency staff member is used to provide victim advocate services. MOU with Lincoln County Sheriff's Office and documentation of multiple attempts to get an MOU with the Rape Crisis Center. Policies can be found in the Agency PREA Policy page 22 and Facility PREA SOP pages 8, 9, and 17.</p>

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility and the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All referrals of allegations of sexual abuse or sexual harassment for criminal investigation are documented. The facility has provided all 5 of their sexual abuse and/or sexual harassment investigations for the 12 months leading up to the Pre-Audit Questionnaire. Investigations completed after the PAQ was completed have not been reviewed for this audit. One allegation was received during the On-Site phase of the Audit. Although the completed investigation for that allegation was not reviewed, the Audit Team did verify that it was referred for investigation and that an investigation was completed.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Agency Head designee and Investigative staff; policies and/or procedures governing investigations of allegations of sexual abuse and sexual harassment (PREA Policy Pages 21 and 22); documentation of reports of sexual abuse and harassment; documentation of investigations, including 5 full investigative reports with findings; and documentation of referrals of allegations of sexual abuse and sexual harassment for investigation. Agency Website with PREA Information; notifications to law enforcement; law enforcement responses; and interviews with Investigative Staff and students who have been interviewed during investigations.</p>

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Employees who may have contact with students are trained on the following required matters: zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill responsibilities to prevent, detect, report, and respond to sexual abuse and sexual harassment; students' right to be free from sexual abuse and sexual harassment; the right of students and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in juvenile facilities; the common reactions of juvenile victims of sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse; how to distinguish between consensual sexual contact and sexual abuse among students; how to avoid inappropriate relationships with students; how to communicate effectively and professionally with students, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming students; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities, including relevant laws regarding the applicable age of consent. Between trainings, the agency provides employees with refresher information about current policies regarding sexual abuse and sexual harassment. The agency documents that employees understand the training they have received.</p> <p>Analysis: Evidence considered for compliance with this Standard, includes: Training curriculum for PREA 101; the National Institute of Corrections online course, "PREA: Your Role Responding to Sexual Abuse"; signed staff training acknowledgments; Wallet Card provided to staff; randomly selected staff training records; CYC SOP; PREA Acknowledgement Statement for Staff; interviews with randomly selected staff, as well as with students; training policy and/or procedures found in Agency PREA Policy page 12 and facility PREA SOP pages 21-22.</p>

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>13 volunteers and contractors who may have contact with residents have been trained on their responsibilities under the agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interview with contractor; training curriculum for volunteers and contractors who have contact with residents; and samples of training records for contractors who have contact with residents. Policies and procedures are found in PREA Policy, page 14, and Facility PREA SOP, page 22.</p>

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Students receive information at the time of intake about the zero-tolerance policy, and about how to report incidents or suspicions of sexual abuse or sexual harassment. The facility provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. In addition to providing such education, the agency ensures that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. The agency maintains documentation of resident participation in PREA education sessions.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Intake Staff and randomly selected residents. Agency policy governing PREA education of residents (PREA Policy Page 11,12, and 14). Fourteen intake records of residents entering the facility in the past 12 months. Resident educational materials in formats accessible to those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to those who have limited reading skills. Tracking information corroborating that those residents received comprehensive, age-appropriate PREA education within 10 days of intake. Education and informational materials (posters, resident handbook, etc.) in compliance with the Standard.</p>

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility does not conduct its own criminal investigations, but the agency requires that administrative investigators in facilities are trained in conducting sexual abuse investigations in confinement settings. The training includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>Analysis: Evidence considered for compliance with this Standard includes: PREA Policy Sections VI (C & D) and XI; PREA Administration Investigation Training; NIC Training; Training documents for three investigators; and interviews with the Investigator and the Investigator Trainer. The PREA Coordinator has also received investigative training from NIC as well as the PREA Resource Center.</p>

