

PREA Facility Audit Report: Final

Name of Facility: Spring Mountain Youth Camp

Facility Type: Juvenile

Date Interim Report Submitted: 06/04/2019

Date Final Report Submitted: 01/14/2020

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 checked="" type="checkbox"/>
Auditor Full Name as Signed: Kila Jager	Date of Signature: 01/14/2020

AUDITOR INFORMATION	
Auditor name:	Jager, Kila
Address:	
Email:	kilajager@preauditor.com
Telephone number:	
Start Date of On-Site Audit:	04/29/2019
End Date of On-Site Audit:	05/01/2019

FACILITY INFORMATION	
Facility name:	Spring Mountain Youth Camp
Facility physical address:	2400 Angel Peak Place, Las Vegas, Nevada - 89124
Facility Phone	702-455-5555
Facility mailing address:	

Primary Contact	
Name:	Danilo Chavarria
Email Address:	chavarde@clarkcountynv.gov
Telephone Number:	702-455-5383

Superintendent/Director/Administrator	
Name:	Jeffrey Jones
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Telephone Number:	702-455-5555

Facility PREA Compliance Manager	
Name:	Danilo Chavarria
Email Address:	chavarde@clarkcountynv.gov
Telephone Number:	M: 702-455-5383

Facility Health Service Administrator On-Site	
Name:	Cheryl Wright
Email Address:	WrightCL@ClarkCountyNV.gov
Telephone Number:	702-455-5226

Facility Characteristics	
Designed facility capacity:	100
Current population of facility:	72
Average daily population for the past 12 months:	
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	13-18
Facility security levels/resident custody levels:	
Number of staff currently employed at the facility who may have contact with residents:	72
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	

AGENCY INFORMATION	
Name of agency:	Clark County Department of Juvenile Justice Services
Governing authority or parent agency (if applicable):	
Physical Address:	601 No. Pecos Rd, Las Vegas, Nevada - 89101
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Richard Nelson	Email Address:	NelsonRi@ClarkCountyNV.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.

SMYC PREA Audit 2019

The Prison rape Elimination Act (PREA) on-site audit of Spring Mountain Youth Camp (SMYC), Las Vegas Nevada, was conducted April 29 to May 1, 2019. SMYC is one of three facilities under the auspices of the Clark County Juvenile Justice Services (JJS) and contracted by Nevada Division of Child and Family Services. (DCFS). SMYC has had one previous PREA audit during the first audit three-year cycle. The final report found that SMYC was still working towards PREA compliance.

The lead PREA Auditor for this audit is Kila Jager owner of Jager Associates LLC, a Department of Justice (DOJ) certified PREA auditor for juvenile facilities and adult jails, prisons, and community facilities. This audit was conducted in accordance with PREA and all related statutes, rules, and regulations. No barriers were encountered that hindered the completion of this audit.

PRE-onsite Audit Phase:

After agreement between this auditor and SMYC, December 12, 2018, for an audit to be conducted during the third year of the second audit cycle, online initiation instructions were sent, and an online audit was opened. The following dates were determined to be deadlines for this audit: Submit the Pre-Audit Questionnaire by March 19, 2019; Post the Auditor Notices by March 18, 2019, on-site audit April 29 to May 1, 2019; Interim Report/Final report due by June 13, 2019; any corrective action will complete by December 2019.

On March 4, 2019, this auditor sent to SMYC the auditor's announcement and requirements for posting, training staff, and residents, additional information about navigating within the online audit, links to the PREA Coordinator and PREA Compliance Manager manuals, and the Checklist of Documentation to be uploaded. SMYC opened an online audit on March 13, 2019 and began uploading required documentation into it from the documentation list.

SMYC submitted their Pre-Audit Questionnaire (PAQ) online and this auditor began a paperwork assessment and continued communication with SMYC about documentation. SMYC posted the auditors notice (Spanish and English).in all areas where staff and residents inhabit, documented the posting and education of residents and staff about their ability to communicate with this auditor, that the communication is confidential and private, and where to find the contact information.

On March 30, 2019, this auditor sent SMYC information about the site visit and scheduling needs. This included scheduling time for 16 resident interviews, including a list of targeted categories, time for file reviews, and types of files needed to review. In addition, scheduling time for at least 16 random staff interviews and an additional list of 8 interviews for specialized staff categories, and 4 outside resources.

Also, included was a list of staff files to be reviewed. Additional information requested included: a list of all staff, type, shifts, and days off, a list of residents, by unit, age, gender, and including any disability—including non-visual disabilities. Schedule included an initial meeting the first day, a complete facility tour, and an exit meeting at the end of the site visit.

On April 16, 2019, this auditor received staff list and schedule, resident list, as requested, and a tentative schedule from SMYC that included all specialty staff and targeted resident requirements, initial meeting, tour, file review, exit meeting, and times open for random staff and residents to be chosen by this auditor. Additionally, included were the contact information for the External resources. This schedule was updated on April 25, 2019

Spring Mountain Youth Camp (SMYC) does not use segregated housing or isolation. (this was verified on-site through observation and resident and staff interviews) Therefore, these rosters were not requested. Grievances and incident reports were requested and reviewed. In addition, reviewed on site in file reviews.

External Contacts/Research

This auditor contacted LVVMPD, The Rape Crisis Center, and the Southern Nevada Children's Advocacy Center, and conducted phone interviews. The review of their records found no information they have about SMYC, except for the MOU LVM{D confirmed that if they get an allegation of sexual abuse from SMYC, they will respond with investigative services, and ensure a forensic exam is provided by SAFE/SANE professionals, advocate and follow-up services through its SART partners. A representative from The Rape Crisis Center confirmed that they have a MOU with SMYC and is available to provide support for any allegation of sexual abuse. They also said they could provide education services.

This auditor did not receive confidential correspondence from residents or staff at CSYC prior to the on-site visit. On-site Audit Phase:

Site Review:

This auditor arrived at SMYC on April 29, 2019. An entrance briefing was conducted. This auditor was provided with an office to serve as a base of operations and to conduct interviews. In addition, access was provided to the SMYC files that this auditor had requested for file review.

The first day of the audit, this auditor conducted a site review of the facility. The PREA Compliance Coordinator conducted the tour. This auditor observed all areas of the facility. The outer perimeter was observed.

Camera placement was observed. SMYC has a total of 127 cameras, including eight network video recorders NVR based on 24/7 recording. This auditor did not observe any camera placement that would create privacy concerns. Shower and bathrooms have privacy screens and are used by only one resident at a time. No camera placement shows residents when they are showering, changing, or toileting. Residents bed area is open, and cameras cover this area, so residents never fully undress in this area. Residents only fully undress when showering and behind a privacy screen. The cameras are not monitored on a continuous basis and it is a future goal of SMYC to be able to more fully monitor cameras to effectively use their video monitoring technology to prevent sexual abuse, instead of just as a tool for investigation and spot checks.

All current residents had completed the resident intake education process prior to the auditors' arrival and no new residents arrived while the auditor was on site. Therefore, the resident education, screening, and intake process were not observed; however, this auditor reviewed the process with staff and residents to fully understand the process. During corrective action, the process of intake PREA education and comprehensive education was changed to reflect the PREA standards requirement that resident PREA education be conducted in two separate sessions, within 10 days of each other. Since residents arrive at Clark County Detention to prepare for their move to SMYC, an agreement was worked out for residents to receive initial PREA education there. When they arrive at SMYC, the initial information is reinforced, and then within 10 days, they watch a video with more information and education. Post corrective action interviews with staff and residents confirmed this change, practice, and understanding.

This auditor observed the use of the doorbell to announce an opposite gender staff entering the unit. consistently done on the site multiple times. Residents and staff confirmed the use of this way to inform residents and the consistency of its use in the practice and culture of the facility.

All unit staff are trained and provide access to a phone, for residents to contact the Rape Crisis hotline/advocate, PREA flyers in Spanish and English are posted by each phone. There is a locked grievance box on each unit and grievance forms readily available. SMYC does not use the grievance process for sexual abuse/harassment allegations; however, if a resident uses the grievance form to report sexual abuse/harassment, the grievance is removed from the process and handled as an abuse report. Review of grievances confirmed this is the case.

Notices of the PREA audit were posted throughout the facility in Spanish and English and were in large print and easily visible. Interviews confirmed that Residents and staff knew about them and how to contact this auditor.

During the site review, most residents were at school. SMYC is not a secure juvenile facility and is not required to maintain the 1:8 staffing ratio; however, SMYC's staffing plan does make their best efforts to comply with a 1:12 during waking hours and 1:16 staffing ratio during sleep.

Interviews:

Staff Interviews:

Interviews were conducted all three days of the site visit. Interviews were conducted privately, in the office provided. A total of 16 random staff and 8 specialized staff interviews were conducted. Some of the specialty and agency staff interviews were conducted by phone. Staff members were interviewed covering all three shifts.

This auditor conducted the following facility level staff members interviews: Facility Supervisor, PCC/Retaliation Monitor, Supervisors, Investigator, Medical Staff, Mental Health Staff, Contractor, Volunteer, Staff who perform screening, random staff, intake staff, food service staff, and staff on the incident review team.

The facility does not employ a SAFE/SANE staff to conduct forensic medical exams. The interview with LVMPD confirmed that they ensure that a SAFE/SANE is provided for any sexual abuse allegation, as a part of a multidisciplinary team.

Resident Interviews:

Using the auditor handbook as a guide, it was determined that if the facility had a population of 72 residents, a minimum of 16 residents needed to be interviewed—including targeted residents.

Total residents interviewed were 16—5 targeted and 11 random residents. All residents were asked the random interview questions, included the five targeted residents. This auditor ensured that all units were represented and picked at random from the resident unit logs. If that resident was not available, the next name on the list, in that unit, was selected.

File Review:

Residents files

Onsite documentation review was conducted on paper files. Sample documentation was uploaded to the online audit. All records were made available to this auditor—resident education, and signed acknowledgement form and orientation forms, intake paperwork, risk assessments, medical and medical referrals and follow-ups, notifications, and tracking. A list of residents in the facility was used to check the files and document all required information was included.

Staff Files:

Staff files were reviewed. Random files were chosen and checked against required file documentation. They all included the child abuse registry check, Background check, fingerprint check, PREA Acknowledgement form, PREA training, yearly refresher training, background checks if promoted, additional training, specialty training, and signed statements of understanding or test/certificates of completion.

Investigation Files

SMYC reported no sexual abuse allegations/ investigations. At the end of the audit post review, there was one allegation of sexual abuse received by the facility. The investigation documents were provided to this investigator and it was investigated by a peace officer at the Professional Standards Unit and substantiated. The investigation was reviewed and used to enhance corrective action and critique changes needed in policy, practice and facility investigation and reporting culture.

Additional Information:

Staff, from the moment they apply for a position at SMYC, are thoroughly vetted to far exceed what PREA requires. This includes completing the rigorous training to become certified peace officers. The staff functions as a team and each shift is consistent with their rules and follow-through, matching the consistency and follow-through of the shift before them and following them. Staff and residents report feeling safe and that the environment of the facility, from the Director down, is positive. This is enhanced by the rigorous sports program that residents at SMYC participate in. This includes state championships in multiple sports.

The staffing ratio at SMYC is carefully scheduled and there is little room for error. Staff are consummate professionals and constantly monitor the residents and environment around them. They are highly trained and observant. As a juvenile facility, instead of a secure juvenile facility, the staffing ratios of 1:8 and 1:16 are not required; however, it is recognized that additional staffing would assist in ensuring when

an incident occurs in the facility, all areas are well covered, while this is addressed.

It is to be expected that in a facility with the level of residents issues addressed at SMYC, there will be incidents that occur, and unexpected issues that call for staff to respond, and this response can leave areas staffed at a very minimal number. SMYC has addressed some of these issues by enhancing training for their teachers and medical/mental health staff --including staff PREA training and defensive tactics; however, ongoing advocacy and support for additional staff is and should be an ongoing task for SMYC, in order to move from minimal compliance to a more adequate staffing ratio.

Unannounced checks are not required, but SMYC conducts them weekly to ensure the safety of staff and resident. This action reflects a commitment to safety of staff and residents, and very professional, highly skilled staff.

When educating residents, Residents start their PREA education at Clark County Detention. When the judge orders them to SMYC, they are placed in detention and the initial assessments and education are provided at that facility. When residents transfer to SMYC, at intake the basic PREA information is reviewed, and within 10 days a video and additional PREA comprehensive education is provided. This is a process that was defined and refined during corrective action.

Post Audit Phase:

Following the audit, this auditor compiled facility inspection, interviews, and documentation data, and followed up with the facility on additional clarification or documentation needed. PREA compliance was determined based on the three required areas: paperwork, practice, and culture. The interim draft report was sent to SMYC for review and then finalized.

The interim report included a written evaluation of all PREA standards, including all standard sub parts, a narrative describing SMYC's practice for each standard, and the rationale for each compliance or noncompliance determination. The interim report included a summary of the PREA standards that were met, not met, exempt, or not applicable, and corrective action requirements to assist in completing the collaborative corrective action plan (CAP). This auditor sent the review of each set of standards to the facility for review, clarification, and further documentation. A collaborative corrective action plan was developed and implemented.

During the corrective action period, additional questions were answered, progress check-ins conducted, and resources provided to assist SMYC in their progress towards compliance. SMYC sent a team to China Springs to observe and talk to their PREA Coordinator, and obtain further clarification, resources, and assistance from a facility that had just completed a compliant audit.

After the corrective action period this auditor returned to Spring Mountain Youth Camp and interviewed 4 staff, 4 residents, HR, the PREA Coordinator, and the facility supervisor. In addition, a review of staff and resident files was conducted both at the agency and at the facility.

A final draft report was sent to SMYC for review and questions, and then finalized.

SMYC takes very seriously that the PREA standards are a floor and not a ceiling and state that they are always looking for ways to improve. They have worked diligently at compliance and continue to build on the basic compliance they have attained. They have put a lot of work into ensuring they have all the basic

PREA requirements in place and state they intend to build on that base to ensure SMYC residents and staff are safe, educated, and can then make the positive changes needed to enhance their life and future.

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.

Facility Characteristics:

Spring Mountain Youth Camp, also known as SMYC, is a division of the Department of Juvenile Justice Services, which is a part of the government of Clark County in Nevada.

SMYC is located at Angels Peak in the Mt. Charleston Recreational/Toiyabe National Forest Area. It sits at an elevation of 8,470 feet and has a capacity of 100 youth. The average length of stay is approximately six months and the average age is 15 1/2 years. Spring Mountain School is operated by the Clark County School District.

SMYC is a juvenile facility that houses male youths between the ages of 12 and 18. There are five dorms, each housing 20 young men. Each resident has a semi-private personal space, these spaces are on two levels on the perimeter of the dorm with a central staff location. Current population is 72.

The residents live in dormitory-style housing staffed around the clock by certified Peace Officers (JPO). Each individual space has a bed, locker, desk and window. There are shower stalls on each level. The laundry room and supply room in each dorm are locked so only staff have access. This county-run camp operates by "line-of-sight supervision," meaning there is no barbed wire or individual jail cells.

SMYC is composed of five youth dormitories, a conference room, mental health office, nurse's office, administration office, dining facility, property operations building, gymnasium, classrooms, and a supply/weight room building

- A – School Classrooms
- B – School Main Office/Classroom
- C – School Classrooms
- D – Gymnasium
- E – Supply/Weight-Room
- F – School Classrooms
- G – School Classrooms
- H – Maintenance Building
- I – Dining Facility
- J – SMYC Main Office
- K – Nurse/Mental Health/Conference Room
- L – Cohen Dormitory/Zenoff Dormitory
- M – Central Plant
- N – Lucero's Dormitory/Wilson's Dormitory
- O – Forestry Dormitory
- P – Lower Pump House

All residents are required to attend structured educational programming while at SMYC. Spring Mountain athletic teams compete against other schools of similar size. The "Spring Mountain Golden Eagles" participate in baseball, football, wrestling, track & field and basketball. Some of these young men have also had the opportunity to receive instruction in creative movement and learn various circus acts through a partnership with Cirque de Monde, which is an offshoot of Cirque de Soleil.

The DJJS Mental Health Treatment Team provides group, individual, and specialized counseling sessions which help develop parenting and social skills. In addition, they offer educational classes in substance abuse through the Images in Truth project.

Residents at SMYC have the opportunity to work towards weekend passes in the community and travel with their sports teams to other high schools in the state. Many sports accomplishment banners hang from the ceiling of their cafeteria, including some state championships.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	2
Number of standards met:	41
Number of standards not met:	0

The following report reflects compliance per standard and sub-standard. Included are evaluated documents, and interviews compiled into compliance determinations.

