

# PREA Agency Audit Report: Final

**Name of Agency:** Nevada Department of Health and Human Services, Division of Child and Family Services, Office of Juvenile Justice Services

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 12/20/2019

**Date Final Report Submitted:** 06/17/2020

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> D. Will Weir	<b>Date of Signature:</b> 06/17/2020

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

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

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Jennifer Simeo	<b>Email Address:</b>	jsimeo@dcs.nv.gov

## AUDIT FINDINGS

### **Narrative:**

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

Introductory communication with the PREA Coordinator to discuss the audit process, audit preparation, the Pre-Audit Questionnaire (PAQ), and supporting documents and elements of the on-site visit took place shortly after scheduling the dates for the On-Site Audit. This Agency Audit was completed during the same time period as the facility audit of Summit View Youth Center, and Summit View Youth Center provided some of the examples of agency compliance in practice.

On May 20, 2019, November 5 was selected as the date of the On-Site Audit to be held at the Summit View Youth Center facility. 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. Verification that the postings were made was attained by the combination of emailed photos and observations of the postings during the physical plant tour. 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. The PREA America Audit Team consisted of Project Manager Tom Kovach and DOJ Certified PREA Auditor Will Weir.

During the Pre-Audit Phase, an extensive desk audit of the agency was conducted, reviewing the PAQ, policies, and procedures, as well as supporting documentation, and several emails were exchanged to clarify issues. This phase of the audit was used to collaborate by phone with the agency staff on questions and concerns with documenting compliance. Interviews with facility staff were also considered for this audit, in so much as they relate to agencywide practices. This included a conference call on October 18. Internet research was done on the agency.

All documents received were reviewed, including logs, training files, and curricula. Background checks, including of child abuse registry checks, were randomly selected of staff, contractors, and volunteers to verify compliance with the initial background check, as well as with the 5-year recheck requirement. The On-Site Audit started with an initial briefing, which included agenda and logistics review; discussion of mandatory reporting; and clarification of 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.

Interviews were conducted with staff in the following roles: Agency Head, Agency PREA Coordinator, PC's supervisor, Superintendent, Agency Human Resources, local investigator, PREA Compliance Manager, Contract Administrator, trainer, higher-level staff for unannounced rounds, medical staff, mental health staff, SANE Nurse, contractor, staff who perform Screening and Intake, staff who monitor for Retaliation, and the Incident Review Team. Since some staff perform multiple duties, these

specialized roles were covered by conducting a total of 11 unique interviews. An additional 12 staff were selected randomly, representing various stations, housing units, shifts, and genders. (Some specialized interviews were conducted by phone in advance of the audit.)

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

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

As a first step, during the 30 days after the On-Site Audit, responding to the concern about PCs and PCMs possibly not having enough time and authority to do their work, Organizational Charts were updated by the agency, showing the PC to be in the upper level of the agency, although outside the direct chain of command. It was agreed that these clarifications were to be implemented, and perhaps further clarified, during the Corrective Action Process, with documented verification of full compliance with the Standard and/or barriers being identified and addressed.

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

The Nevada Department of Health and Human Services, Division of Child and Family Services, Office of Juvenile Justice Services Agency PREA Audit Interim Report was issued 12-20-19. A Corrective Action Plan was jointly developed, and the agency completed the items within the 180 days allowed in PREA Standard 115.404. For more details, see the narrative in this report for Standard 115.311.

## 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.

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	9
<b>Number of standards not met:</b>	0

The Interim Report reported that the agency had shown compliance with all audited Standards except one. Resolved during Corrective Action Period: Standard 115.311 (Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator): The Corrective Action Plan (CAP) stated the following:

- 1) The organizational chart will need to be revised one more time, with the new Superintendent and the PREA Compliance Manager's supervisor more clearly defined. The organizational charts will be provided to auditor.
- 2) DCFS Administration to reaffirm the PREA Coordinator and PREA Compliance Managers' authority levels within each facility as it relates to PREA, including, for example, a written memorandum. Written documents will be provided to the auditor.
- 3) All policy and training changes will be provided to the PREA auditor per request.