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has a written policy related to the training of medical and mental health practitioners who work regularly in its facilities. The training includes: How to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The facility has 4 Mental Health staff and 3 Nurses.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Medical and Mental Health Staff; policy and procedures governing training of medical and mental health care practitioners (PREA Policy page 13 and 14) around sexual abuse and sexual harassment; and documentation showing that medical and mental health care practitioners have completed the required NIC training.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>A policy is in place that requires screening, whether upon admission to the facility or upon transfer from another facility, for risk of sexual abuse victimization or sexual abusiveness toward other residents. These screenings must be repeated throughout the student's confinement. The policy requires that students be screened for risk of sexual victimization or risk of sexually abusing other students, within 72 hours of their intake. Such assessments must be conducted using an objective screening instrument. At a minimum, the facility attempts to ascertain information about: (1) Prior sexual victimization or abusiveness; (2) Any gender-nonconforming appearance or manner, or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The student's own perception of vulnerability; and (11) Any other specific information about individual students that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other students. This information is ascertained through conversations with the student during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files. Controls are in place on the dissemination within the facility of responses to questions asked pursuant to this Standard, in order to ensure that sensitive information is not exploited to the student's detriment by staff or other students. Facility Mental Health Counselors use an electronic system called Avatar to track services with youth, including all follow-up meetings. Facility programmatic staff do not have access to Avatar as it is used by Children's Mental Health staff, not Juvenile Justice staff. Facility Mental Health Counselors are supervised by DCFS Children's Mental Health supervisors. The information from Avatar needed by programmatic supervisors was available to them, and the Audit Team during the audit, as evidenced by the ability of the Auditor to select residents with various risk factors to interview during the Audit. The information supplied by Mental Health indicates the general risk factor, without revealing additional information not needed for housing or programming decisions. For example, the confidential spreadsheet report shows which residents have indicated that they have been sexually abused in the past, but does not reveal other details such as the identity of the person(s) who allegedly abused them.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews that were conducted with Risk Screening staff, with randomly selected residents, with the PREA Coordinator, and with the Compliance Manager. Agency policy and procedures were reviewed governing screening of residents, upon admission to a facility, or transfer to another facility, and during reassessments (found in PREA Policy, page 14-16). The screening instrument used to determine the risk of victimization or abusiveness was reviewed. And records for residents admitted to the facility within the past 12 months were reviewed for evidence of appropriate screening within 72 hours as well as reassessments and the Guide for screeners.</p>

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments. The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex students in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually abusive. The facility makes housing and program assignments for transgender or intersex students in the facility on a case-by-case basis. The facility uses all information obtained pursuant to §115.341 and subsequently to make housing, bed, program, education, and work assignments for students, with the goal of keeping all students safe and free from sexual abuse. Students may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other students safe, and then, only until an alternative means of keeping all students safe can be arranged. Placement and programming assignments for each transgender or intersex student are to be reassessed, at least twice each year, to review any threats to safety experienced by the student. A transgender or intersex student's own view with respect to their safety shall be given serious consideration. Transgender and intersex students are given the opportunity to shower separately from other students.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews were conducted with the PREA Coordinator and the Compliance Manager, Risk Screening Staff, and LGBTI residents. Documentation was reviewed, in 13 randomly selected resident files, of the use of screening information to inform housing, bed, work, education, and program assignments, with the goal of keeping all residents safe and free from sexual abuse. Facility policies were reviewed that govern isolation of residents; and that prohibit placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status; and that prohibit considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually abusive (CYC SOP Page 10). Documentation Reviews were examined for compliance with the Standard. While policy and procedure limit the use of isolation for protection from sexual victimization (none reported in the previous 12 months) if isolation was used it would be reviewed every 7 days per SOP. An issue with the showers that might affect the privacy of transgender residents was addressed in Standard 115.313 during the CAP. A triangulation of evidence verifies the facility's demonstration of compliance with this Standard.</p>