Spring Mountain Youth Camp worked diligently to become substantially PREA compliant and is heavily invested in resident safety and changing lives. Spring Mountain operates under the agency DJJS PREA policy. Interviews with management and staff indicated a profound investment in completing their mission,

"To teach youth skills and behaviors that will enable them to successfully solve problems and understand the basics of building positive relationships while deterring further delinquent behavior. To motivate youth to make positive changes in their behavior and lifestyle so they can be successful in the community and an asset to their families."

Included in this commitment is the philosophy of this SMYC, "We help boys help themselves!" "Firm, Fair, consistent" are the watchwords SMYC lives by.

The interim report contained some insight on compliance work still to be completed; however, the heart and determination provided by the staff and management of SMYC and DJJS is obvious in work already accomplished. This report was by standard of compliance for Spring Mountain Youth Camp. A corrective action plan was developed collaboratively with this auditor and SMYC worked diligently and completed all corrective action.

After corrective action, this auditor returned to the agency and facility for further interviews and file reviews. After review of all new material, practice, and culture of SMYC this auditor made the determination that the facility, SMYC, is substantially compliant with all juvenile PREA standards.

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.311 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator – Compliant</p> <p>Clark County Department of Juvenile Justice Services (DJJS), and Spring Mountain Youth Camp (SMYC), has a zero-tolerance policy, PREA Personal Directive P024. This policy states, “The Department is committed to a zero-tolerance standard toward all forms of sexual abuse, sexual misconduct and sexual harassment of residents under the care and custody of DJJS.” Interviews with random staff, specialized staff, contractors, and residents confirmed, without exception, that the zero-tolerance policy is known, in practice, and ingrained in the culture of Spring Mountain Youth Camp (SMYC).</p> <p>This DJJS directive outlines how all facilities will implement the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Page 3, 4, and 5 contain all required definitions of prohibited behaviors regarding sexual abuse and sexual harassment, page 1 includes sanctions for those found to have participated in prohibited behaviors, up to and including termination. Directive P024 describes DJJS strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.</p> <p>To ensure DJJS is compliant with the PREA standards, DJJS designated an agency PREA</p>

Coordinator for the purpose of developing, implementing, and overseeing PREA compliance agency wide. The PREA Coordinator is the Superintendent in Administration, who reports to the Administrative Services Manager, and has access to the Director—as referenced by the DJJS Organizational chart. An interview with the DJJS PREA Coordinator confirmed sufficient time and authority to facilitate the agency’s PREA compliance.

The DJJS Organizational Chart shows that the PREA Compliance Manager (PCM) is also the SMYC Assistant Manager and reports to the SMYC Manager. An interview with the PCM at SMYC confirmed sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards.

SMYC staff and residents received education on zero-tolerance, and DJJS policy and approach to preventing, detecting, and responding to sexual abuse. Interviews with random and specialty staff, and random and targeted residents confirmed their understanding of the zero-tolerance policy and practice enforcing zero-tolerance at SMYC.

<http://www.clarkcountynv.gov/blob/djjs/prea/presentation.html5.html>

Staff, management, and specialized staff interviews confirm training, understanding, and practice of the DJJS PREA Directive P024 that establishes education and training for Clark County DJJS staff and residents regarding the prevention of sexual abuse, sexual misconduct and sexual harassment.

Auditing included interviewing staff, volunteers, contractors, and residents; touring Spring Mountain Youth Camp, asking questions, observing daily operations, and comparing policy, training, interviews, and observations to practice and culture.

Reviewed for Compliance: DJJS Directive P024, staff tests of PREA training, review of staff file documentation, spreadsheet of all staff training and refresher training, Agency Organizational Chart, Interviews, DJJS Organizational Chart, resident training and statement of understanding, Intake Youth Acknowledgement form, Comprehensive Education Form, and review of resident and staff file documentation.

Standard Certification of Compliance: This auditor certifies compliance with standard 115.311 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Clark County Department of Juvenile Justice Services and Spring Mountain Youth Camp (SMYC) as well as the facility site visit, and auditor pre and post review.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.312: Contracting with Other Entities for the Confinement of Residents Compliant</p> <p>A1: During Corrective action, Clark County Juvenile Justice Services uploaded 7 contracts they maintain to house youth. A review of the contracts confirmed that none of the providers housed 50% or more juvenile justice residents. Each of those contracts held the required clauses for the facility to be compliant with the PREA standards, even though they are not required to by the PREA standards.</p> <p>B1, 2: All contracts reviewed for Clark County held the required clauses for the facility to comply with the PREA standards and for the agency to monitor the compliance. These contracts do not meet the level of juvenile justice youth to fall under the PREA standards requirements; however, the county is going over and above the standards by requiring these facilities to be compliant with them.</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.312 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Clark County Department of Juvenile Justice Services and Spring Mountain Youth Camp (SMYC) as well as the facility site visit, and auditor pre and post review.</p>

115.313	Supervision and monitoring
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>115.313: Supervision and Monitoring</p> <p>Section A: Compliant</p> <p>As required by this standard, SMYC developed, implemented, and makes their best efforts to comply with their staffing plan. SMYC also reviews this plan annually. Their staffing plan, during initial audit review, recognized that a ratio of 1:10 during waking hours and 1:16 during sleeping hours is the ratio of staff to residents that would be optimal in their facility. During corrective action the staffing plan was revised to more adequately represent the staffing ratio the facility makes its best efforts to maintain. SMYC makes its best efforts to maintain an overall daily ratio of 1:12, and ratios at night range 1:10-20. This plan is predicated on the resident population of 90. Additional funding is continuously sought to enhance staffing ratios; however, this is an unfunded mandate of PREA and so continues to be a part of future needs and funding for SMYC.</p> <p>Review of the staffing plan and interviews confirm that best efforts are made, by SMYC, to maintain their staffing plan ratios, except during exigent circumstances. The staffing plan states that, "Staffing ratios are to be maintained twenty-four hours a day, seven days a week, unless otherwise noted by the PREA Compliance Manager/Coordinator in the PREA noncompliance log and approved by the Manager/Assistant Manager."</p> <p>Video Technology:</p> <p>The SMYC staffing plan states, "Spring Mountain Youth Camp maintains a video surveillance system that covers the following buildings: dormitories, associated laundry areas and supply rooms, administrative offices and conference rooms, nurses room, mental health office and lobby, kitchen, dining room, serving and cooking areas, gymnasium and weight room area, supply room, school administration building, school classrooms, and additional outside cameras cover school walkways, building exits, parking areas and entrances. The camera coverage is sufficient in monitoring all areas identified and blind spots are being addressed. The system is actively checked by management and supervisors, at least once per week. The system records up to 90 days and is available for archiving and reviewing incidents when needed."</p> <p>Camera placement was observed. SMYC has a total of 127 cameras, including eight network video recorders NVR based on 24/7 recording. This auditor did not observe any camera placement that would create privacy concerns. Shower and bathrooms have privacy screens and are used by only one resident at a time. Camera technology does not record residents when they are showering, changing, or toileting. Cameras cover the residents bed area, in an open dormitory setting. Residents only fully undress behind a privacy screen in the bathroom area. The cameras are not monitored on a continuous basis and it is a future goal of SMYC to be able to more fully monitor cameras. This would more effectively use their video monitoring technology, in compliance with the PREA standards, by more effectively using their current</p>	

technology in preventing sexual abuse, in addition to a tool for investigation and spot checks.

Security staff, at SMYC, are composed of 3 part time personnel, 8 Juvenile Detention Assistants, 32 Juvenile Probation Officers (certified Peace Officers), 3 Juvenile Probation Supervisors (certified Peace Officers), one Assistant Manager, and one Manager. SMYC employs both male and female staff. Juvenile Probation Supervisors are required to hold a bachelor's degree, or combination of education and experience, complete the certified State of Nevada Peace Officer Standards of Training (POST) Category II, 8-week academy, as well as completing the SMYC staff training and PREA requirements.

According to the SMYC staffing plan, "All residents assigned to Spring Mountain Youth Camp are to be under adult supervision at all times. As defined by policy, supervision is direct and with sight and/or sound. All staff are trained on physical positioning and proxemics through SMYC Sight and Sound Supervision Training. New trainees are assigned to veteran officers for the first 2 weeks at SMYC and are not left alone with youth unless trained in both SMYC Sight and Sound Supervision and PREA. Staff are required to carry a functional two-way radio, keys, handcuffs and Oleoresin Capsicum (OC) at all times.

In addition, Clark County School District provides 12 teachers, a mental health therapist, and a licensed practical nurse; and, after corrective action, have received staff PREA training, including defensive tactics, and qualify to supervise residents.

The SMYC staffing plan addresses the PREA required areas in the following ways:

1. When developing their staffing plan, SMYC listed the staffing ratios needed for adequate staffing, details video monitoring and corrective action that included supervisors reviewing camera footage of different areas each week.
2. When implementing their staffing plan, SMYC makes its best effort to comply with the staffing ratio and demonstrates this by making the staff schedule a part of their plan and reviewing it constantly to ensure compliance. Supervisors review cameras and areas each week. A repainting and carpeting project took place in November 2018 and the staffing plan explained how SMYC moved youth and staff, as well as lowered their population to maintain the staffing plan.
3. When documenting staffing ratios, SMYC has a fluid schedule that is monitored and augmented when necessary. Supervisors must document their weekly reviews of assigned facility areas and time conducting those reviews. During sleeping hours, there is one active security staff on each unit, and 1 Juvenile Probation Officer (Peace Officer), who works a 24-hour shift and from 10:45 to 6 am, sleeps in a designated room on the unit and is available for any incident as needed. A repainting and carpeting project took place in November 2018 and the staffing plan explained how SMYC moved youth and staff, as well as lowered their population to maintain the staffing plan.
4. Review of the staffing plan, confirms SMYC addresses each of the 11 items this standard requires:
 - a. Requires review of the staffing plan yearly, document the review and recommendations, and add or subtract from the staffing plan in a timely manner.
 - b. No judicial findings of inadequacy have been found at SMYC, so have not had to be addressed.
 - c. There have been no Federal Investigative Agency findings of inadequacy and have not had

to be addressed

d. The plan lists the findings of the last PREA audit that were not compliant—as external oversight body findings of inadequacy.

e. Review of all blind spots in the facility-- The standards require “Consideration of deployment of video monitoring and other monitoring technologies as appropriate and feasible to augment and enhance staff supervision of residents to increase sexual safety in the facility. The cameras at SMYC cover all but a few blind spots and are actively checked by management and supervisors at least once per week. During corrective action, six SMYC supervisors were assigned to check random buildings, with a random time to monitor for PREA compliance each week. SMYC has a total of 127 cameras, including eight network video recorders NVR based on 24/7 recording. In addition, during corrective action, wording was added to the Sight and Sound supervision Standard Operating Procedure to include the requirement that, “every week each SMYC Supervisor is responsible for viewing a random SMYC building housed by youth for fifteen to thirty minutes. The objective is to look for potential violations involving the Prison Rape Elimination Act. This information will be logged into a designated file.”

f. Reviewed composition of resident population and assess this on an ongoing basis

g. State, local law, regulations, standards—SMYC contracts with the State of Nevada that required it to be PREA Compliant.

h. Complies with the Southern Nevada Health District Standards, Performance Based Standards (PBS) and local laws and regulations.

i. Has had four allegations of sexual harassment, three at SMYC and one at Spring Mountain Residential Center. All were investigated and substantiated.

j. Supervisors are required to be on unit in the mornings when staffing ratio is down for two hours

k. Programming is addressed and planning for maintaining staffing ratios and scheduling is set out in the staffing plan.

l. Corrective Actions: DJJS implemented regularly scheduled management PREA meetings, established a Department of Juvenile Justice Services primary investigator, and is constantly looking for training opportunities for employees. In 2019 SMYC explored having a probation officer position primarily focused on PREA and PREA standards.

Section B: Compliant

SMYC does not deviate from their staffing plan as a JPO is not allowed to leave until there is a staff to take his/her place. The staffing plan review was conducted with the PREA Coordinator, PREA Compliance Manager, and the Facility Supervisor. This is the process that is in place for yearly plan reviews, recommendations, and changes.

Section C: N/A:

SMYC is not a secure juvenile facility and does not have to meet the 1:8 and 1:16 staffing ratios

Section D: Compliant

As required by this standard, SMYC has developed, implemented, and makes their best efforts to comply with their staffing plan. SMYC also reviews this plan on an ongoing basis and at least annually to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency

or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. SMYC recognizes that the current staffing plan does not leave much leeway for incidents that it is reasonable to assume will normally occur, as well as the relief staffing needed to fill in when expected issues come up- in a facility that houses the current level of residents. Currently they make their best efforts to cover all areas; however, additional staffing would enhance safety and ensure the appropriate coverage during all situations.

Section E: Exceeds Compliance

SMYC is not a secure juvenile facility; however, they do conduct unannounced visits as part of their best practice efforts to not just be compliant with the PREA standards but work to attain even higher compliance than required. Included in the documentation, for this audit, are records of unannounced rounds, being completed at different days, times, and by different supervisory staff. These rounds are only required for a secure facility; however, SMYC conducts them as part of their ongoing effort for safety within their facility.

Reviewed for Compliance:

SMYC staffing plan, interviews with staff and residents, observation/site visit, new staffing plan completed during corrective action, post audit interviews; Pre-audit Questionnaire; Training; Teacher PREA training and sign off of understanding; Revised staffing plan; unannounced rounds documentation; Spring Mountain PREA audit 2018; PREA policy and SOP; Post audit staff interviews

Compliance Determination: SMYC is substantially compliant with this standard, as a juvenile facility; however, continues to actively pursue enhancing the staffing ratio to meet best juvenile facility practices of at least 1:10/12 during waking hours, and 1:16 during sleeping hours. SMYC recognizes that the current staffing plan does not leave much leeway for incidents that it is reasonable to assume will normally occur, as well as the relief staffing needed to fill in when expected issues come up in a facility that houses the current level of residents.

Standard Certification of Compliance: This auditor certifies compliance with standard 115.313 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency DJJS as well as the SMYC facility site visit, auditor pre and post review, and post corrective action site visit, interviews, and paperwork review.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.315: Limits to Cross-Gender Viewing and Searches – Compliant</p> <p>Purpose: To limit intimate bodily contact of inmates by staff and enable bodily privacy for both male and female inmates in order to prohibit abuse and trauma that might arise from that contact or viewing.</p> <p>SMYC is prohibited from conducting cross-gender searches except in exigent and limited circumstances. Interviews with random and specialty staff (100%), as well as residents (81.25%) confirm that SMYC staff do not conduct cross-gender pat-down searches, and if there were exigent circumstances, staff know where to document such circumstances. Staff stated emphatically that there is always male staff that can conduct these searches. There were two residents that said they have seen a cross-gender pat search by a female Juvenile Probation Officer at SMYC. This auditor recommends that SMYC reinforces the prohibition of conducting cross-gender pat down searches and the documentation of any that occur due to exigent circumstances, and during corrective action, this was emphasized in staff training.</p> <p>SMYC does not search a resident to determine the resident’s genital status. SMYC policy and Staff training prohibits this search, and by the time a resident arrives at SMYC, the status of the resident is known. Residents transitioning to SMYC, from Clark County Detention, are processed and most intake functions completed at the Detention Center, before being transported to SMYC. Reinforcing practice is DJJS Directive P024, page 10 that states, “Staff is prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status.” In the last 12 months, zero searches described occurred. This is documented in interviews with staff, specialty staff, targeted resident interviews, and in the PRE-Audit Questionnaire.</p> <p>SMYC is an all-male facility, and female staff are required to press the doorbell, outside of the unit, to alert male residents that a female staff is entering. During interviews, staff and residents confirmed that this practice was occurring in all units. Reinforcing this practice is DJJS Directive P024, page 9, “Staff, contractors, interns and volunteers are required to presence when entering a housing unit designated for the opposite gender. Staff will announce the presence of visitors of the opposite sex when they enter housing units for visitation. Residents will shower, change clothing and perform bodily functions without non-medical staff of the opposite gender viewing said activities, unless exigent circumstances arise or when such viewing is incidental to routine room checks. Should cross-gender viewing of residents engaged in these activities occur, the incident must be documented in the unit log and a supervisor must be notified.”</p> <p>Staff Training: SMYC staff receive search training at the police academy (Peace Officer training). In addition, cross-gender, transgender, and intersex searches are addressed in the Clark County online and classroom training page 56 – 59. Knowledge testing is completed for these training and the spreadsheet of staff training is included in this audit documentation.</p>

The last PREA requirement, of this standard, states that SMYC residents are allowed to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances. DJJS Directive P024, page 9 states, "Residents will shower, change clothing and perform bodily functions without non-medical staff of the opposite gender viewing said activities, unless exigent circumstances arise or when such viewing is incidental to routine room checks. Should cross-gender viewing of residents engaged in these activities occur, the incident must be documented in the unit log and a supervisor must be notified." Interviews with both staff and residents confirm that residents shower, change, and toilet without staff of the opposite gender viewing.