The documentation that shows compliance was uploaded into the Online Audit System (OAS). The Deputy Administrator over Residential Services wrote the Memo to the Deputy Administrator over Quality and Oversight, assuring documentation of the understanding regarding the PREA Coordinator's and PREA Compliance Managers' levels of authority. Also, the PC provided verification, with examples, by email that she and the PCMs now have "more time and authority" to manage and coordinate PREA.

## 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	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment, and a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, and it includes sanctions for those found to have participated in prohibited behaviors. The agency employs a PREA Coordinator, but it has not been shown that the position provides the coordinator with sufficient authority to develop, implement, and oversee agency efforts to comply with the PREA Standards, as required by the Standards. Standard 115.388 requires agencies to show they are “taking corrective action on an ongoing basis”.</p> <p>Corrective Action: The CAP stated the following:</p> <ol style="list-style-type: none"> <li>1) The organizational chart will need to be revised one more time with the new Superintendent and the PREA Compliance Manager's supervisor more clearly defined. The organizational charts will be provided to the Auditor.</li> <li>2) DCFS Administration to reaffirm the PREA Coordinator and PREA Compliance Managers' authority levels within each facility as it relates to PREA, including, for example, a written memorandum. Written documents will be provided to the auditor.</li> <li>3) All policy and training changes will be provided to the PREA Auditor per request.</li> </ol> <p>The documentation that shows compliance was uploaded into the Online Audit System (OAS). The Deputy Administrator over Residential Services wrote the Memo to the Deputy Administrator over Quality and Oversight, assuring documentation of the understanding regarding the PREA Coordinator's and the PREA Compliance Managers' levels of authority. Also, the PC provided verification, with examples, by email that she and the PCMs now have “more time and authority” to manage and coordinate PREA.</p> <p>Analysis: Evidence considered, up to and including the 30 days after the On-Site Audit, includes: Nevada Juvenile Justice Services PREA Policy 300.09 3. 3. 17, (Sections I, II, III &amp; X); Organizational Chart for the Agency; Facility Organizational Chart; revised Organizational Charts; and interviews conducted throughout the Audit. The initial Division of Child and Family Services Quality and Oversight Programs Office Organizational Chart placed a Program Officer III at the bottom of the Chart. “PREA Coordinator” had to be written in by hand to be added to the Chart, so the Audit Team would know where to look. The PREA Standards view the positions of PREA Coordinator and PREA Compliance Manager as integral to PREA compliance, and correspondingly, as integral to the agency's organization. The Standards</p>

require the agency to allocate sufficient time and authority to the positions. During interviews, administrators at various levels were asked what actions and processes the PC has the clear authority to take, when compliance issues are identified. Although the administrators voiced support of PREA compliance, these questions proved difficult for them to answer.

As a first step, responding to this concern prior to the issuance of the Interim Report, Organizational Charts were updated by the agency, showing the PC to be in the upper level of the agency, although outside the direct chain of command. It was agreed that these clarifications were to be implemented, and perhaps further clarified, during the Corrective Action Process, with documented verification of full compliance with the Standard and/or barriers being identified and addressed.

Evidence considered during the CAP includes: The Deputy Administrator over Residential Services' Memo to the Deputy Administrator over Quality and Oversight, assuring documentation of the understanding regarding the levels of authority of the PREA Coordinator and the PREA Compliance Managers. Updated Organizational Charts, with PREA officials' roles more clearly defined, along with evidence of distribution and implementation. Communication with the PC, detailing the following: Monthly meetings have been occurring since February between the PC and the Deputy Administrator for Residential Services. In these meetings, in addition to updates and information-sharing regarding PREA in the agency and facilities, they specifically discuss and review the resolution of "issues with authority level and time," as experienced by the PC and PCMs. Specific areas where this high-level communication has been helpful include: COVID-19 responses (federal grants; overtime; admissions; quarantines); commitment and support from the Deputy Administrator of Quality and Oversight; and budgetary planning relating to new positions.