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The facility provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the facility. The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The facility does provide residents with access to tools to make written reports of sexual abuse or sexual harassment. The agency has also established procedures for staff to privately report sexual abuse and sexual harassment of residents.</p> <p>Analysis: Evidence used to determine compliance with this Standard includes: Interviews with all of the following people: randomly selected staff and residents; the PREA Compliance Manager; and residents who have reported sexual abuse and/or harassment. Reviews of all of the following policies and agreements (found in PREA Policy page 16 and 17, and SOP pp. 11,12, and 14): resident reporting policy; documentation on resident reporting; documentation of agreement with their outside entity (Nevada 211) responsible for taking reports; resident reporting policy relevant to reporting to the outside entity; (the facility does not detain anyone solely for civil immigration reasons); policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties; and policy and documentation (Student Orientation Handbook, staff training slides) outlining procedures for staff to privately report sexual abuse and sexual harassment of residents. PREA Reporting Posters for Nevada 211, an outside reporting agency.</p>

115.352 Exhaustion of administrative remedies

Auditor Overall Determination: Meets Standard

Auditor Discussion

The facility has an administrative procedure for dealing with student grievances regarding sexual abuse. The policy allows a student to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. However, there were indications during the On-Site Audit that residents are sometimes discouraged from filing grievances. This can have the effect of causing residents not to report, or to resort to resolving problems in informal ways. In addition, the difficulty residents have communicating privately with family members, as described in the narrative for Standard 115.354, may have the effect of hindering the residents from getting assistance from third parties.

6 resident interviews indicated that the grievance system has not been working properly. The superintendent designee stated that it was not surprising that the residents have this perception since there had been an uptake in grievances in the previous 2 weeks. Some interviews indicated that some staff had started discouraging residents from filing grievances. 4 interviews indicated that some of the female residents may be at risk of sexual harassment because of the inappropriate joking and/or intimidating ways some of the female residents interact with them and each other. They described some sexually explicit language, insistent dating proposals, and angry reactions, that are distractions from their efforts to reach their goals. To summarize, half of the residents interviewed seem to believe that problems that should be resolved are not being resolved.

Corrective Action:

The Corrective Action Plan stated, in part, "The facility will review their grievance system to identify procedures for when grievances become backlogged and are in danger of not being responded to within policy timelines, to ensure the grievance system is available to all youth and their grievances are responded to timely. This will include backup alternatives for the Assistant Superintendent, who is the primary person designated to handle grievances. The facility will define what resolution looks like for youth. These procedures will be documented in the facility's Standard Operating Procedures (SOP) in connection with the agency's Youth Grievance Procedure policy (DCFS/JJS 300.01). The SOP will be provided to the auditor once finalized. All facility staff will receive training on the agency's Youth Grievance Procedure policy (DCFS/JJS 300.01) and the facility's SOP. Proof of the training will be provided to the auditor once completed. Facility staff will receive training regarding the importance of a healthy grievance system, and that staff shall in no way impede the process in any manner when a youth believes there is a legitimate need to submit a grievance. Proof of staff training will be provided to the auditor once completed."

The agency completed the reviews and training as required. They provided curriculum (which includes the content described in the Interim Report and CAP) and staff acknowledgment of training for "Strengthening PREA Compliance," "PREA SOP Updates," "Youth Grievance Procedures Policy," and "Youth Grievance Procedures SOP."

Analysis: Evidence considered for compliance with this Standard, in addition to the documents

listed above, includes PREA Policy Section VIII; Resident Handbook; Nevada Juvenile Justice Services Quality Assurance Review Youth Grievances July 2019; grievance and investigative documentation; and interviews with the PC, and with residents who reported sexual abuse and/or filed grievances regarding other matters. Upon completion of the CAP, the facility has demonstrated compliance with this Standard.