Auditing included interviewing staff, volunteers, contractors, and residents; touring SMYC, asking questions, observing daily operations, and comparing policy, training, interviews, and observations to practice and culture.

Standard Certification of Compliance: This auditor certifies compliance with standard 115.315 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency DJJS and SMYC, as well as the facility site visit, and auditor pre and post review.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.316 Residents with Disabilities and Residents Who Are Limited English Proficient – Compliant</p> <p>Purpose: To prevent, detect, and respond to sexual abuse of all inmates by ensuring that all inmates, including those who have disabilities, are Deaf, or who are limited English proficient, have equal access to PREA-related educational materials and departmental policies, reporting mechanisms, and available victim services. Reporting mechanisms and victim services are meaningless if inmates do not know about them or cannot access them. Equal access is achieved by: • Providing access to qualified interpreters for Deaf inmates and inmates with limited English proficiency who are able to interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary; • Ensuring that any written materials are provided in formats or by methods of communication that are accessible to inmates with disabilities, including those with intellectual disabilities, limited reading skills, or who are blind or low vision; In Focus PREA Standards: • Taking accessibility into consideration when devising and reviewing all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including the accessibility of reporting mechanisms (§115.51), outside confidential support services (§115.53), and advocacy, medical, and mental health services (§115.21; §115.81-§115.83); and, • Limiting the use of inmate interpreters and inmate readers, so that inmates with disabilities and Deaf inmates do not have to rely on other inmates to communicate critical information about sexual abuse and sexual harassment.</p> <p>SMYC has addressed this standard in a reflection of their parent agency’s DJJS, Directive P024, pages 7-8. This directive requires SMYC to provide PREA information in a manner that allows residents to understand DJJS zero-tolerance policy for sexual abuse, sexual misconduct, and sexual harassment, as well as reporting sexual abuse/misconduct/harassment. This directive is general in how the accommodations are provided for language, translation services, and sign language interpreters; however, does not address non-visual disabilities such as learning, psychiatric, or intellectual disabilities.</p> <p>Standard clarification states: Written materials must be provided in formats, or through methods that ensure effective communication with youth who have disabilities such as large print, simplified writing, writing at a 5th/6th-grade reading level, video, verbal and written materials, as well as reading the materials to youth to ensure understanding.</p> <p>During Corrective Action, SMYC addressed the most common disabilities by conducting a disability assessment of all resident materials, posters, education, and services. Changes included posters, PREA education, risk assessment, and the youth handbook rewritten to be at a 5th – 6th grade reading level and easily read and understood by those with intellectual, cognitive, or learning disabilities. For videos, closed captioning was turned on when showing the PREA video to ensure understanding for those that are hearing impaired or those that learn visually. Training was developed and implemented to assist staff in understanding resident disabilities, including non-visual disabilities, in order to ensure all residents have equal</p>

opportunity to participate or benefit from all aspects of SMYC's efforts to prevent, detect, and respond to sexual abuse or sexual harassment.

Intake staff are trained peace officers and staff interviews confirmed that many of them read the PREA education material to the new resident, go over each major point, and answer any questions. Staff and resident initial each point to confirm presentation and understanding. Additional interviews with staff and residents indicated that in some cases, the material was given to the resident to read, the resident was asked if they have any questions, then both sign the educational material. When the material is read to the resident, a built-in safety net for the most common disabilities in juvenile facilities – cognitive, intellectual, reading, and psychiatric disabilities – room for miseducation is removed. During corrective action, training was enhanced to ensure staff always read the education material to residents and ensure understanding. Post corrective action interviews with staff and residents confirmed this is occurring.

Current PREA materials and services are adapted to those who are limited English language and hearing impaired. Accommodations in place include providing materials in English, Spanish and Chinese, and by using interpreter contracts to aid with deaf, hard of hearing, and limited English residents.

SMYC staff now have a good understanding of common disabilities and how they affect resident access and understanding. This includes the understanding of non-visual disabilities, often discussing how to better help residents who experience difficulties due to cognitive, intellectual, learning, or other non-visual disabilities. Staff are trained peace officers as Juvenile Probation Officers. They demonstrated in interviews and observation an enhanced understanding of resident behavior, how disabilities affect that behavior and understanding, and how to help each resident be most successful.

Policies that enhance practice at SMYC are: DJJS Directive P024, page 7: "Youthful residents, residents who have limited English proficiency, limited vision, intellectual challenges or other disabilities will be provided PREA information in a manner that allows them to understand DJJS' zero tolerance policy for sexual abuse, sexual misconduct and sexual harassment, as well as how they can report sexual abuse/sexual misconduct/sexual harassment. Orientation materials are provided in English, Spanish and Chinese. Language translation services are available through Clark County and DJJS currently contracts sign language interpreters to assist the hearing impaired. These available services are not restricted to the youth orientation purpose. Staff is prohibited from using residents as interpreters to communicate the Department's PREA information, either by translating conversations or reading printed material, unless exigent circumstances arise. Should a resident be utilized to interpret, the circumstances must be documented in the unit log."

DJJS Directive P024, page 8: "Staff is required to administer the PREA Intake Screening Tool in a manner that is understandable to each resident, and seek the appropriate assistance when residents have a barrier to understanding

Reviewed:

DJJS Directive P024, assessing interpreter and Translation Services for Youth and Families;

PREA Standards in Focus 115.316, Department of Justice (DOJ) clarifications, PREA Audit Questionnaire, tour of the facility, observations, and interviews/written responses with random staff, random and targeted residents, specialty staff, management, human resources, and PREA staff, identification of resident with disabilities spreadsheet, new posters from the PREA Resource Center, Youth Handbook revisions, revised resident education material, intake SOP has been revised; post corrective action interviews, training, and practice

Auditing included interviewing staff, volunteers, contractors, and residents; touring SMYC and asking questions, observing daily operations, and comparing policy, training, interviews, and observations to practice and culture.

Standard Certification of Compliance: This auditor certifies compliance with standard 115.316 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency DJJS as well as the SMYC facility site visit, auditor pre and post review, and post corrective action site visit, interviews, and paperwork review.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.317: Hiring and Promotion Decisions – Compliant</p> <p>Purpose: To prevent staff sexual misconduct by ensuring that individuals who have a history of being sexually abusive are not hired or contracted into positions where they may have contact with inmates; and to that the agency is aware of any substantiated acts of sexual abuse or sexual harassment perpetrated by existing staff to prevent the promotion of that staff and to ensure that any other appropriate action be taken to protect inmates.</p> <p>https://www.prearesourcecenter.org/sites/default/files/library/PSIF%20115.17.pdf</p> <p>DJJS prohibits, by policy and practice, hiring an employee or engaging the services of a contractor 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 victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated they have engaged in this activity. Further, requires that DJJS consider any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor if the employee or contractor may have contact with youth.</p> <p>Background checks are completed on all staff, contractors, interns and volunteers. Included in the checks are: Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation; National Criminal Information Center (NCIC); Nevada Criminal Justice Information System (NCJIS); Shared Computer Operations for Protection and Enforcement (SCOPE II); Electronic fingerprinting; Child Abuse and Neglect Records Check (CANS); and Department of Motor Vehicles (DMV).</p> <p>Peace Officers (JPO) submit to additional checks, including a drug test, a complete psychological evaluation, financial history, residential history, military service history, and a polygraph examination. Employment as a peace officer is contingent on the screening results. The DJJS Director or designee may rescind the offer of the peace officer position based on the screening results. Most employees at SMYC are Peace Officers. (Juvenile Probation Officers)</p> <p>If there are any incidents that arise from the background check that include adjudicated sex offenses, that person will not be considered for employment, promotion, contracted services, internship or volunteer opportunities. Substantiated incidents of sexual harassment are taken into consideration when considering candidates for employment, promotion, contracted services, internships or volunteer positions.</p> <p>Interviews with staff, contractors, and interns confirm they completed background checks, fingerprint checks, and child abuse registry checks, before working with residents. Most staff are certified peace officers (JPO) and have undergone the additional required checks mentioned above.</p>

There was no documentation or statement about going through the fingerprint, background, and child abuse registry check again before a promotion, and DJJS policy does not require candidates for promotion to undergo another background check, fingerprint check, and child abuse registry check before being promoted. During corrective action, this process was instituted, and the agency went back 12 months and conducted the required checks for the one employee that had been promoted. Interviews with HR staff confirmed this had occurred, documentation was provided, and review of records confirmed this.

On the original site visit, it was determined that there was no disclosure form or reaffirming statement or form to document applicants, employees, contractors, interns, or volunteers, being asked and affirming they have never engaged in sexual abuse in an institutional setting, been convicted of a sexual offense, or who has been civilly or administratively adjudicated of a sexual offense. All employee and contractor files contained results of the background checks; however, no disclosure or reaffirming form. During corrective action, all staff signed this form and it was added to the application, hiring process, and yearly evaluation. Interviews with HR and random staff after corrective action confirmed that all staff had signed the disclosure forms and understand their responsibility to report any such issues. Check of staff files confirmed staff had signed and understood this form and would be obligated to sign this form annually as part of their annual review.

During the initial site visit, it was determined that there is no documentation that includes contact with former institutional employers for information on substantiated sexual abuse allegations or resignation pending investigation for sexual abuse allegations, and findings of this contact. During corrective action, a form was added to the hiring process that includes the prospective employee including any institutional employers they had worked for. At that time a form is given to the appropriate manager and they are required to call all institutional employers and document response to questions about substantiated sexual abuse allegations or resignation pending investigation for sexual abuse allegations and findings of this contact. Interviews with HR confirmed this new process was a part of the hiring process and managers are required to make these calls and return the filled-out form to HR to maintain with the employee hiring records. The new form is included in audit documentation.

Before hiring, if DJJS receives a background check with an issue listed for review, before employing, or contracting, that issue is formally reviewed and signed off with reason and signature from agency management. This review includes any sexual harassment reports.

Employees complete background checks every 5 years. 20% of employee checks are completed every year. Included in this 5 year check is: Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation; National Criminal Information Center (NCIC); Nevada Criminal Justice Information System (NCJIS); Shared Computer Operations for Protection and Enforcement (SCOPE II); Electronic fingerprinting; Child Abuse and Neglect Records Check (CANS); and Department of Motor Vehicles (DMV).

The Department of Human Resources notifies the DJJS Director or their designee if the results show that an employee has criminal convictions or charges pending for any of the crimes listed in NRS 62B.270 or 62G.223. If a background check indicates that an employee has a criminal conviction or charges pending for any of the crimes listed in NRS 62B.270 or 62G.223, then DJJS begins the termination process authorized and/or required by policy.

At the initial site visit, it was determined that there was no 5 year recheck listed in policy or practice for contractors. During corrective action, this process was added to the agency directive and tracking. After the corrective action, interviews confirmed this process had changed to include the requirement and actions to ensure contractors had rechecks every 5 years.

DJJS policy and practice is consistent. If an employee refuses to cooperate in an administrative investigation or give false or misleading information, it is considered grounds for termination.

Policy reinforcing practice: DJJS Directive PO24, page 5 and 6, complies with the PREA requirements section a and b. "The Department requires every candidate for employment undergo and pass a complete background check, to include criminal history and any history of child abuse or neglect, prior to contact with youth. For candidates for employment, DJJS will make its best effort to contact all prior institutional employers for information on substantiated sexual abuse allegations or resignation pending investigation for sexual abuse allegations, consistent with Federal, State, and local law. Any candidate for employment or promotion, contractor, intern or volunteer who has engaged in sexual abuse in an institutional setting, has been convicted of a sexual offense, or who has been civilly or administratively adjudicated of a sexual offense will not be considered for employment, promotion, contracted services, internship, or volunteer opportunities. Any candidate for employment or promotion, contractor, intern or volunteer who has engaged in sexual abuse in an institutional setting, has been convicted of a sexual offense, or who has been civilly or administratively adjudicated of a sexual offense will not be considered for employment, promotion, contracted services, internship or volunteer opportunities. Substantiated incidents of sexual harassment will be taken into consideration when considering candidates for employment, promotion, contracted services, internships, or volunteer positions. Individuals seeking volunteer, intern and contractor positions with DJJS are subject to the same background check as listed above.

DJJS Administrative Directive A002, page 1: "DJJS requires all employees to submit to background checks at least once every five years. The DJJS director or designee may also require that an employee submit to a background check at any time the DJJS director or designee obtains information that the employee may have pending criminal charges, a criminal conviction, a substantiated report of abuse or neglect of a child, or is the subject of an investigation related to criminal charges or abuse or neglect of a child. (complete policy included in documentation)

P024, page 13, paragraph 3 The refusal to cooperate during an administrative investigation or knowingly giving false or misleading information will be considered grounds for termination. Employees, contractors, interns and volunteers found to have committed sexual abuse or sexual misconduct on a resident will be terminated and notification will be provided to any applicable licensing boards."

Reviewed and included in documentation are:

Samples of new hires background and child abuse registry checks, samples of contractor checks, staff background checks and child abuse registry checks; policy on background

checks for contractors, volunteers, interns, new hires; PREA Policy regarding providing institutional employers who call for references, information on substantiated allegations of sexual abuse or sexual harassment: documentation of staff classroom and online PREA training; DJJS Directive A002 about background checks every 5 years; background checks spreadsheet and date of next check.; new SOP; SEIU agreement; Yearly affirmation forms; PREA investigation report; New staff training and sign off of understanding, post corrective action interviews and site visit

Standard Certification of Compliance: This auditor certifies compliance with standard 115.317 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency DJJS as well as the SMYC facility site visit, auditor pre and post review, and post corrective action site visit, interviews, and paperwork review.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.318: Upgrades to Facilities and Technologies – Compliant</p> <p>Purpose: To ensure that agencies take sexual safety into consideration when making decisions about upgrades to facilities and technologies, the acquisition of new facilities, and during the process of designing any new facility or expansion of an existing facility. https://www.prearesourcecenter.org/sites/default/files/library/115.18.pdf</p> <p>SMYC has not acquired a new facility or made substantial expansion or modification to existing facilities since the last audit.</p> <p>Spring Mountain Youth Camp has continuously been upgrading their camera and monitoring system. Included in documentation is the schematic that covers each area of the facility and shows camera placement to cover all areas of the facility. Safety for residents and staff is considered for all upgrades to facilities and technologies planned and completed at SMYC. Schematics, interviews, and the site review, confirmed that all planning for the camera upgrades, included resident sexual safety.</p> <p>Spring Mountain has a total of 127 cameras, including 8 network video recorders and records 24/7. The SMYC staffing plan states that the cameras cover all areas of the facility adequately, including blind spots. The tour of the facility confirmed camera placement and coverage. The only blind spot currently documented is in the lower classroom closest to the gymnasium. There is a request for a camera to be installed to eliminate that blind spot.</p> <p>In addition, the SMYC 2019 staffing plan states: “Spring Mountain Youth Camp maintains a video surveillance system that covers the following buildings: dormitories and associated laundry areas and supply rooms, administrative offices and conference rooms, nurse’s room, mental health office and lobby, kitchen, dining room, serving and cooking areas, gymnasium and weight room area, supply room, school administration building, school classrooms, additional outside cameras cover school walkways, building exits, parking areas and entrances.”</p> <p>The camera coverage is sufficient in monitoring all areas and the identified blind spot is being addressed. “The system is actively checked by management and supervisors, at least once per week. The system records up to 90 days and is available for archiving and reviewing incidents when needed.”</p> <p>SMYC is composed of five youth dormitories, a conference room, mental health office, nurse’s office, administration office, dining facility, property operations building, gymnasium, classrooms, and a supply/weight room building</p> <p>A – School Classrooms B – School Main Office/Classroom</p>

C – School Classrooms
D – Gymnasium
E – Supply/Weight-Room
F – School Classrooms
G – School Classrooms
H – Maintenance Building
I – Dining Facility
J – SMYC Main Office
K – Nurse/Mental Health/Conference Room
L – Cohen Dormitory/Zenoff Dormitory
M – Central Plant
N – Lucero’s Dormitory/Wilson’s Dormitory
O – Forestry Dormitory
P – Lower Pump House

While SMYC has spent considerable effort and time upgrading the camera system and monitoring ability and addressed all but one blind spot (camera requested), the PREA standard requires the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse. During corrective action, practice and policy were changed to require SMYC supervisors to view a random building at a random time each week and document this. Documentation logs are included in this audit supporting this practice, and post audit interviews confirmed the integration into culture of the facility of this practice.

At the original site visit, some staff included in the staffing ratios, of the facility staffing plan, are not able to be counted as security/supervision staff. These include teachers who did not have the required staff training, and graveyard staff, who have abbreviated staff training, though they were supervising the largest ratio of residents. During corrective action, all teachers and graveyard staff received defensive action training to go with their staff PREA training. Post corrective action interviews and review of records confirmed this training, understanding and practice.