This Standard contains a provision for facilities, as well, and they will each be audited to assure they are compliant in their responsibilities.



115.312	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>PREA Standards state that a public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA Standards.</p> <p>Analysis: Evidence considered for compliance with this Standard includes: interlocal agreements with Clark and Douglas Counties, Spring Mountain, and China Springs; PREA Audit, China Spring Youth Camp, 2019; PREA Audit, China Spring Youth Camp, 2016; PREA Audit, Spring Mountain Youth Camp, 2017; Spring Mountain Audit Report; PREA Contract Administrator interview; and related policies and emails.</p>

115.317	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. The Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Agency policy requires that, before it hires any new employees who may have contact with residents, it: conducts criminal background record checks; consults any child abuse registry maintained by the State or locality in which the employee would work; and, consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse, or any resignation during a pending investigation of an allegation of sexual abuse.</p> <p>Analysis: Evidence considered for compliance with this Standard includes PREA Policy Section XII (Page 24); 7 randomly selected staff files; 5 randomly selected contractor and volunteer files; and an interview with the Agency Human Resource Director. Although the agency has shown compliance with this Standard, each facility has roles, as well, and is audited on a facility-by-facility basis for compliance.</p>

115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has no Collective Bargaining Contract (CBC) and maintains its ability to protect its students and employees from abusers.</p> <p>Analysis: No evidence reviewed during this Audit indicated any lack of compliance with the Standard. The Agency Head indicated that CBC's can occur, but the agency does not have any.</p>

115.387	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency collects accurate, uniform data for every allegation of sexual abuse, using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice. The agency aggregates the incident-based sexual abuse data at least annually. The facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>Analysis: Evidence considered for compliance with this Standard includes: SVYC SOP (Section LL, page 31); Investigations and Incident Reviews; Interviews with PC, Agency Head, Superintendent, PCM, and Incident Review Team; PREA Policy XI; Spreadsheet of investigations; Annual Report 2018; SSV5-2017; SSV-I-J-2017; and Agency PREA Page on Website.</p>

115.388	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency reviews data collected and aggregated pursuant to β115.387, in order to assess and improve the effectiveness of their sexual abuse prevention, detection, and response policies, and training.</p> <p>Analysis: Evidence considered for compliance with this Standard includes a review of the Annual Reports; the Agency Website; and interviews with the Agency Head, the PC, and the PCM.</p>

115.389	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency ensures that incident-based and aggregated data are securely retained. Agency policy requires that aggregated sexual abuse data be made readily available to the public, at least annually. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to B115.387 for at least 10 years after the date of initial collection, unless Federal, State or local law requires otherwise. The facility provided all their investigative documentation and explained their logging system, indicating an accurate method of tracking and reporting their allegations and investigations.</p> <p>Analysis: Evidence considered for compliance with this Standard includes: PREA Policy Section XI, pages 23-24, and Section XIII, page 25; Website review (<a href="http://dcfs.nv.gov/Programs/JJS/PREAHome/">http://dcfs.nv.gov/Programs/JJS/PREAHome/</a>); Annual Reports (2015 – 2018); and interviews with the PREA Coordinator.</p>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies, resources, contact information, reporting information, and prior reports can be found at: <a href="http://dcfs.nv.gov/Programs/JJS/PREAHome/">http://dcfs.nv.gov/Programs/JJS/PREAHome/</a>.</p> <p>Analysis: Evidence considered for compliance with this Standard includes: PREA Policy, Page 25; interviews; and documentation reviews.</p>

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The agency has prior Audits posted as required.</p> <p>Analysis: Evidence considered for compliance with this Standard includes: PREA Policy, Page 25; interviews with the PC, and a review of the Audits posted at: <a href="http://dcfs.nv.gov/Programs/JJS/PREAHome/">http://dcfs.nv.gov/Programs/JJS/PREAHome/</a>.</p>



<b>Appendix: Provision Findings</b>		
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes

<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.317 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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
<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

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

<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

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