115.353 Resident access to outside confidential support services and legal representation

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Analysis: Evidence used to determine compliance with this Standard includes: Interviews with randomly selected residents, with residents who reported sexual abuse and/or harassment, with the PREA Compliance Manager, and with the Superintendent-designee; Policies and procedures governing resident access to outside victim advocates for emotional support services related to sexual abuse found in CYC PREA SOP pages 8 & 13; Resident handbooks, posters prepared for residents, pertinent to reporting sexual abuse and access to support services; Attempts for MOUs or other agreements with community service providers who are able to provide residents with emotional support services related to sexual abuse were made on several occasions; documentation of those attempts to enter into agreements were provided and reviewed; and policies governing residents' access to their attorneys, other legal representation, and parents or legal guardians, found in PREA Policy page 16.

115.354 Third-party reporting

Auditor Overall Determination: Meets Standard

Auditor Discussion

A method had been established at Caliente Youth Center for the agency to receive third-party reports of resident sexual abuse or sexual harassment by phone, email, in writing, and by personal contact. However, the information available at the time of the Site Review did not have complete instructions, putting the system at risk of not being accessible to some residents and family members who may not have the time or skills to overcome the barriers. In other words, although a third-party reporting system was in place, there were barriers to it being used:

1) The outside agency reporting is through the 211 system. When performing the test call, none of the automated menu instructions were relevant to PREA. Once an operator came on the line, both the operator and the operator's supervisor were unsure as to what to do. After 8 minutes, the call was terminated since it is not realistic to expect a reporting party to wait that long. The operator did call back after a few hours, ready to take a report. Clients who need to report abuse may not have a safe call-back number. Information provided to the Audit Team indicated that although operators were trained regarding how to take a report of sexual abuse or harassment, some are new and/or inexperienced. Also, menu options changed due to the COVID-19 pandemic so that callers did not encounter any options relating to PREA, so they might not have known how to proceed in making a report.

2) 4 residents answered interview questions in a way that indicated that 3rd party reporting might be difficult due to lack of privacy during telephone calls with family. Due to distance, issues associated with the COVID-19 pandemic, and other issues, some residents did not have face-to-face family visits and relied on communication by telephone. The phone they were required to use was not in a private area, being next to where staff were posted. Residents were nearby as well. The case manager that could help them make private calls did not have an office in the unit.

Corrective Action: The PC initiated solutions to these issues right away after the On-Site review. Acknowledging work already begun, the December 18, 2020, CAP stated, in part, "1) The PREA Coordinator has worked with the agency's third-party reporting partner, Nevada 211, to ensure that all call representatives are properly trained. Nevada 211 completed a refresher training on how to take a PREA report for all staff in October 2020 and has committed to quarterly refresher training. Subsequent test calls to Nevada 211 by the PREA Coordinator on 11-3-20 and the PREA auditor on 11-4-20 were successful. Due to the health emergency, new menu options were created that direct 211 callers to press 9 for COVID information and 1 for Health and Human Services. Nevada 211 confirmed that callers who want to make a PREA report could press either option and reach a call representative who could take their report, however, to reduce confusion, PREA posters, youth and staff brochures and youth handbooks in the facility will be corrected to direct callers to press 1. Once these corrections are made, the auditor will be provided pictures and documentation of these changes. The agency website has been updated accordingly, found here: <http://dcfs.nv.gov/Programs/JJS/PREAHome/>

"2) The facility will review and revise their procedures for ensuring that youth can make private

phone calls, to provide all youth the opportunity to report sexual abuse or sexual harassment, as needed. This may include youth phone calls in their rooms, youth calls in private offices, or youth calls utilizing new laptops and webcams the facility will soon be receiving, in designated private areas. These procedures will be documented in the facility's PREA Standard Operating Procedures (SOP) and this will be provided to the auditor once completed. Staff will be trained on SOP changes and the auditor will be provided proof of training."