Spring Mountain Youth Camp has completed a respectable amount of work towards PREA compliance. In addition, because they are a “juvenile” facility instead of a “secure juvenile” facility, they are not required to maintain the secure ratios of 1:8 and 1:16; however, they do have to maintain make their best efforts to comply with the staffing ratios listed in their staffing plan. They also have to consider how video monitoring can enhance the agency’s ability to protect residents from sexual abuse.

It is the recommendation of this auditor that SMYC continues to increase its monitoring of cameras in order to prevent PREA incidents, as well as other safety concerns. SMYC has the cameras and primarily uses them to review allegations made or spot check buildings. This is not using this resource to its best capability to “prevent” PREA incidents, and in the next audit cycle this should be a topic of conversation and planning, to better analyze how to utilize video technology in augmenting staff supervision and prevention.

Reviewed: Policy AO40 Investigations; SMYC camera system; SMYC staffing plan; interviews, tour, Sight and Sound SOP.

Standard Certification of Compliance: This auditor certifies compliance with standard 115.318 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency DJJS as well as the SMYC facility site visit, auditor pre and post review, and post corrective action site visit, interviews, and paperwork review.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.321 Standard Evidence Protocol and Forensic Medical Examinations – Compliant</p> <p>Purpose: By tailoring community best practices in sexual assault response to a correctional setting, this standard ensures that agencies are responding to sexual abuse of inmates in a coordinated, victim-centered manner that minimizes trauma for the victim and maximizes the potential for holding the responsible party accountable.</p> <p>Criminal sexual abuse and sexual harassment investigations are conducted by the Las Vegas Metropolitan Police Department (LVMPD). PREA Administrative Investigations are conducted by Clark County DJJS trained Investigators, in the Professional Standards Unit (PSU).</p> <p>DJJS/SMYC ensures an administrative or criminal investigation occurs for every sexual abuse allegation made at SMYC, and all of their facilities. In addition, SMYC and LVMPD have in place a Memorandum of Understanding for sexual abuse referrals and investigations that outlines the responsibilities of each agency.</p> <p>LVMPD works closely with a multidisciplinary team that provides a child friendly approach in investigating sexual abuse/sexual misconduct. This process includes LVMPD coordinating with a SAFE/SANE professional to perform a forensic exam, conducting a criminal investigation, and using a uniform investigating policy that is developmentally appropriate for youth. DJJS/SMYC is required to refer sexual harassment allegations, that reveal possible criminal conduct, to LVMPD. In addition, this multidisciplinary approach includes the provision of an advocate for the alleged victim.</p> <p>SMYC’s first responders do not collect evidence but are required to secure the scene for law enforcement. Interviews with random and specialty staff confirmed that they are aware of their first responder duties, and 100% of the staff interviewed, were able to state clearly the duties for a first responder. This included separation of the alleged victim and alleged perpetrator, not allowing either to shower, brush their teeth, eat, go to the bathroom, or change clothing. SMYC staff secure the scene, contact medical and mental health, and report to LVMPD, Department of Family Services, and DJJS.</p> <p>If not provided by the multidisciplinary team through LVMPD, The Rape Crisis Center is contacted by the SMYC PREA Compliance Manager to request an advocate who assists the victim through the forensic medical examination process and investigatory interviews, and provides emotional support, crisis intervention, information, and referrals.</p> <p>DJJS Professional Standards Unit (PSU) conducts PREA Administrative Investigations. Investigators gather and preserve direct and other physical evidence, obtain statements from alleged perpetrators, victims, and witnesses, and review pertinent documents, files or official records, to determine the truth or assess credibility. They may place the employee, contractor, intern or volunteer on administrative leave and/or reassigned. DJJS PSU investigators stop their investigation and refers to Law Enforcement (LVMPD) if a sexual abuse or sexual</p>

harassment allegation reveals possible criminal conduct. PSU bases Substantiation of administrative investigations on the preponderance of evidence.

DJJS terminates employment and notifies applicable licensing boards, if an employee, contractor, volunteer, or intern is found to have committed sexual abuse or sexual misconduct. DJJS Professional Standards Unit (PSU) uses a uniform evidence protocol for administrative proceedings and refers for criminal prosecution.

Reviewed:

DJJS Directive P024, MOU with LVMPD, interviews with staff, posters, investigative protocol, investigator interviews, job descriptions, POO4-work rules and standards of conduct, investigations, P004 Employee work rules and standards of conduct, investigation history

Policies that reinforce practice: DJJS Directive P024, page 13: "The LVMPD or other applicable law enforcement jurisdiction and DFS will be contacted to initiate criminal and child abuse investigations, respectively, for allegations of sexual abuse and sexual misconduct within a DJJS facility. Law enforcement investigators shall adhere to the standard requirements for a criminal investigation and the uniform investigative policy used by law enforcement shall be developmentally appropriate for youth. Immediately upon receiving a report of an incident of sexual abuse or sexual misconduct on the part of a Department employee, the employee may be placed on administrative leave, prohibited from contact with residents and/or reassigned pending the results of the investigation. Contractors, interns and volunteers alleged to have committed sexual abuse or sexual misconduct will be prohibited from contact with residents and potentially prohibited from entering DJJS facilities."

P024, page 13, paragraph e., "All forensic medical examinations will be conducted by a SAFE or SANE practitioner employed outside of DJJS. Coordination for forensic medical examinations will be done by the LVMPD, and DJJS staff will transport the victim to the examination as directed by LVMPD."

P024, page 13, paragraph 3, "The DJJS PSU will conduct administrative investigations for allegations of sexual harassment on the part of a DJJS employee, contractor, intern or volunteer. Investigations will include gathering and preserving direct and other physical evidence, obtaining statements from alleged perpetrators, victims and witnesses, and a review of all other pertinent documents, files or official records which may be useful in determining the truth to the matter under investigation or in assessing the credibility of statements made by involved parties

P024, page 13, paragraph 3: "The DJJS employee, contractor, intern or volunteer alleged to have committed sexual harassment may be placed on administrative leave, prohibited from contact with residents and/or reassigned pending the results of the investigation. In the event the initial review of the alleged sexual harassment allegation reveals possible criminal conduct, the administrative investigation will stop, and the matter will be referred to LVMPD.

Administrative investigations shall be conducted in an unbiased, objective manner, bearing in mind the rights of all parties concerned. Substantiation of administrative investigations will be based upon the standard of the preponderance of the evidence".

P024, page 13, paragraph 3 The refusal to cooperate during an administrative investigation or

knowingly giving false or misleading information will be considered grounds for termination. Employees, contractors, interns and volunteers found to have committed sexual abuse or sexual misconduct on a resident will be terminated and notification will be provided to any applicable licensing boards.”

P024, page 13, “Residents who experience sexual abuse shall be provided access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). Access shall be made to a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, DJJS shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member and shall document all efforts to secure services from rape crisis centers.”

Standard Certification of Compliance: This auditor certifies compliance with standard 115.321 based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency Clark County Department of Juvenile Justice Services (DJJS), as well as the SMYC facility site visit, and auditor pre and post review.

115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="252 170 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1469 405">Standard 115.322 Policies to Ensure Referrals of Allegations for Investigations – Substantially Compliant</p> <p data-bbox="252 454 1469 701">Purpose: To ensure that every allegation of sexual abuse and sexual harassment is thoroughly and appropriately investigated, to increase reporting, ensure that victims receive the assistance they need, and ultimately deter sexual abuse. This includes putting policies in place that govern administrative investigations conducted by internal investigators and specify procedures for referring investigations that involve potentially criminal behavior to agencies with the legal authority to conduct criminal investigations.</p> <p data-bbox="252 712 1139 790">https://www.prearesourcecenter.org/sites/default/files/library/115.22.pdf</p> <p data-bbox="252 840 1469 1003">For Administrative Investigation referral: Once an allegation is reported, there is a specific process by which sexual abuse and sexual harassment investigations are assigned and conducted. By policy DJJS ensures an administrative or criminal investigation is completed for each allegation of sexual abuse or sexual harassment.</p> <p data-bbox="252 1052 427 1086">Clarifications:</p> <p data-bbox="252 1097 1374 1216">“Agencies must not screen allegations or select only certain allegations to refer for investigation; all allegations must be investigated and not ruled out by any “preliminary investigation” type policies and practices”</p> <p data-bbox="252 1227 1469 1429">“The PREA sexual abuse and sexual harassment administrative investigator(s) must have a strong investigative background and relevant training in conducting sexual abuse investigations, and in addition, receive higher level training in conducting such investigations in confinement. Such investigators must be removed from the daily interaction or control over, residents or staff they may be called on to investigate.”</p> <p data-bbox="252 1440 1158 1518">https://www.prearesourcecenter.org/sites/default/files/library/115.71%20SIF.pdf</p> <p data-bbox="252 1568 1469 1989">In the past 4 months, before the site visit, SMYC ensured investigation were conducted of all 4 allegations of sexual harassment, resident-on-resident; however, the investigations have been conducted by SMYC staff and not by the Professional Standards Unit Investigators. During corrective action, the PREA directive was changed to reflect that all sexual abuse and sexual harassment allegations and investigations are referred to the Professional Standards Unit (PSU). Training for staff was developed and included in the yearly PREA online training and training was conducted and understanding documented. Interviews were conducted after the corrective action period and SMYC is deemed substantially compliant with ensuring all allegations of sexual abuse and sexual harassment are referred for investigation to PSU, and staff will only gather basic information to pass on to investigators.</p> <p data-bbox="252 2038 1469 2157">The PREA Standards in Focus 114.371 states: “The agency and facility must distinguish the roles of first responders from investigators. First responders should not conduct any part of the investigation and their role is to protect the victim, separate the victim and alleged abuser</p>

(if applicable) and to protect and preserve the scene and any evidence that may exist at the scene or on the parties.”

<https://www.prearesourcecenter.org/sites/default/files/library/115.71%20SIF.pdf>

This auditor recommends, for best practices, that ongoing education for staff, about not conducting any part of investigations, be included in refreshers. SMYC staff are formally trained peace officers and are trained to investigate allegations; however, are not the designated investigators and work with the residents and staff they would investigate. They expressed in interviews that it is natural to begin to collect statements and information about the allegations, due to their professional training; however, after corrective action and training, staff interviewed confirmed that the current policy and practice is that they only collect minimal information and pass it on to the PSU investigators to investigate. Facility staff quickly ingrained this practice into the facility culture, as most were glad to pass of that responsibility to an investigator outside of the facility.

At the time of the site visit, the DJJS policy stated:

DJJS Directive P024, page 13, “The DJJS PSU will conduct administrative investigations for allegations of sexual harassment on the part of a DJJS employee, contractor, intern or volunteer. Juvenile Probation Officers and Supervisors shall investigate alleged incidents of harassment occurring between youth and dispose of the incidents within the parameters of the institutional behavior management program”.

Page 14: “Allegations of sexual assault or abuse and more serious incidents of harassment between youth and all incidents involving an employee, volunteer, contractor or intern shall be referred to the PSU for investigation.”

After corrective action, DJJS policy was changed to state:

“SMYC will follow the DJJS Personnel Directive P024: Prison Rape Elimination Act of 2003. “Staff, contractors, interns and volunteers are required to report any knowledge or suspicion that a resident has been the victim of sexual harassment/abuse to the Professional Standards Unit (PSU), local law enforcement, and a supervisor or other administrator. Initial observations and preliminary information of the scene and events must be documented and forwarded to the Professional Standards Unit (PSU), local law enforcement, and a Supervisor or other administrator. DJJS employees will not conduct interviews, a preliminary investigation, or have a judgement of probability as part of an investigation before referring them to the Professional Standards Unit (PSU) and local law enforcement.”

Training was conducted to include this topic for staff, and interviews were conducted to ensure practice and culture matched this new policy and determined to be substantially compliant.

For Criminal investigations: A MOU is in place between DJJS and Las Vegas Metropolitan Police Department (LVMPD) that details the investigation process and the role of LVMPD and DJJS in the process. In addition, DJJS publishes their policy, that describes the investigative process. <http://www.clarkcountynv.gov/jjs/Pages/PREA.aspx>

Documentation Reviewed: Interviews, investigations/incident reports, DJJS Directive P024, MOU with LVMPD, DJJS website <http://www.clarkcountynv.gov/jjs/Pages/PREA.aspx>, PREA training-new additions, statements of understanding, SSV report of allegations, post corrective

action interviews and site visit; SSV reports, investigator resume and training; investigations; investigations report revisions; training, employee training on investigations;

Standard Certification of Compliance: This auditor certifies compliance with standard 115.322 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency DJJS as well as the SMYC facility site visit, auditor pre and post review, and post corrective action site visit, interviews, and paperwork review.

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.331 Employee Training – Substantially Compliant</p> <p>Purpose: To ensure that staff can prevent, detect, and respond to sexual abuse and sexual harassment and to create a culture of sexual safety in the facility by educating all employees on: • The agency’s zero tolerance policy and methods for reporting incidents or suspicions of sexual abuse or sexual harassment; and • Creating an environment that prevents and detects sexual abuse and sexual harassment, fosters a robust reporting culture for inmates and staff, and provides meaningful accountability and appropriate assistance to all victim.</p> <p>https://www.prearesourcecenter.org/sites/default/files/library/115.31%20SIF.pdf</p> <p>SMYC employees have all been trained on required PREA related topics. This includes agency and facility policies and procedures, online and classroom PREA training's before contact with residents, yearly refresher training, and monthly discussions at meetings. 100% of staff, volunteers, and contractors interviewed knew about the zero-tolerance SMYC has for sexual abuse and sexual harassment.</p> <p>Employees complete required PREA education in classroom and online training's and testing of knowledge. After completing training, staff are required to pass a test confirming their understanding. Training curriculum is included in this audit documentation. SMYC employees, contractors, and volunteers complete a PREA refresher training annually.</p> <p>PREA training for SMYC staff includes: Video: Keeping Kids Safe., and online and classroom training topics include: (slide number)</p> <ol style="list-style-type: none"> 1. 7 zero tolerance, 2. 8-development of the PREA law, 3. 9-smallest decisions, serious consequences and role of staff, 4. 10-national priority, impact of victims and victim characteristics, 5. 11—who is at risk, LGBTI, disabled, inexperienced, 12 perpetrator characteristics, 6. 13-residents rights, 7. 14-assaultive behavior and vulnerable residents, 8. 15-screening and threat of assault, 9. 16-sexual misconduct, staff, 10. 17-definitions of sexual conduct, 11. 18-resident on resident abuse defined, 12. 19-consent, 13. 20-staff, contractor, volunteer sexual abuse and continued definitions, 14. 21-sexual harassment, 15. 22-retaliation, 16. 23-retaliation protect and monitor, 17. 24-ignoring retaliation and consequences, 18. 25-code of silence, 19. 26-indicators of reporting culture,

20. 27-reviews, data, reports,
21. 28-32--facts of the profession,
22. 33-PREA and the law,
23. 34-8th amendment, 35--4th amendment,
24. 36-vicarious liability, 38-PREA impacts on agencies, staff,
25. 39-if you don't respect rights of residents to be free from sexual abuse and sexual harassment and retaliation,
26. 40-physical health, constitutional violations, state laws,
27. 42-resident cannot consent and prohibited conduct, 21-1st amendment—age of consent (16)-not in facilities,
28. 43-47--staff warning signs and resident warning signs, 48-49-environmental warning signs
29. ,50-53-screening for risk and sexually abusive, LGBTQI, sensitive information, where to take place,
30. 54-reporting,
31. 55-providing multiple ways to residents to report,
32. 56-searches, cross gender, transgender and intersex, prohibited searches,
33. 57-exigent circumstances for searches, 58-medical and mental health responsibilities,
34. 59-LGBTI, confidentiality, vulnerability, searches,
35. 60-investigations, administrative, staff actions, written reports, qualified and timely investigations, credibility assessment, not terminated if recants,
36. 61-Garrity, compelled interviews,
37. 62-sexualized work environment/culture and professional communication,
38. 63-Review,
39. 64-no perceived consequences,
40. 65-affirmative duty to report,
41. 66-must report all knowledge/suspicion,
42. 67-report to Law Enforcement and DFS immediately and within 24 hours,
43. 68- document allegation,
44. 69-retaliation prohibited,
45. 70-summary, DJJS policy, prevention, warning signs, report, consequences, Test.

SMYC employees log into the EES system when a policy is updated and confirm they have read and understand the updated policies. This system confirms the PREA yearly refresher is completed using the online PREA training.

Review of staff file documentation confirmed completion of the required new employee online, classroom, and yearly refresher (if they have been at SMYC more than a year). Training curriculum and tests of understanding were included in staff files.

At the time of the site visit, SMYC did not include in training the unique needs, attributes, and gender of the residents at SMYC. During corrective action training was changed to include this requirement and staff completed this training and tests of understanding. Interviews were conducted after the corrective action was complete and most staff were able to confirm they received this training and the information is part of what they use to work with SMYC residents.

Documentation Reviewed: DJS P024 Policy; Staff training files; PREA online training, 4-hour classroom training, interviews with staff, contractors, volunteers, staff training spreadsheet of

training dates, refreshers, policy review and understanding, and documentation in files, took the online, new training additions, staff tests of understanding, re-interview staff at the end of the corrective action.

Auditor Recommendation: Staff were united in statements that they get more out of classroom training than the online training. They had concerns about not having the interaction between participants that a classroom training gives them and also ensures they ingrain the concepts, practices, and requirements into their daily practice. This is a fairly new change, to online training only, and the concern was shared commonly amongst all interviewees. The facility/agency may want to consider a combination of classroom and online training to ensure the best knowledge, practice, and integration into agency culture of these important training's that ensure residents and staff are safe.

Standard Certification of Compliance: This auditor certifies compliance with standard 115.331 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency DJJS as well as the SMYC facility site visit, auditor pre and post review, and post corrective action site visit, interviews, and paperwork review.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.332: Volunteer and Contractor Training – Compliant</p> <p>Purpose: Ensure that volunteers and contractors who have contact with residents are trained on their responsibilities regarding sexual abuse and sexual harassment prevention, detection, response policies and procedures at the agency in which they are working. Overall, the objective is ensuring that everyone in the facility, including volunteers and contractors, understands the agency’s zero-tolerance policy toward sexual abuse and sexual harassment, that the agency prohibits them from engaging in sexual relations with incarcerated people, and that sexual abuse and sexual harassment are always reported. The goal is to prevent abuse and to create an effective reporting process that cultivates a reporting culture among volunteers and contractors while providing appropriate assistance to all survivors. https://www.prearesourcecenter.org/sites/default/files/library/115.32_0.pdf</p> <p>Volunteers and contractors complete a similar hiring process as staff. A background check, fingerprint check, as well as child abuse registry check are completed. They also complete a review of PREA policies. In addition, volunteers and contractors receive training through the National Institute of Corrections, using “Keeping our Kids Safe” video, and receive yearly refresher training with staff. The NIC online training: Your Role to Responding to Sexual Abuse, is taken and tested by some in this category. Contractors, volunteers, and interns, are provided with the same class located at http://www.clarkcountynv.gov/jjs/Pages/PREA.aspx</p>

The Volunteer/Contractor completes a test of material, attesting to their understanding of the policy, training, zero tolerance, maintaining appropriate personal boundaries, understanding not to develop personal, unduly familiar, emotional or sexual relationships with residents at SMYC, and their immediate duty to report any knowledge, suspicion or information received regarding an incident of sexual abuse, sexual harassment, and retaliation; and, the understanding of how and who to report and respond regarding an allegation of sexual abuse or sexual harassment.

SMYC has a process in place to ensure all staff, contracted staff, interns and volunteers are trained prior to having contact with residents. This practice is supported by DJJS Directive P024, page 6, "In order to promote the Department's zero tolerance policy against sexual abuse, sexual misconduct and sexual harassment, continuous training is imperative. All staff members who have direct contact with youth will be required to attend PREA training and will receive refresher training annually. Every contractor, intern and volunteer who has direct contact with residents will be required to participate in PREA training. All staff, contractors, interns and volunteers are required to complete PREA training before they are permitted to work in a DJJS facility." SMYC maintains documentation confirming that volunteers and contractors have received PREA training and that they understand the training they have received.

All contractors complete training. Documentation is included in this audit and review shows it is compliant with this standard. A spreadsheet of all volunteers, contractors, and interns, including the organization they represent, what they do in the facility, and date PREA training completed is included in documentation. The most recent training is listed, and all were recently trained in April 2019.

Documentation reviewed: Interviews with PREA staff and contractor, training records of volunteer/contractor, tests of training and understanding of P024 DJJS Directive.

Standard Certification of Compliance: This auditor certifies compliance with standard 115.332 based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency DJJS an Spring Mountain Youth Camp (facility), as well as the facility site visit, and auditor pre and post review.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.333 Resident Education – Compliant</p> <p>Purpose: The goal of providing inmate education is to prevent sexual abuse and sexual harassment and to encourage reporting by teaching inmates about their right to be free from sexual abuse and sexual harassment, educating them about the ways they can report it, and making sure they understand what will happen if there is an incident of sexual abuse or sexual harassment, including what services are available to victims. Inmate education can build inmates’ trust in staff and the facility’s commitment to safety, which may increase reporting and ultimately deter sexual abuse and sexual harassment. Inmate education is only effective if it is provided in ways that inmates understand and remember when they need it, and it must be made understandable to the most vulnerable inmates in the facility, who may face some barriers to accessing written information, spoken information, or information in English. https://www.prearesourcecenter.org/sites/default/files/library/115.33%20SIF_Update.pdf</p> <p>Residents who are court ordered to Spring Mountain Youth Camp are placed at Clark County Detention and complete most of the basic intake requirements while there. While at detention, residents receive intake PREA education. Before the resident’s transfer, the SMYC PREA Compliance Manager reviews all completed intake information, arranges any needed accommodation, and designates housing and bed assignments for the resident arrival. Residents usually spend 2-5 days at Clark County Detention before being transferred to Spring Mountain Youth Camp.</p> <p>Upon arrival at SMYC, the intake staff utilizes a checklist that includes the residents review and then signature of the following: parent packet resident information, orientation packet information and signatures, SMYC Ward rules and regulations, PBS screening tool, PREA intake screening form, PREA Training Video, PREA intake Orientation form, and the PREA acknowledgement form.</p> <p>The PREA intake education includes zero-tolerance and reporting. Residents receive the PREA Youth Acknowledgement Form, and the intake staff reads the information, and confirms residents understanding of zero-tolerance, right to be free from sexual abuse and sexual harassment, how to report, and the right to be free from retaliation for reporting. This presentation is completed in a one-on-one session so the resident feels more comfortable with this topic, to protect the resident’s right to privacy, and ensure a resident can ask all questions he has without embarrassment. The Resident and intake staff sign the education form to document understanding and presentation.</p> <p>At the time of the site visit, at intake residents also received comprehensive education. This education covered: residents right to be safe from sexual abuse and sexual harassment committed by staff or other residents, right to be safe at all times, that no one has the right to touch them or say things to them in a sexual way, ways to report if they have been sexually abused or sexually harassed, how SMYC takes every report seriously and will immediately</p>

begin an investigation, protect the resident from others that try to get revenge or retaliation, how to report known or suspicions of sexual abuse or sexual harassment and who you can report to in the facility, in writing, the outside hotline, or telling someone you trust. Residents are given the Youth Handbook that reiterates the information they have just received.

To confirm all residents, including those with disabilities, are aware and understand the PREA education, the educational information is to be read to the new resident; however, reports were conflicting about this occurring consistently. In those cases, the form was given to the resident to read and ask questions, if any arose. In addition, when residents viewed the PREA video, closed captioning was not activated.

During corrective action, the process of intake PREA education and comprehensive education was changed to reflect the PREA standards requirement that resident PREA education be conducted in two separate sessions, within 10 days of each other. Since residents arrive at Clark County Detention to prepare for their move to SMYC, an agreement was worked out for residents to receive initial PREA education there. When they arrive at SMYC, the initial information is reinforced, and then within 10 days, they watch a video with more information and education.

Interviews conducted after the corrective action was complete confirm that all residents currently at SMYC received the comprehensive PREA education therefore setting a base of knowledge in the facility. Then the process was changed and all residents arriving after that date, were part of the compliant PREA training in two different sessions. Resident files document this process is in practice and ingrained in the culture of how SMYC conducts and ensures residents receive and understand their PREA education.

In addition, SMYC ensures key information about the agency and facility's PREA policies are readily available to residents. PREA posters in Spanish and English are posted in the units, as well as the outside reporting agency phone number posted near the phone and on bulletin boards. Youth grievance and complaint forms and a locked box are readily available for residents to use on the wall of the common area, and the youth handbook is given to residents at intake and also readily available to residents. Currently, there are no residents who need interpreter services at SMYC.

During corrective action, under standard 115.316 DJJS/SMYC reviewed current services and PREA material provided and made changes to material, signage, and PREA education, to ensure resident education is available for all residents in a format that is easily understandable, including for cognitive or developmental disabilities. Youth education materials are available in English, Spanish and Chinese, and can be made available in other languages as needed. To get material in other languages staff call a translation service that is under contract with DJJS for needed services. Information is read to residents at their pace and discussed for understanding. Resident PREA education was assessed and put into a 5th-6th grade reading level and basic understanding to provide built in accommodations to non-visual, reading, or other known and unknown disabilities. Closed captions were turned on for the PREA education video.

Policy supporting practice: DJJS P024, page 7, "Every resident will participate in an orientation session and complete and sign a PREA orientation form during the intake process in

Detention, Spring Mountain Youth Camp, and the Spring Mountain Residential Center. Both the staff and the resident must sign and date the form after the orientation process is complete. This form will be retained for each resident. Youthful residents, residents who have limited English proficiency, limited vision, intellectual challenges or other disabilities will be provided PREA information in a manner that allows them to understand DJJS' zero tolerance policy for sexual abuse, sexual misconduct and sexual harassment, as well as how they can report sexual abuse/sexual misconduct/sexual harassment. Orientation materials are provided in English, Spanish and Chinese. Language translation services are available through Clark County and DJJS currently contracts sign language interpreters to assist the hearing impaired. These available services are not restricted to the youth orientation purpose. Staff is prohibited from using residents as interpreters to communicate the Department's PREA information, either by translating conversations or reading printed material, unless exigent circumstances arise. Should a resident be utilized to interpret, the circumstances must be documented in the unit log."

During corrective action, a PREA SOP was developed and states:

Youth Intake:

Upon arrival to SMYC, initial PREA documentation is to be completed during intake of the youth, and no later than twenty-four (24) after arrival to SMYC. PREA documentation includes:

- SMYC PREA Orientation & Education Form (see Appendix B – SMYC PREA Orientation & Education Form and Appendix C - SMYC PREA Orientation & Education Form (Spanish))
- Prison Rape Elimination Act Youth Acknowledgement Form (see Appendix D – SMYC PREA Youth Acknowledgement Form and Appendix E – SMYC PREA Youth Acknowledgement Form (Spanish))

Once completed, these documents are scanned to the SMYC PREA manager (or trained designee) and the original copy placed in the youth file. The SMYC PREA manager (or trained designee) will keep electronic copies of the PREA intake documents in the P: drive. Within ten (10) days of arrival at SMYC, incoming youth will be shown the PREA video. Documentation that a youth has completed all SMYC PREA requirements (intake documents, video, and reassessment) will be completed by the SMYC PREA manager (or trained designee) and stored electronically in the P: drive.

Reviewed: DJJS Directive P024; Youth Acknowledgement Form in English and Spanish, Juvenile PREA Intake Orientation Form in English and Spanish, intake packet, Youth Handbook, SMYC New Youth Checklist, interviews, facility tour, posters in English and Spanish, file documentation, new training process, resident files, new youth checklist, new orientation list, new PREA incident checklist, post corrective action interviews of staff and residents, standard 115.316 corrective action.

Auditing included interviewing staff, volunteers, contractors, and residents; touring SMYC and asking questions, observing daily operations, and comparing policy, training, interviews, and observations to practice and culture.

Standard Certification of Compliance: This auditor certifies compliance with standard 115.333 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency DJJS as well as the SMYC facility site visit, auditor pre and post review, and post corrective action site visit, interviews, and paperwork

review.

115.334 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.334 Specialized Training Investigators – Compliant

Purpose: To ensure that every allegation of sexual abuse in a correctional facility is thoroughly and appropriately investigated by a highly skilled, qualified investigator who has been trained to investigate sexual abuse allegations in confinement settings. Doing so should increase confidence in the facility’s ability to respond to sexual abuse, which in turn leads to more reliable reporting of sexual abuse and ultimately to the prevention of sexual abuse in confinement. <https://www.prearesourcecenter.org/sites/default/files/library/115.71%20SIF.pdf>

DJJS has an agency policy that requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

DJJS Directive P024, page 14, states, “Investigators assigned to PREA investigations must complete specialized training in conducting such investigations in confinement settings... All allegations of sexual abuse, sexual misconduct, and sexual harassment shall be investigated, even when the alleged perpetrator or alleged victim has left DJJS custody or is no longer employed by the Department.”

DJJS investigators are trained and certified Peace Officers with experience and education in conducting investigations. In order to maintain that certification, they have an ongoing requirement to enhance their training yearly. Included in audit documentation are resumes and training records of investigators who work out of the DJJS Professional Standards Unit. Training and experience include two separate state Law Enforcement Academies, Department of Homeland Security- Communications Leader and Emergency Management Academy Instructor, Patrol officer, Division Sergeant, JPO and JPO Supervisor, Human trafficking, Employee Investigations, NIC Investigating Sexual Abuse in a Confinement—including Juvenile Confinement, and NIC Advanced Sexual Abuse Investigations in a Confinement Setting. (NIC training <https://nic.learn.com/learncenter.asp?id=178416&page=1>)

In addition to the investigators training, the investigators receive all training that a DJJS employee receives, refresher training, and minimum training hours for each year to maintain Peace Officer Certification. This is documented in the DJJS training data system.

Policy reinforcing Practice: “The LVMPD or other applicable law enforcement jurisdiction and DFS will be contacted to initiate criminal and child abuse investigations, respectively, for allegations of sexual abuse and sexual misconduct within a DJJS facility...The DJJS PSU will conduct administrative investigations for allegations of sexual harassment on the part of a DJJS employee, contractor, intern or volunteer.”

Reviewed: DJJS Directive P024, investigator resume and training, interviews, NIC training for investigators, investigations; Investigation report template and updated report; investigation reports; incident abuse review form,

Auditing included interviewing staff, volunteers, contractors, and residents; touring SMYC and asking questions, observing daily operations, and comparing policy, training, interviews, and observations to practice and culture.

Standard Certification of Compliance: This auditor certifies compliance with standard 115.334 based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency DJJS and Spring Mountain Youth Camp (facility), as well as the facility site visit, and auditor pre and post review.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.335: Specialized Training: Medical and Mental Health Care – Compliant</p> <p>Purpose: To ensure Medical and Mental Health professionals, working regularly in the facility have been trained in sexual abuse and sexual harassment detection, preservation of physical evidence, responding effectively and how to report allegations or suspicions of sexual abuse and sexual harassment. If conducting forensic exams, have the appropriate training to conduct such exams.</p> <p>DJJS Directive P024, page 7, states, “Department medical and mental health practitioners are required to complete specialized training on: • How to detect and assess signs of sexual abuse and sexual harassment; • How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment: • How and whom to report allegations or suspicions of sexual abuse and sexual harassment.”</p> <p>SMYC has a nurse and mental health professional that works in the facility. Medical and mental health practitioners do not process physical evidence of sexual abuse. When an allegation of sexual abuse is alleged to have occurred in the facility, the first responders notify the Las Vegas Metropolitan Police Department (LVMPD) and through the coordinated agency network involved, the forensic exam is set up and conducted by a SAFE/SANE.</p> <p>Currently, SMYC has 1 nurse and 1 mental health professional, and interviews are being conducted for the addition of another mental health professional. Medical professionals completed the NIC Medical Health Care for Sexual Assault Victims in Confinement Setting. Mental health professionals completed Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. Included in documentation are certificates of completion. The course included a test for knowledge and understanding.</p> <p>Medical and mental health professionals also receive training under standard 115.331 for contractors and employees. These professionals complete the National Institute of Corrections PREA training, Your Role to Responding to Sexual Abuse. This training includes a testing requirement to pass the course. They also take the online PREA refresher required for all staff. The PRE-Audit Questionnaire states that SMYC does not maintain documentation of completed PREA training (115.335c); however, the staff training worksheet and interview with the mental health professional confirms the completion of required training, and the certificate for PREA training for the nurse is included also.</p> <p>Documentation reviewed: Interviews, nurse certificate of PREA training, staff training worksheet with dates, mental health PREA training sheet, DJJS Directive P024; new revised training curriculum and statement of understanding</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.335 based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency DJJS and Spring Mountain Youth Camp</p>

(facility), as well as the facility site visit, and auditor pre and post review.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.341: Obtaining Information from Residents – Compliant</p> <p>Purpose: To ensure that the facility has identified those at heightened risk of being victimized and those at heightened risk of being sexually abusive so that it can make housing and programming decisions with the goal being to use this information to prevent sexual abuse. https://www.prearesourcecenter.org/sites/default/files/library/115.41_0.pdf</p> <p>This PREA standard requires: at a minimum, the agency shall attempt to ascertain information about: (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) A resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents</p> <p>Assessment: SMYC operates under DJJS Directive P024, regarding screening for risk of being victimized and those at heightened risk of being sexually abusive. When residents arrive, and during intake, the SMYC assessment is conducted using the DJJS Spring Mountain Screening Tool. This instrument is used to gather resident information related to history and behaviors associated with risk of sexual abuse and is filled out by the resident. The housing and bed assignment are made while the resident is still in detention and prior to arrival at SMYC. At the time of the site visit, the screening is completed at intake and not repeated during the residents stay at SMYC.</p> <p>During corrective action, the screening tool, policy, and practice were changed to reflect a more objective assessment and reassessment 90 days after the first risk assessment. All youth currently at SMYC were assessed using the new screening instrument. The new risk assessment is the same one as residents of Nevada State facilities use and provides for continuity between the agencies.</p> <p>Most intake processes that this PREA standard requires to be taken into consideration when completing an objective screening for risk of being victimized and those at heightened risk of being sexually abusive, are completed at Clark County detention before the resident arrives at SMYC.</p> <p>The PREA standards Juvenile Screening criteria are slightly different and tailored more to juvenile residents and include the level of emotional and cognitive development. It requires periodic screening throughout a resident's confinement. It specifically requires that information must be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing</p>

court records, case files, facility behavioral records, and other relevant documentation from the resident's files

At the time of the auditors site visit, the Spring Mountain Screening Tool was primarily a resident's self-assessment and report. Since housing is already determined before this tool is administered, this screening tool is completed after the comprehensive process of planning the resident's placement in housing and programming. In addition, this screening tool is administered by multiple staff not involved in the in-depth intake process and required information gathering necessary to complete a compliant risk screening assessment. The screening process is designed, by this standard, to encourage residents to disclose sensitive information about previous sexual abuse and vulnerabilities they may have, including sexual orientation and gender identity. It is difficult to maintain fidelity to the screening process where multiple staff perform the screening. It is important to create a comprehensive process that fully utilizes the results of the screening to make a well-reasoned decision about a resident's placement in housing and programming. It is also challenging to implement a reassessment process that is meaningful and not simply a rote procedure.