Consistent with the requirements of the CAP, the following was provided for the Audit Team to review: Nevada 2-1-1 Staff Training Curriculum, Nevada 2-1-1 Staff Training documented attendees and Zoom Meeting information, PREA Policy SOP-Caliente Youth Center-Revisions, and verification that posters and brochures had been updated (sometimes with stickers with updated information), posted and distributed.

Analysis: Evidence considered for compliance with this Standard includes: Agency Website; Third-Party Reporting Posters; PREA Policy Section VIII; CYC SOP; family brochure; interviews with students and staff; and verification of test PREA Incident Report sent by the audit team. This, and the additional documentation and proof of practice detailed above, show compliance with this Standard.

115.361 Staff and agency reporting duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

Staff are required to report immediately: Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. They also must report any retaliation against students or staff who reported such an incident. They must report staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The agency requires all staff to comply with any applicable mandatory child abuse reporting laws. Apart from reporting to designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Medical and mental health professionals are required to report sexual abuse to designated supervisors, as well as to the designated State or local services agency where required by mandatory reporting laws. Such practitioners are required to inform students, at the initiation of services, of their duty to report, and of the limitations of confidentiality. Upon receiving any allegation of sexual abuse, the facility head or designee promptly reports the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing that the parents or legal guardians should not be notified. If the alleged victim is under the guardianship of the child welfare system, the report is to be made to the alleged victim's caseworker, instead of to the parents or legal guardians. If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee reports the allegation to the juvenile's attorney, or other legal representative of record, within 14 days of receiving the allegation. The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, for investigation.

Analysis: Evidence used to determine compliance with this Standard includes: Interviews with randomly selected staff, with medical staff, with mental health staff, with the PREA Compliance Manager, and with the Superintendent-designee. Relevant policy, governing the reporting by staff of incidents of sexual abuse or sexual harassment, and requiring all staff to comply with any applicable mandatory child abuse reporting laws found in PREA Policy, pages 17 and 19, and CYC PREA SOP, page 12. Also, the investigative documentation reviewed indicated no lack of compliance with this Standard.

115.362 Agency protection duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Agency Head designee, with the Superintendent-designee, and with randomly selected staff; and relevant procedures governing the facility's protection duties when students are subject to a substantial risk of imminent sexual abuse, found in CYC PREA SOP page 15.

115.363 Reporting to other confinement facilities

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Analysis: Evidence used to determine compliance with this Standard includes: Interviews with the Agency Head designee and the Superintendent-designee; Agency policy regarding reporting of allegations of sexual abuse of residents while confined at another facility; and Agency policy requiring that allegations of sexual abuse of residents received from other agencies or facilities are investigated in accordance with the PREA Standards: PREA Policy page 24, and CYC PREA SOP page 18.

115.364 Staff first responder duties

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Analysis: Evidence used to determine compliance with this Standard includes: Interviews with students who reported sexual abuse and/or harassment; interviews with staff who have acted as First Responders; and interviews with randomly selected staff, along with Agency policy governing staff First Responder duties (PREA Policy 2020 pages 17-20, CYC PREA SOP 8.14.20 pages 18 and 20). Also reviewed were 5 investigations that indicated that First Responder Duties were followed as applicable.

115.365 Coordinated response

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

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

115.366 Preservation of ability to protect residents from contact with abusers

Auditor Overall Determination: Audited at Agency Level

Auditor Discussion

This agency-wide Standard was audited during the Agency PREA Audit. The agency has no Collective Bargaining Contract (CBC) and maintains its ability to protect its residents and employees from abusers.

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

115.367 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Analysis: Evidence used to determine compliance with this Standard includes: (1) Interviews with each of the following: the Agency Head designee, the Superintendent-designee, staff responsible for retaliation monitoring, and students who report sexual abuse and/or harassment. (2) Agency policy protecting all students and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, from retaliation by other residents or staff, including policies on the monitoring of students and staff following a report, and the Agency response to suspected retaliation found in PREA Policy on page 6 and the facility PREA SOP page 10. (3) Documentation of monitoring consistent with this Standard.

115.368 Post-allegation protective custody

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Analysis: Evidence used to determine compliance with this Standard includes: (1) Interviews with each of the following: the Superintendent designee; staff who supervise students in Isolation for any reason; medical staff; and mental health staff. (2) Facility policy that residents who allege to have suffered sexual abuse may only be placed in Isolation as a last resort, only if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged found in facility PREA SOP page 15 and 18 and agency PREA Policy page 24. According to interviews and documentation reviewed, no youth were held in isolation for their protection from sexual abuse in the 12 months reviewed for this audit.

115.371 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

The Agency has a policy related to criminal and administrative agency investigations. The agency does not terminate an investigation solely because the source of the allegation recants the allegation. Substantiated allegations of conduct that appear to be criminal are referred for prosecution. When the quality of evidence appears to support criminal prosecution, the investigative agency will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis, and it will not be determined by the person's status as a student or staff. No polygraphs are required. Administrative investigations conducted by the agency include an effort to determine whether staff actions or failures to act contributed to the abuse. Criminal and Administrative investigations will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings, with copies of all documentary evidence attached to the reports, when feasible. The agency will retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention. The departure of the alleged abuser or victim from the employment or control of the facility or agency will not provide a basis for terminating an investigation. When outside agencies investigate sexual abuse, the facility will cooperate with outside investigators and will endeavor to remain informed about the progress of the investigation. The PC states that "we have changed the way we conduct PREA investigative interviews due to COVID. Although we conducted a few investigations using phone interviews, we will be utilizing video conference technology, where available, to conduct interviews, until it is safe to conduct in-person interviews again."

Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Investigative staff, with the Superintendent-designee, with the PREA Coordinator, and with the Compliance Manager; Facility policies related to criminal and administrative agency investigations (PREA Policy pages 2, 21-23, and PREA SOP pages 17-18); Training records for Investigators; 5 investigations completed during the past 12 months; and residents who reported abuse and/or participated in investigations.

115.372 Evidentiary standard for administrative investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Analysis: Evidence considered for compliance with this Standard includes: PREA Policy page 22; interview with investigator, and documentation reviewed regarding 5 investigations. The interviews and investigations demonstrated the use of a proper standard of proof. A triangulation of evidence indicates that the facility is compliant with this Standard.

115.373 Reporting to residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Analysis: Evidence used to determine compliance with this Standard includes: Interviews with Superintendent-designee and with Investigative staff. Agency policy requiring that any student who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded, following an investigation by the Agency (PREA Policy, page 22; and SOP page 19). The 5 investigations reviewed had documentation of appropriate notifications being given.

115.376 Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

Facility staff are subject to disciplinary sanctions, up to and including termination, for violating agency sexual abuse or sexual harassment policies. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies.

Analysis: Evidence used to determine compliance with this Standard includes: Staff disciplinary policy regarding violations of Agency sexual abuse or sexual harassment policies found in PREA Policy page 24. The investigations completed in the past year did not contain any substantiated allegations that staff sexually abused any resident. Interviews with staff, investigators, and administrators indicate that the policy associated with this Standard is known and followed.

115.377 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. According to policy and interviews, the facility takes appropriate remedial measures, and it considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Analysis: Evidence used to determine compliance with this Standard includes: An interview with the Superintendent-designee and Agency policy requiring that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies found in PREA Policy (page 25) and PREA SOP (page 4-5). In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents since there were no such allegations or findings. Interviews conducted, including with staff who supervise contractors, indicate that the policy associated with this Standard is known and followed.

115.378 Interventions and disciplinary sanctions for residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

There were two substantiated allegations of resident-on-resident sexual abuse in the 12 months reviewed for this audit. These cases were consistent with policy and information from administrators indicating that youth receive interventions on a case-by-case basis after a substantiated allegation. They only receive discipline as a last resort, and typically after an established pattern of behavior.