During corrective action, the new risk assessment tool was given to all current SMYC residents and provided a new starting point for the process change. After this was accomplished, the new risk screening tool is now administered at detention and can then be used to assist in the determination of housing, education, and work assignments before residents arrive at SMYC. Spring Mountain takes confidentiality seriously and ensures that sensitive sexual information obtained through assessment and investigation is kept confidentially and only provided to designated staff on a need to know basis.

Included in the corrective action, a new SMYC SOP was created to include the screening tool and reassessment. It states, "Detention staff will complete a PREA Intake Screening Tool on all incoming youth within 24 hours of intake and placed in the youth's file. The SMYC PREA manager (or trained designee) will use the PREA Intake Screening Tool completed by Detention to make placement decisions prior to youth arriving to SMYC. Upon arrival to SMYC, Probation Officers, Supervisors, Assistant Manager, administration staff, and the Manager will have access to the PREA Intake Screening Tool, as needed, in accordance with HIPPA. For supervision and monitoring purposes, supervising staff will be aware of youth who are at risk to be victimized and those youth who are at heightened risk of being sexually abusive towards others. The PREA Intake Screening Tool will also be used for reassessing youth after ninety (90) days at SMYC. "

Review included: Interviews, DJJS Directive P024, PREA in Focus 115.341, Spring Mountain Screening Tool, resident files, completed assessments, intake process, new assessments, new SOP, interviews of residents after corrective action, new referrals after new risk assessment; new assessments using new risk assessment and mental health referrals; post corrective action interviews

Auditing included interviewing staff, contractors, and residents; touring SMYC and asking questions, observing daily operations, and comparing policy, training, interviews and observations to practice and culture.

Standard Certification of Compliance: This auditor certifies compliance with standard 115.341

based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency DJJS as well as the SMYC facility site visit, auditor pre and post review, and post corrective action site visit, interviews, and paperwork review.

115.342	Placement of residents
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>115.342: Placement of Residents – Compliant</p> <p>Purpose: The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.</p> <p>When the initial auditor PREA site visit was conducted, placement and bed assignments were finalized before the screening tool was administered, and in addition the risk assessment tool was not in compliance with standard 115.341. During corrective action the risk screening tool was replaced with one used by the state of Nevada juvenile facilities. All residents were reassessed, using the new risk screening tool, and the process was changed (115.341) to ensure the assessment is completed at detention before the resident moved to SMYC. The assessment is used to assist in bed, work, and education assignments. Two codes were added to the classifications on the JPO/staff caseloads. These include, S4 – potential perpetrator, S4A – potential perpetrator without roommates, S5 – vulnerable youth (no roommate). In addition, a new SMYC SOP was created and page 1 states:</p> <p>“Detention staff will complete a PREA Intake Screening Tool on all incoming youth within 24 hours of intake and placed in the youth’s file. The SMYC PREA manager (or trained designee) will use the PREA Intake Screening Tool completed by Detention to make placement decisions prior to youth arriving to SMYC. Upon arrival to SMYC, Probation Officers, Supervisors, Assistant Manager, administration staff, and the Manager will have access to the PREA Intake Screening Tool, as needed, in accordance with HIPPA. For supervision and monitoring purposes, supervising staff will be aware of youth who are at risk to be victimized and those youth who are at heightened risk of being sexually abusive towards others. The PREA Intake Screening Tool will also be used for reassessing youth after ninety (90) days at SMYC.”</p> <p>Interviews conducted, after the corrective action period, confirmed that the new process, risk tool, and training for staff was complete and in practice. The new risk screening produced several new allegations of past abuse and referrals to mental health were completed and documented. Staff training and test, documents of new assessments, and mental health referrals from the new screening were completed indicating the practice was ingrained in the culture of SMYC.</p> <p>When determining placement of residents, at SMYC, residents are never put in isolation. Spring Mountain Youth Camp does not use isolation or have facilities for isolation. Interviews with staff and youth as well as a facility tour confirms this.</p> <p>Although SMYC does not currently have residents who are transgender or intersex. Interviews and policy confirm that placement decisions regarding such residents would be on a respectful case-by case basis. SMYC housing units are open bay units and they do not have any discreet housing. DJJS ensures that transgender and intersex, as well as gay, bisexual, and gender non-conforming residents are asked about their own feelings of safety in the facility</p>	

and would be assessed, supervised and monitored as a member of a vulnerable population.

SMYC is sensitive to the privacy issues that face all residents, in confinement, including transgender and intersex residents, and due to this, all residents, at SMYC, shower separately. Clark County Detention may be a transgender residents first time in confinement. Due to most intake and orientation activities occurring at Clark County Detention, before transfer to SMYC, such resident's genital or transitioning status is known. SMYC does not, and would not, examine a transgender or intersex resident for the sole purpose of determining a resident's genital status. In addition, to ensure safety, transgender and intersex resident status is reassessed at least twice yearly. SMYC has not had to reassess a transgender or intersex resident's placement and programming; however, it is in policy and interviews confirm this would be completed twice a year as known and required practice. The new coding on JPO caseloads ensures staff are aware of heightened risk of youth who are designated high risk to offend or be victimized.

Policies that support practice: DJJS Directive PO24, 1117, page 9: "The PREA Intake Screening Tool, along with medical/mental health records, staff observations, information reported by other sources, or other information in the resident's file will be used to inform housing determinations. Housing determinations for transgender and intersex residents are to be made on a case-by case basis, taking into consideration which setting would best ensure a resident's health and safety, as well as potential management or security problems. Placement and programming for transgender and intersex residents shall be reassessed on an ongoing basis as housing milieus change. A transgender or intersex resident's own view with respect to his or her own safety shall be taken into consideration when making housing decisions. Transgender and intersex residents will be provided the opportunity to shower separately from other residents. Staff is prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status."

DJJS Directive P024, page 10, "Lesbian, gay, bisexual, transgender, questioning or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status. Residents identifying as such shall not be considered to be predisposed to predatory behavior due solely to their identification or status.

PO24, 1117, page 9: "Housing determinations for transgender and intersex residents are to be made on a case-by case basis, taking into consideration which setting would best ensure a resident's health and safety, as well as potential management or security problems. Placement and programming for transgender and intersex residents shall be reassessed on an ongoing basis as housing milieus change."

P024, page 10: "A transgender or intersex resident's own views with respect to his or her own safety shall be taken into consideration when making housing decisions."

PO24, 1117, page 9: "The completed PREA Intake Screening Tool will be placed in the resident's file and will be available only on an as-needed basis. In the event a resident is identified as a potential victim or perpetrator on the PREA Intake Screening Tool, a Supervisor must be notified."

Reviewed: DJJS Directive P024; interviews: completed risk assessments: screening tool, isolation document, interviews, files documentation, site visit and tour, new risk screening tool and placement determinations, post corrective action period resident and staff interviews, PREA Coordinator interview, new SMYC SOP, new risk assessments, mental health referral documentation;

Auditing included interviewing staff, contractors, and residents; touring SMYC and asking questions, observing daily operations, and comparing policy, training, interviews and observations to practice and culture.

Standard Certification of Compliance: This auditor certifies compliance with standard 115.342 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency DJJS as well as the SMYC facility site visit, auditor pre and post review, and post corrective action site visit, interviews, and paperwork review.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.351: Resident Reporting – Compliant</p> <p>Purpose: To ensure that inmates and staff can report sexual abuse—regardless of who the perpetrator is and regardless of what other dangers they may face for doing so—by providing them with multiple avenues to report, including an avenue outside the facility, so that even if the abuser is someone directly supervising that inmate or higher up in the authority chain, or a staff person or inmate who might retaliate against that inmate, the victim still has a safe way to report. Thus, sexual abuse is always reported, which in turn is a deterrent of future abuse. https://www.prearesourcecenter.org/sites/default/files/library/115.51%20SIF.pdf</p> <p>SMYC has multiple avenues by which residents can report sexual abuse, sexual harassment, or retaliation by other residents or staff. When a resident enters the facility and completes the intake process, he is educated about the multiple ways to report. The PREA Youth Intake Acknowledgement form contains important Information About reporting and residents receive that information at intake. Both staff and resident sign the form signifying understanding and presentation. This information includes ways to report, including the outside hotline to CPS and 211 line, tell a staff, a written grievance form, and online. Residents receive additional information a few days after intake.</p> <p>Additional information is given to residents in a comprehensive PREA education session. This information reinforces the ways to report and points out posters, flyers, hotline numbers, complaint form and locked box posted in the living unit. Staff read residents this material, discuss it with a knowledgeable staff, and sign a PREA education acknowledgment form that states ways to report sexual abuse and sexual harassment, staff neglect or retaliation. Interviews with staff and resident confirmed knowledge, access, and tools necessary for residents to make sexual abuse or sexual harassment reports.</p> <p>PREA posters, in both English and Spanish, are on the walls of this facility that tell residents of their right to be safe and a reporting number (CPS) to call with any allegations of sexual abuse or sexual harassment.</p> <p>The majority of residents knew about the hotline number they could call to talk report to. Residents also verified that in the event of an emergency, such as in the case of reporting abuse, that staff would afford them privacy to make the phone call.</p> <p>A written reporting source at SMYC is the complaint form. Complaint forms are available in each unit, as are lock boxes to ensure confidentiality. However, policy and interviews indicate that the grievance box is not checked daily and this process was changed to include checking the grievance box on all weekdays.</p> <p>All allegations of sexual abuse and sexual harassment are documented in an incident report. This aids the investigative process by providing detailed documentation and ensures facility</p>

procedures are followed. 100% of staff interviewed confirm that they document all knowledge, suspicion or reports of sexual abuse or sexual harassment in an incident report. All included third-party and anonymous reports in requirements for them to report.

Interviews with random and specialty staff confirm their awareness and follow through on this requirement. Staff interviews indicated broad understanding, and all indicate they document the report in an incident report and report to CPS. 100% of staff interviewed confirmed that they could report privately through chain of command, law enforcement, CPS, or the online form, if needed. Staff are trained on reporting in classroom and online training. See 115.331 for all topics of training.

Policy that reinforces practice:

DJJS Directive P024 page 10: "It is the responsibility of DJJS to ensure that all residents are aware of the ways they can report sexual abuse, sexual misconduct, or sexual harassment. Residents can report by: Direct report – Residents can verbally report to any DJJS staff member, contractor, intern or volunteer. Grievance Line – Residents can make a report by using the telephone dedicated for grievances. Calls from these telephones are received by the Department of Family Services (DFS) Hotline, who will forward all reports of sexual abuse, sexual misconduct or sexual harassment to DJJS and law enforcement as appropriate. Youth Grievance Box – Residents can submit a report in writing and place it in the Youth Grievance Box. The contents of the Youth Grievance Box will be collected a minimum of every three (3) days by the Supervisor designated by the Detention and Spring Mountain Youth Camp Managers. A grievance that alludes to unwanted touching, comments or gestures of a sexual nature or written correspondence of a sexual nature will be removed from the grievance process and handled as an abuse report. The information from the grievance will be documented in an Incident Report and forwarded for investigation in accordance with the steps outlined in the Staff Reporting and Response to Sexual Abuse and Sexual Misconduct section of this Policy. "Staff reporting is covered in policy, 5.90 section 10, "staff are required to report any suspicion, knowledge or information regarding an incident of sexual abuse or sexual harassment."

DJJS P024, page 11: " Staff, contractors, interns and volunteers who receive information that a resident has been the victim of sexual abuse/sexual misconduct in a time period exceeding 24 hours from the time of the report shall contact LVMPD at 702-795-3111, as well as the DFS Hotline at 702-4555379".

Reviewed: DJJS P024, page 10 and 11; PREA Orientation Form in English and Spanish; PREA Acknowledgement Form in Spanish and English, posters in English and Spanish, interviews, facility tour, grievance form and lock box, facility tour notes.

Auditing included interviewing staff, volunteers, contractors, and residents; touring Spring Mountain Youth Camp, and, asking questions, observing daily operations, and comparing policy, training, interviews, and observations to practice and culture.

Standard Certification of Compliance: This auditor certifies compliance with standard 115.351, after corrective action, based upon review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency DJJS, as well as the SMYC site visit, and auditor pre and post review.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.352: Exhaustion of Administrative Remedies – Compliant</p> <p>SMYC does not have a procedure for dealing with grievances regarding sexual abuse. Page 10: “Youth Grievance Box – Residents can submit a report in writing and place it in the Youth Grievance Box. The contents of the Youth Grievance Box will be collected a minimum of every three (3) days by the Supervisor designated by the Detention and Spring Mountain Youth Camp Managers. A grievance that alludes to unwanted touching, comments or gestures of a sexual nature or written correspondence of a sexual nature will be removed from the grievance process and handled as an abuse report. The information from the grievance will be documented in an Incident Report and forwarded for investigation in accordance with the steps outlined in the Staff Reporting and Response to Sexual Abuse and Sexual Misconduct section of this Policy. SMYC does not have a grievance process for dealing with resident sexual abuse. If an allegation of sexual abuse is made through the complaint process, it is removed from that process and handled as an allegation of abuse.”</p> <p>SMYC’s process of handling allegations of sexual abuse is separate from the grievance process and an accelerated process to ensure residents are protected.</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.352 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency DJJS, as well as the SMYC facility site visit, and auditor pre and post review.</p>

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>113.353: Resident Access to Outside Confidential Support Services and Legal Representation – Substantially Compliant</p> <p>Requirement: (a) The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations; (b) The facility shall 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; (c) The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers; (d) The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.</p> <p>Assessment: SMYC has a Sexual Abuse Coordinated Response Plan that includes all actions taken when sexual abuse is alleged. This plan includes responsibilities for all pertinent staff, including providing access to a victim advocate. All units have dedicated PREA phones to facilitate resident access to reporting and advocates. In addition, residents are given the youth Handbook that includes the phone number and address of The Rape Crisis Center.</p> <p>SMYC complies with the requirement that residents have access to outside victim advocates for emotional support services related to sexual abuse. 100% of staff and 99% of resident interviews confirm that residents are aware of victim advocate services, the phone number and address, and in the youth, handbook given to each resident and available in the unit. The SMYC handbook, given to each resident at intake, states that “you will receive emergency medical treatment and be offered access to victim support services and counseling.” In addition, flyers are posted in the facility that provide residents the contact information. These services are provided confidentially, and agency policy backs up this practice.</p> <p>In addition to providing outside support services and access, DJJS/SMYC maintains a Memorandum of understanding with The Rape Crisis Center. The agreement includes support services, making available a victim advocate for victim or alleged victim of sexual assault—to include accompanying them through the forensic medical exam, investigatory interviews, provide emotional support, crisis intervention, and applicable referrals. They are available 24 hours a day on a crisis line and can be assigned to respond and correspond with victims in writing as well as with family members.</p> <p>DJJS also maintains a Memorandum of Understanding (MOU) with Southern Nevada Children’s Advocacy Center (SNCAC). This center offers forensic exams onsite or at another facility (hospital) that are performed by a SAFE/SANE. They also provide family advocacy</p>

services to children and families. They also offer psychological evaluations and group, individual therapy.