Analysis: Evidence used to determine compliance with this Standard includes: Interviews with administrators, medical staff, and mental health staff; policy which states that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse (PREA Policy, page 24-25) calling for a case by case intervention, and CYC PREA SOP, page 10 & 20; and 5 investigations reviewed reflecting that interventions and disciplinary sanctions for residents have been consistent with this Standard.

115.381 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

According to policy, all residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to B115.341 are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Medical and mental health staff maintain secondary materials documenting compliance with the above-required services. All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to B 115.341, are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Mental health staff maintain secondary materials documenting compliance with the above-required services. The information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. Facility Mental Health Counselors use an electronic system called Avatar to track services with youth, including all follow-up meetings. 4%, or 6 youth, had previously perpetrated sexual abuse and were offered a follow-up meeting. This accounted for all youth assessed with previous perpetration. 12%, or 17 youth, had reported previous victimization and had a follow-up meeting. There was 3 youth who did not receive timely follow up, but this has been addressed and, during the COVID-19 pandemic, some flexibility is allowed when there is transparency and documentation explaining the circumstances.

Analysis: Evidence considered for compliance with this Standard includes: PREA Policy (Pages 15-16); CYC SOP (Page 19); documentation of these referrals; and documentation of reassessments being completed when new information is obtained during the course of a resident's stay. Interviews were conducted with staff responsible for Risk Screening, with residents who disclosed prior abuse, and with medical and mental health staff.

115.382 Access to emergency medical and mental health services

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Analysis: Evidence used to determine compliance with this Standard includes: Interviews with medical staff, with mental health staff, and with students; and policies and procedures regarding access to treatment services by student victims of sexual abuse found in CYC PREA SOP page 8. Documentation received by the auditor, and interviews conducted, indicate that the infrastructure and protocols are in place to fully follow this Standard, although no emergencies requiring these services occurred in the past year.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policy requires that the facility offer medical and mental health evaluations and, as appropriate, treatment, to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections, as medically appropriate. If pregnancy results, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Treatment services are provided to the victim, without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers, and all youth with prior sexual victimization, and offers treatment when deemed appropriate by mental health practitioners.

Analysis: Evidence considered for compliance with this Standard includes: SYC SOP (pages 8 & 9); sample documentation of screenings and services provided; and interviews with medical and mental health staff and a resident who reported abuse. A triangulation of evidence shows that the facility practices are consistent with this Standard.

115.386 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

Analysis: Evidence used to determine compliance with this Standard includes: interviews with the Superintendent-designee, with the PREA Compliance Manager, and with the Incident Review Team; policies and procedures on conducting sexual abuse Incident Reviews found in CYC PREA SOP page 20 and 21; and documentation of sexual abuse Incident Reviews corresponding to the 5 investigations reviewed.

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

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

Analysis: Evidence considered for compliance with this Standard includes: PREA Policy, Section XII; interviews; and dates and documentation of prior audits.

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.)
- 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".)
- 115.313 (a) Supervision and monitoring**
- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? yes
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? yes
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? yes

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

115.313 (c) Supervision and monitoring

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

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

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

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

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

115.313 (d) Supervision and monitoring

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

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

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

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

115.313 (e) Supervision and monitoring

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.317 (a) Hiring and promotion decisions