At the time of the PREA auditor site visit, the SMYC Pre-audit questionnaire and interviews confirmed that the facility does not inform residents, prior to giving them access to outside support services, the extent 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.

During corrective action, resident education was changed to ensure residents understand that any report of abuse will be forwarded to authorities in accordance with mandatory reporting laws. In addition, the residents rights SOP was changed to include, "In addition, SMYC will ensure youth are trained on (during the youth SMYC intake process) and have reasonable and confidential access to their parents/guardians, clergy, caseworker, assigned attorney, other legal representation, or designated grievance telephone line (PREA hotline). Reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws."

Interviews conducted after the corrective action period confirm that most staff understood residents are trained on confidential access to attorneys, PREA hotline, and advocates. Residents were clear in interviews that they understand any allegation of sexual abuse will be reported by staff and outside reporters.

In other confidential access, residents at SMYC have confidential access to their attorneys and all residents interviewed confirmed they can contact their attorney, if they have one, or their attorney can contact them confidentially. In interviews residents stated they are afforded the opportunity to contact their lawyers as needed. 100% of residents stated they are or would be provided privacy when talking with their lawyer or with victim advocates. Staff confirmed residents can contact or accept calls from their legal representative.

SMYC Residents have access to parents/guardians by mail, phone, and visits. Contact is two phone calls a week and a weekly visit. Interviews confirmed access to phone calls and visits to parents/guardians on a frequent basis.

Policy that confirms practice: DJJS Directive P024, page 14, "PREA Compliance Manager will: Ensure that crisis advocacy through The Rape Crisis Center is provided, as necessary and/or requested."

During corrective action the DJJS Residents Rights SOP page 1, was changed from, "Youth may make and receive telephone calls from their parents/guardians, clergy, biological children, assigned attorney and other persons, as authorized by their primary caseworker. Caseworkers must be present when calls are given or received unless other arrangements have been made with dorm staff. Phone calls will be monitored by staff to ensure SMYC safety and prevent rule violations from occurring"

to

"In addition, SMYC will ensure youth are trained on (during the youth SMYC intake process) and have reasonable and confidential access to their parents/guardians, clergy, caseworker, assigned attorney, other legal representation, or designated grievance telephone line (PREA hotline). Reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Documentation reviewed: Directive P024; Residents Rights SOP; Interviews, facility tour, MOU with Rape Crisis Center; MOU with SNCAC, updated residents' rights, post corrective action period interviews, updated staff and resident training/education,

Auditing included interviewing staff, volunteers, contractors, and residents; touring SMYC and asking questions, observing daily operations, and comparing policy, training, interviews and observations to practice and culture.

Standard Certification of Compliance: This auditor certifies compliance with standard 115.353 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency DJJS as well as the SMYC facility site visit, auditor pre and post review, and post corrective action site visit, interviews, and paperwork review.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.354: Third Party Reporting – Compliant</p> <p>Responsibility: The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p>Requirements: The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.</p> <p>Assessment: DJJS public website, https://www.clarkcountynv.gov/jjs/Pages/PREA.aspx. includes the phone number of the agency PREA Coordinator, and The Department of Family Services that third parties can call with reports of sexual abuse and sexual harassment. It also contains the Agency Annual PREA report, and PREA training course link. Interviews with random and specialty staff, as well as residents confirmed that third party reports can be called in to DFS, DJJS, and/or law enforcement, and staff also take third party reports and document them in incident reports.</p> <p>Reviewed: DJJS website; P024, DJJS SWOP Resident Rights; interviews,</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.354 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency DJJS, as well as the SMYC facility site visit, and auditor pre and post review.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.361: Staff and Agency Reporting Duties – Substantially Compliant</p> <p>Requirements: All staff must report immediately any knowledge, suspicion, or information they receive regarding sexual abuse, sexual harassment that occurred in a facility; b) The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.; c) Staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy; d)Medical and mental health practitioners are required to report sexual abuse to supervisors, and designated state or local services agency where required by mandatory reporting. They are required to inform residents at the initiation of services of their duty to report and limits of confidentiality; e)upon receiving any allegation of sexual abuse, the facility head shall promptly report to the appropriate agency, victims parents or legal guardian, caseworker, attorney or other legal representatives of record within 14 days of the report; f) The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the facility’s designated investigators;</p> <p>Assessment: SMYC staff consist mostly of trained and certified Peace Officers (JPO). They spend 8 weeks at the police academy, then receive DJJS employee classroom and online training with PREA yearly refreshers. Staff report, immediately, knowledge, suspicion, or information received regarding sexual abuse and sexual harassment, in an incident report. In addition, SMYC staff monitor and report any retaliation against anyone reporting sexual abuse or sexual harassment.</p> <p>A3: DJJS policy needs to include the requirement for staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation. The agency policy was changed during corrective action and staff training included this. Post corrective action interviews confirmed staff understanding, practice, and ingrained into the reporting culture. This was already a part of this very professional culture; however, the agency did not have policy requiring this action in all of its facilities.</p> <p>SMYC staff act as mandatory reporters on and off work. They are well versed in knowledge of Nevada’s mandatory child abuse reporting laws and take the reporting requirements very seriously, as they could lose their certification as Peace Officers if they do not. Practice is reinforced by DJJS Directive A052 Mandated Reporting Requirements, “To ensure employees of the Department of Juvenile Justice Services (DJJS) follow the mandated reporting laws of child abuse or neglect as required pursuant to NRS 432B. All employees are required to follow the procedures set forth by DJJS Directives, NRS 432 and NRS 62. All reports of child abuse or neglect will be confidential.”</p> <p>SMYC staff monitor for retaliation and report any incident of retaliation immediately. 100% of SMYC Staff report they have received training, have knowledge, and put into practice policy and agency procedures that cover the necessity to observe and report any retaliation.</p>

Another area SMYC staff take seriously is confidentiality. SMYC staff report any relevant information, regarding a sexual abuse or sexual harassment report, only to those who “need to know.” This would be for treatment, investigation and decisions that involve needing knowledge of this report. DJJS Directive P024, page 11, reinforces practice, “Information regarding sexual abuse or sexual misconduct incidents is to be considered confidential and only individuals with direct involvement in or oversight responsibilities to the incident are privileged to the information.”

Mental health and medical (nurse) staff report any allegation of sexual abuse or sexual harassment as mandatory reporters and under their licensing requirements. They also report to law enforcement as required by their license, and inform residents of their duty to report, as a limitation of confidentiality, when they first meet with them, and upon receiving a report. Interviews with medical and mental health staff confirmed, without exception, their training, knowledge, and understanding of their obligation to report sexual abuse under mandatory reporting, and automatically inform residents of their duty to report and the limits of confidentiality when it comes to reports of abuse.

In addition, interviews with PREA staff and questions to SMYC manager/superintendent confirmed training and requirements to report as mandatory reporters, as well as the reporting requirements to parents, guardians, or other required reporting parties. The SMYC PREA Compliance Manager and Facility Manager confirmed that all required notifications are made upon receiving an allegation of sexual abuse.

F: The PREA standard requirement is: “The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigator,” However, DJJS policy states, “The information must be documented and forwarded to a Supervisor or other administrator. The Department will forward serious allegations of sexual harassment to the Professional Standards Unit (PSU) for investigation.”

The interim report stated that SMYC must report ALL allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the Professional Standards Unit (PSU) who are the facilities investigators. A designation of “serious” cannot be used to qualify allegations forwarded to the Professional Standards Unit Investigators. Neither sexual abuse or sexual harassment allegations can be investigated at the facility level, or a determination made about the seriousness of the allegation before forwarding to investigators.

During corrective action, A PREA Standard Operating Procedure (SOP) was instituted that states, “SMYC will follow the DJJS Personnel Directive P024: Prison Rape Elimination Act of 2003. “Staff, contractors, interns and volunteers are required to report any knowledge or suspicion that a resident has been the victim of sexual harassment/abuse to the Professional Standards Unit (PSU), local law enforcement, and a supervisor or other administrator. Initial observations and preliminary information of the scene and events must be documented and forwarded to the Professional Standards Unit (PSU), local law enforcement, and a Supervisor or other administrator. DJJS employees will not conduct interviews, a preliminary investigation, or have a judgement of probability as part of an investigation before referring them to the Professional Standards Unit (PSU) and local law enforcement.”

Interviews, post corrective action period, confirmed that staff received training, understand, and practice this new SOP. It is ingrained into agency practice and culture of reporting and investigating. New actions included change in DJJS Personnel directive PO24; training of staff; statements of understanding/tests; and, confirmation by post-audit site visit and interviews. Staff expressed satisfaction with the new policy and practice of not conducting any part of the investigation, referring the allegation to PSU and Law Enforcement for investigation, and only being responsible for conducting their first responder duties.

Documentation: DJJS Directive P024; DJJS Directive A052 Mandatory Reporting; staff training; interviews; tour and observations, file documentation; post corrective action interviews and site visit; training records; SOP created 9/10/2019; Investigation report, investigation, training competition form; Employee Work rules; revised Nevada statute 62G.223 and 225;

Auditing included interviewing staff, volunteers, contractors, and residents; touring SMYC and asking questions, observing daily operations, and comparing policy, training, interviews, observations to practice and culture, and, post corrective action interviews and file reviews.

Standard Certification of Compliance: This auditor certifies compliance with standard 115.361 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency DJJS as well as the SMYC facility site visit, auditor pre and post review, and post corrective action site visit, interviews, and paperwork review.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.362: Agency Protection Duties – Compliant</p> <p>Requirements: When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>SMYC takes immediate action to protect a resident that is at substantial risk of sexual abuse. Immediate assessment of actions needed to ensure the residents safety are completed and carried out. Options include, but are not limited to, housing changing, monitoring, investigation, and mental health services. Policy reinforcing this practice is, DJJS PO24 page 11: “If it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action is required to protect that resident. A Supervisor or other administrator must be notified, and the appropriate housing changes must be made to ensure the safety of the targeted youth.”</p> <p>The pre-audit questionnaire reported that zero times in the last 12 months has SMYC determined that a resident was at substantial risk of imminent sexual abuse, as reported by the facility.</p> <p>Policy that reinforces practice: DJJS PO24 page 11: “If it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action is required to protect that resident. A Supervisor or other administrator must be notified, and the appropriate housing changes must be made to ensure the safety of the targeted youth.”</p> <p>Documentation: DJJS P024, interviews, files, facility tour,</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.362 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency DJJS as well as the SMYC facility site visit, auditor pre and post review, and post corrective action site visit, interviews, and paperwork review.</p>

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.363: Reporting to Other Confinement Facilities – Compliant</p> <p>Requirements: Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency; (b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation; (c) The agency shall document that it has provided such notification; and (d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>Assessment: DJJS Directive P024, page 9, complies with this standard requirement that the head of the facility, after receiving a report that a resident was sexually abused at another facility, reports to the head of that facility of where the sexual abuse is alleged to have occurred. This directive requires notification within 24 hours instead of 72 hours (exceeds).</p> <p>DJJS Directive PO24, page 10/11, “Upon receipt of an outside party report, staff is required to complete an Incident Report and forward the information for investigation in accordance with the steps outlined in the Staff Reporting and Response to Sexual Abuse and Sexual Misconduct section of this Policy. Outside parties may also make reports to the DFS Hotline at 702-399-0081.”</p> <p>Interviews confirmed that upon receipt of an allegation of sexual abuse that occurred in another facility, there would be an immediate report to that facility and documentation would be done, and a report to local authorities—where the abuse allegedly took place would be done also. This is done immediately and never outside of 24 hours</p> <p>There have been zero allegations of sexual abuse received that alleged to have occurred in other facilities.</p> <p>Documentation: DJJS P024 and interviews.</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.363 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency DJJS as well as the SMYC facility site visit, and auditor pre and post review.</p>

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.364: Staff First Responder Duties – Compliant</p> <p>Requirements: (a) Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: [(1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating]; and (b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p>Assessment: DJJS Directive P024, page 14, details the steps first responders are required to take when a youth alleges sexual abuse. These include, “ First Responders will: Secure the scene and preserve evidence, including blocking off the area the alleged incident occurred, collecting evidence and requesting the alleged victim and alleged perpetrator do nothing to damage potential evidence (i.e. change clothes, brush teeth, take a shower, eat or drink, use the restroom). NOTE: Each unit will have tape to block off an area and gloves and bags to secure evidence, as necessary. Separate the alleged victim and the alleged perpetrator so that they do not have any contact. Notify medical and/or mental health staff. Notify the Rape Crisis Center at 702-3661640, as necessary and/or requested. Notify the on-duty Supervisor or the Assistant Manager or Manager.”</p> <p>All staff interviewed were able to identify the steps to take when being a first responder, also knew to follow the format provided in the Coordinated Response form to document all steps taken and to ensure everything was covered that is required.</p> <p>All staff are trained on this procedure upon hire and again during annual refresher training. Staff referred to the GHS Coordinated Response plan, PREA policy, and staff training and refreshers.</p> <p>The SMYC Coordinated Response Plan: this plan documents each step that the first responder takes after an allegation of sexual abuse is received: notifications, separation, crime scene preserved, preserve evidence, assessment of medical, notifications, advocate, crisis intervention counseling, incident report, retaliation, the information provided to the victim, investigation information and tracking.</p> <p>There have been zero sexual abuse allegations at SMYC since the last audit.</p>

Reviewed: DJJS policy, files, interviews, Pre-Audit Questionnaire

Standard Certification of Compliance: This auditor certifies compliance with standard 115.364 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency DJJS as well as the SMYC facility site visit, and auditor pre and post review.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.365: Coordinated Response – Compliant</p> <p>Requirements: The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>DJJS/SMYC Sexual Abuse Coordinated Response Plan is detailed and complies with this standard requirement. It is an institutional plan that coordinates actions in response to an incident of sexual abuse. It includes the first responders’ duties, plan of action, monitoring for retaliation, notifications to victim, and investigation tracking, but also tracks time and date of each action taken.</p> <p>Interviews with random staff and PREA staff confirm there is a coordinated response plan and that it is detailed and covers all the requirements of this standard.</p> <p>Staff are trained on the coordinated response plan and the plan includes documentation tracking within the plan. Interviews with random staff and PREA staff confirm there is a coordinated response plan and that it is detailed and covers all the requirements of this standard. Staff training is completed at new employee orientation and yearly refresher training.</p> <p>Policies reinforcing practice: DJJS PO24, page 14,15,16: Coordinated Plan covers First Responders, Management, PREA Compliance Manager, Manager, Investigators, Medical, Mental Health, CPS, Law Enforcement.</p> <p>Reviewed: Interviews, Coordinated Response Plan, DJJS P024 Directive, training records</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.365 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency DJJS as well as the SMYC facility site visit, and auditor pre and post review.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.366: Preservation of Ability to Protect Residents from Contact with Abusers – Substantially Compliant</p> <p>The PRE-audit questionnaire states that the agency and the union, SEIU and Juvenile Justice Probation Officers Association, and Juvenile Justice Supervisors Association, has entered or renewed a collective bargaining agreement or other agreement since August 20, 2012.</p> <p>During corrective action, SMYC uploaded Nevada Law NRS 62G that allows SMYC and the agency to place alleged abusers on leave. Page 3 states: “during the period in which an employee seeks to correct information pursuant to subsection 2 or 3, or resolve pending charges against the employee, the employee shall not have contact with a child or a relative or guardian or a child in the course of performing any duties as an employee of the department of juvenile justice services; also may be placed on leave without pay. Also, the union document was uploaded that states, “an employee may be placed on Administrative leave with pay pending an investigation into alleged misconduct.”</p> <p>Documents Reviewed: SEIU documents, Clark County agreement with Juvenile Probations Officers Association; Nevada revise statute 62G 223 and 225; PO24 PREA policy.</p> <p>Standard Certification of Compliance: This auditor certifies compliance with standard 115.366 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency DJJS as well as the SMYC facility site visit, and auditor pre and post reviews.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.367: Agency Protection Against Retaliation – Compliant</p> <p>Requirements: The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation</p> <p>Assessment: DJJS/SMYC has in place policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with investigations from retaliation by other residents or staff. In addition, SMYC tracks retaliation and ensures residents receive Notice of Investigation/findings, other required notifications, and ensures the practice of ongoing monitoring of retaliation for at least 90 days-starting with the initial response.</p> <p>SMYC’s PREA Compliance Manager is the designated staff to track retaliation. Interviews and documentation review confirm this would be done by reviewing facility actions, resident level, changes in actions by staff or resident, and having conversations with the staff and resident.</p> <p>SMYC ensures residents who report sexual abuse or sexual harassment by considering and acting as needed. These actions include, but are not limited to, unit or bed changes, support for the resident, and any other action necessary, on a case-by-case basis to protect the resident. Additional actions by SMYC include monitoring disciplinary reports, negative performance reviews or assignments, periodic status checks and extending monitoring beyond 90 days if needed. Interviews also confirm that action would be taken immediately to remedy any retaliation taking place at SMYC. Monitoring may be discontinued if the allegation is unfounded or may be continues to ensure no retaliation from the false report.</p> <p>SMYC pre-audit questionnaire states that there were zero incidents of retaliation documented in the last 12 months. In review of the incidents, tracking was completed and only ended if the resident left the facility or the allegation was unfounded.</p> <p>SMYC uses a tracking form that documents initial date, tracking retaliation for at least 90 days, if there has been any retaliation, and comments during the tracking. This form shows tracking completed, unless the resident left the facility.</p> <p>This practice is reinforced by DJJS Directive P024, page 12, “Retaliation against residents, employees, or other parties for reporting sexual abuse, sexual misconduct or sexual harassment will not be tolerated. Employees, contractors, interns or volunteers who retaliate against residents or other employees for reporting sexual abuse, sexual misconduct or sexual harassment may face disciplinary action, up to and including termination.”</p> <p>“The PREA Compliance Manager must monitor for retaliation for a minimum of 90 days after the sexual abuse, sexual misconduct or sexual harassment incident is reported and respond immediately to any reported retaliation from residents or staff. Changes in housing or work</p>

assignments may be utilized to separate parties and protect against retaliation.”