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

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

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

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

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

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

115.317 (b) Hiring and promotion decisions

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

115.317 (c) Hiring and promotion decisions

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

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

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

115.317 (d) Hiring and promotion decisions

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

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

115.317 (e) Hiring and promotion decisions

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

115.317 (f) Hiring and promotion decisions

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

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

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

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

115.321 (b) Evidence protocol and forensic medical examinations

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

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

115.321 (c) Evidence protocol and forensic medical examinations

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

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

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

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

115.321 (d) Evidence protocol and forensic medical examinations

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

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

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

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

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

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

yes

115.331 (a) Employee training

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

115.331 (b) Employee training

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

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

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

115.331 (c) Employee training

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

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

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

115.331 (d) Employee training

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

115.332 (a) Volunteer and contractor training

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

115.332 (b) Volunteer and contractor training

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

115.332 (c) Volunteer and contractor training

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

115.333 (a) Resident education

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

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

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

115.333 (b) Resident education

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

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

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

115.333 (c) Resident education

Have all residents received such education? yes

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

115.333 (d) Resident education

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

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

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

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

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

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

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

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

yes

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

yes

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

yes

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

yes

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

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

na

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

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

yes

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

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

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

115.341 (a) Obtaining information from residents

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

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

115.341 (b) Obtaining information from residents

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

115.341 (c) Obtaining information from residents

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

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

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

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

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

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

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

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

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

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

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

115.341 (d) Obtaining information from residents

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

Is this information ascertained: During classification assessments? yes

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

115.341 (e) Obtaining information from residents

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

115.342 (a) Placement of residents

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

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

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

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

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

115.342 (b) Placement of residents

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

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

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

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

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

115.342 (c) Placement of residents

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

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

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

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

115.342 (d) Placement of residents

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

yes

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

yes

115.342 (e) Placement of residents

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

yes

115.342 (f) Placement of residents

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

yes

115.342 (g) Placement of residents

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

yes

115.342 (h) Placement of residents

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

yes

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

yes

115.342 (i) Placement of residents

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

yes

115.351 (a) Resident reporting

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

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

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

115.351 (b) Resident reporting

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

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

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

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

115.351 (c) Resident reporting

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

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

115.351 (d) Resident reporting

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

115.351 (e) Resident reporting

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

115.352 (a) Exhaustion of administrative remedies

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

115.352 (b) Exhaustion of administrative remedies

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

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

115.352 (c) Exhaustion of administrative remedies

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

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

115.352 (d) Exhaustion of administrative remedies

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

yes

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

yes

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

yes

115.352 (e) Exhaustion of administrative remedies

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

yes

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

yes

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

yes

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

yes

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

yes

115.352 (f) Exhaustion of administrative remedies

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

yes

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

yes

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

yes

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

yes

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

yes

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

yes

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

yes

115.352 (g) Exhaustion of administrative remedies

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

yes

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

115.354 (a) Third-party reporting

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

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

115.361 (a) Staff and agency reporting duties

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

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

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

115.361 (b) Staff and agency reporting duties

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

115.361 (c) Staff and agency reporting duties

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

115.361 (d) Staff and agency reporting duties

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

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

115.361 (e) Staff and agency reporting duties

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

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

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

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

115.361 (f) Staff and agency reporting duties

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

115.362 (a) Agency protection duties

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

115.363 (a) Reporting to other confinement facilities

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

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

115.363 (b) Reporting to other confinement facilities

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

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

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

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

115.367 (a) Agency protection against retaliation

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

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

115.367 (b) Agency protection against retaliation

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

115.367 (c) Agency protection against retaliation

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

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

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

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

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

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

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

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

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

115.367 (d) Agency protection against retaliation

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

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

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

115.371 (m) Criminal and administrative agency investigations

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

115.372 (a) Evidentiary standard for administrative investigations

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

115.373 (a) Reporting to residents

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

115.373 (b) Reporting to residents

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

115.373 (c) Reporting to residents

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

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

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

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

115.373 (d) Reporting to residents

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

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

115.373 (e) Reporting to residents

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

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

115.378 (a) Interventions and disciplinary sanctions for residents

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

115.378 (b) Interventions and disciplinary sanctions for residents

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

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

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

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

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

115.378 (c) Interventions and disciplinary sanctions for residents

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

115.378 (d) Interventions and disciplinary sanctions for residents

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

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

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

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

115.386 (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