The above policies are in place to ensure multiple protection measures, including housing changes or transfers, removal of alleged staff or resident abusers from contact with victims, and emotional support services provided for residents and staff who fear retaliation from reporting sexual abuse or sexual harassment or cooperating with investigations. Practice is in place and is documented by staff and resident.

Standard Certification of Compliance: This auditor certifies compliance with standard 115.367 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency DJJS as well as the SMYC facility site visit, and auditor pre and post review.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.368: Post-Allegation Protective Custody Standard Requirements: Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of standard 115.342. SMYC does not use isolation.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.371: Criminal and Administrative Agency Investigations</p> <p>Compliance Assessment: Substantially compliant</p> <p>Purpose: To ensure that all allegations of sexual abuse and sexual harassment are investigated thoroughly and properly so that incidents are substantiated when they should be, both to deter these incidents and to increase reporting. Thorough and proper investigations (which require that investigations be conducted by qualified and trained investigators; that all evidence be gathered and preserved; and objectivity, which means the credibility of an alleged victim must be assessed on a case by case basis and opinions are never formed on the basis of the fact that the victim is an inmate or that the perpetrator is a staff person) enable an agency to substantiate actual incidents of sexual abuse and sexual harassment and increase the chances that consequences will follow when sexual abuse and sexual harassment are reported. This will encourage reporting and deter sexual abuse and sexual harassment. • To foster a reporting culture and deter sexual abuse and sexual harassment by ensuring that (1) investigations are documented and documentary evidence is preserved, (2) investigations are completed regardless of the status of the victim or perpetrator, and (3) all substantiated allegations that rise to the level of a criminal offense are referred for prosecution.</p> <p>Investigations:</p> <p>115.371, Section A: Policy: A policy is required, by standard 115.371, regarding criminal and administrative investigation.</p> <p>Clark County Juvenile Justice Services (JJS) does have a PREA Policy that covers PREA investigations. During corrective action, a SMYC facility Standard Operating Procedure (SOP) was created. The SOP mirrors the corrected JJS agency policy (PO24), and states:</p> <p>“SMYC will follow the DJJS Personnel Directive P024: Prison Rape Elimination Act of 2003. “Staff, contractors, interns and volunteers are required to report any knowledge or suspicion that a resident has been the victim of sexual harassment/abuse to the Professional Standards Unit (PSU), local law enforcement, and a supervisor or other administrator. Initial observations and preliminary information of the scene and events must be documented and forwarded to the Professional Standards Unit (PSU), local law enforcement, and a Supervisor or other administrator. DJJS employees will not conduct interviews, a preliminary investigation, or have a judgement of probability as part of an investigation before referring them to the Professional Standards Unit (PSU) and local law enforcement.”</p> <p>DJJS Investigative Policy A040 includes responsibilities for the Professional standards Unit, Law Enforcement, the Director, Supervisors: and Human Resources; Notices: Investigative procedure; employee right to representative at interviews; administrative interview procedures; Employee Responsibilities during an administrative interview; Criminal and Administrative</p>

investigations; PSU report formats and inclusions; time frame; Case disposition: Evidence; file maintenance and security; Confidentiality; Reporting formats; and, Retention of files.

Juvenile Probation Officers (JPO's) stationed at the SMYC facility are trained Peace Officers and in the previous agency JJS policy P024 were directed to investigate allegations of sexual harassment or sexual abuse.

DOJ Clarifications on this standard state: "The PREA sexual abuse and sexual harassment administrative investigator(s) must have a strong investigative background and relevant training in conducting sexual abuse investigations, and in addition, receive higher level training in conducting such investigations in confinement. Such investigators must be removed from the daily interaction or control over, residents or staff they may be called on to investigate."

Due to this clarification, during corrective action this requirement, in policy, SOP, and practice, was changed to direct JPO's to report all allegations of sexual abuse and sexual harassment to the Professional Standards Office (PSU), local law enforcement, and a supervisor or other administrator.

In addition, due to another DOJ clarification, "Agencies must not screen allegations or select only certain allegations to refer for investigation; all allegations must be investigated and not ruled out by any "preliminary investigation" type policies and practices," JJS removed the words "more serious incidents" when directing staff, contractors, volunteers, and interns to report sexual abuse and sexual harassment allegations. This allowed for reporting of all allegations of sexual abuse and sexual harassment without determination of seriousness or credibility, as required by this standard. Also added to policy was the obligation to investigate fully, even if the allegation is recanted.

Clark County JJS maintains a Memorandum of Understanding (MOU) with Las Vegas Metro Police Department for referral and investigation of criminal sexual abuse and sexual harassment allegations. In addition, after corrective action, the Professional Standards Unit (PSU) conducts all administrative sexual abuse and sexual harassment investigations.

Practice and Culture: SMYC staff are certified Peace Officers (JPO). The initial PREA audit assessment and site visit concluded that when an allegation of sexual abuse or sexual harassment was received, JPO's interviewed the alleged victim, alleged perpetrator and witnesses, and wrote an incident report. If the allegation was sexual harassment, SMYC JPO's completed the investigation to a finding and disciplined within the parameters of the institutional behavior management program. For sexual abuse allegations, SMYC JPO's forwarded the incident report to the Professional Standard Unit (PSU) and law enforcement for further investigation.

After corrective action, following the PO24 policy change, new SOP, and staff training, JPO's receive an allegation of sexual abuse or sexual harassment, gather only the necessary information, perform first responder duties, fill out an incident report, and refer the allegation to PSU, Las Vegas Metro Police Department, and a supervisor or administrator. In addition, staff do not try to figure out if the allegation is "serious" enough to refer for investigation but refer all allegations.

This auditor returned after the completion of corrective action and interviewed staff, residents and reviewed staff and resident documents. This review confirmed the changes listed above to policy, SOP, practice and culture were completed and are an integral part of the agency and facility culture.

115.371: Section B – Substantially Compliant

115.371 b: Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

During the assessment and interim period, SMYC and JJS were compliant with using investigators who had training in sexual abuse investigations involving juvenile victims, due to the staff consisting of certified peace officers; however, further DOJ standard clarification stated that, “such investigators must be removed from the daily interaction or control over, residents or staff they may be called on to investigate.” As listed above, policy, SOP, training, and practice were changed, during corrective action, to comply with this standard requirement.

The Las Vegas Metro Police Department conducts criminal investigations of sexual abuse and sexual harassment for SMYC, and the PSU unit conducts administrative PREA investigations regarding sexual abuse and sexual harassment allegations.

PSU consists of two PREA investigators, who are certified Peace Officers and who have extensive investigative backgrounds and training as investigators. They review the sexual abuse or sexual harassment incident report and refer to law enforcement if there are criminal elements or proceed with an administrative investigation. According to interviews with PSU investigators, The PSU unit and law enforcement have an agreement that PSU investigates internal reports of sexual abuse and serious incidents of sexual harassment, and LVMPD investigates criminal and third-party reports of sexual abuse. If during a PSU investigation, it is determined that there is possible criminal conduct, the allegation is referred to law enforcement.

PSU investigators have investigator training and experience required by the PREA standards, and in addition, have completed the specialized training required by standard 115.334 by completing the NIC sexual abuse investigations in confinement and advanced investigators training.

Reviewed: Policy P024 and revised P024; SMYC SOP; new investigator form; training for staff and investigators; interviews with staff and additional post corrective action interviews for staff and investigators; investigation; MOU with LE; PSU investigator resumes, training, and background.

115.371: Part C – Substantially Compliant

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

Both PSU and LVMPD investigators, depending on who is heading out the investigation, gather and preserve direct and circumstantial evidence, any electronic monitoring data, interview alleged victims, suspected perpetrators, and witnesses, as well as review prior complaints and reports of sexual abuse. Currently, JPO's at SMYC also gather evidence, interview alleged victims, suspected perpetrators, and witnesses.

Current DJJS Policies and procedures for this practice: DJJS Directive P024, 1111, page 13, "Investigations will include gathering and preserving direct and other physical evidence, obtaining statements from alleged perpetrators, victims and witnesses, and a review of all other pertinent documents, files or official records which may be useful in determining the truth to the matter under investigation or in assessing the credibility of statements made by involved parties."

DJJS Directive AO40 Investigations: page 2: "Investigators assigned to the PSU for the purpose of investigating alleged DJJS policy/procedure violations shall: a. Investigate assigned cases to the fullest extent possible; b. Identify management/systems issue(s) that will aid in process improvement; and c. Retain cases for investigation and maintain the appropriate documentation."

DHS: SMYC receives a report of a sexual abuse or sexual harassment allegation, documents it in an incident report and notifies DHS, if the alleged victim is under 18 and staff are involved.

Sexual Abuse and Sexual Harassment Criminal Investigations: LVMPD (law enforcement) conducts the criminal investigations for SMYC. DJJS and LVMPD have a written Memorandum of Understanding (MOU) outlining LVMPD steps to conducting investigations. The provisions listed in this agreement include DJJS reporting any knowledge or suspicion that a resident has been the victim of sexual abuse or sexual misconduct; performing first responder duties, conducting administrative investigations for allegations of sexual abuse, preserving direct and other physical evidence, obtaining statements from alleged perpetrators, victims, and witnesses, and review of all pertinent documents, files, or official records; ensuring forensic medical exams are conducted by a SAFE/SANE (coordinated by LVMPD and DJJS); provide medical and mental health evaluation and treatment; provide notifications required to the victim; documenting all notifications.

Provisions for LVMPD include: Conducting sexual abuse investigations and enforcing sexual abuse laws within the jurisdiction of the LVMPD; adhere to the requirement for criminal investigations and the uniform investigating policy used by law enforcement shall be developmentally appropriate for youth; work closely with a multidisciplinary and child friendly approach in investigating sexual abuse/sexual misconduct; perform forensic interview with victim of the alleged sexual abuse; interview witnesses and other significant persons, interview the perpetrator; gather all the physical evidence, including body fluids, clothing bedding, etc.; have SAFE/SANE perform a forensic exam; complete investigation and close it or present it to the Clark County District Attorney's office for prosecution.

After corrective action that included above documented policy change, SOP creation, staff training, and process change, all allegations are not referred to Law enforcement or PSU for investigation. Both agencies comply with investigation requirements of this standard through

policy/procedure or MOU.

Post corrective action interviews and file reviews confirm the changes were made to paperwork, practice and are ingrained in the reporting and investigative culture of the agency and facility.

115.371: Section D – Compliant

115.371 (d), “The agency shall not terminate an investigation solely because the source of the allegation recants the allegation. DJJS policy does not include the PREA requirement to investigate fully, even if the allegation is recanted, or if the resident or staff leave the facility.”

During corrective action, DJJS PREA policy was changed to match investigative practice and culture of not terminating an investigation solely because the source of the allegation recants an allegation. Interviews with investigators confirmed the practice of investigating to competition any allegation of sexual abuse or sexual harassment. The policy change was just a formality to match paperwork to current practice.

115.371: Section E – Compliant

115.371 (e), “When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.”

PSU forwards sexual abuse and sexual harassment investigations to Las Vegas Metro Police Department to receive a determination if they are going to investigate the allegation or if PSU can conduct an administrative investigation. This allows for the coordination between the agencies for any interviews to ensure no obstacles for the criminal prosecution. If PSU finds additional evidence that is criminal, they refer it immediately back to Law Enforcement. Law Enforcement works with prosecutors to ensure interviews are not an obstacle for subsequent criminal prosecution.

Staff training included all investigative standards and requirements and policy change to ensure staff do not conduct any part of the investigations. Post corrective action interviews with staff and review of files confirm paperwork/policy, practice, and actions are ingrained in the reporting and investigation culture of the facility and agency.

115.371: Section F and G –Compliant

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

115.371 (g) “Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning

behind credibility assessments, and investigative facts and findings.”

Residents of SMYC are not required to complete a polygraph as a condition for proceeding with an investigation. Reports did not include documentation of whether staff actions or failures to act contributed to the abuse. This is required to 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. Investigation reports received were incomplete as to the requirements of an investigative report and did not include credibility assessments of all required participants.

During corrective action: It is required to document in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The DJJS Policy directive had correct language and the investigative form was changed to include the credibility assessment, and staff responsibility and actions section. Post corrective action interviews confirm this will be part of all investigations for the future.

The DJJS directive for this standard: P024, page 16: “Complete administrative investigative report, summarizing incident; documenting physical and testimonial evidence; completing credibility assessments; determining if staff actions or failures to act contributed to incident; and documentation of facts and findings based on a preponderance of the evidence.”

115.371: Section H – Compliant

115.371 (h), “Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.”

115.371 (i), “Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.”

There were no criminal investigations to review for SMYC. DJJS and LVMPD have a MOU in place that delineates responsibilities for each agency. Criminal investigations will be documented in a written report containing a thorough description of physical, testimonial and documentary evidence and include copies of all documentary evidence where feasible. Allegations that appear to be criminal are referred for prosecution. The MOU states, “LMVPD completes an investigation, closes it or presents it to the Clark County District Attorney’s office for prosecution.”

115.371: Section J – Compliant

115.371 (j), The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention

Practice and policy are consistent. P024, 1111, page 14, “Files related to PREA investigations shall be maintained separate from other investigations of alleged misconduct. Investigative

files are digitally retained indefinitely.”

115.371: Section K – Compliant

115.371 (k), “The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.”

Practice and policy are consistent that DJJS/SMYC does not terminate an investigation due to the departure of the alleged abuser or victim from the employment or control of the facility or agency. P024, 1111, page 14: “All allegations of sexual abuse, sexual misconduct, and sexual harassment shall be investigated, even when the alleged perpetrator or alleged victim has left DJJS custody or is no longer employed by the Department. “

115.371: Section M – Compliant

115.371 (m), “When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.”

M: This standard requires cooperation between DJJS/SMYC and LVMPD. DJJs and SMYC cooperate with LVMPD and endeavors to remain informed about the progress of the investigation.

DJJS/SMYC developed PREA training that included all aspects of referral, investigation, finding, and sanctions, for staff. It was completed by all staff and post corrective action interviews and file reviews confirmed understanding and compliance with this investigative standard.

Training included new investigative policies and practice, first responders’ duties-refer to mental health, monitor retaliation and report the allegation received to PSU and law enforcement/DHS-per policy, and no more; the necessity to keep all details confidential-so the investigation is not tainted by information that gets out into the facility; and ensuring that practice matches policy and training, and becomes ingrained into SMYC culture.

Reviewed: Investigations, interviews, DJJS P024, DJJS A040 Investigative policy, incident reports, MOU, resume, training records, incident reports for the last year, grievances for the last year; SMYC SOP; PREA Investigation Report Template; Investigator resume; training history of investigator, Curriculum Vitae of investigator; PREA Directive and Investigations Directive signoff of training; NIC training certificates; post corrective action interviews, investigations conducted during corrective action; new investigative form and change to investigation policy

Standard Certification of Compliance: This auditor certifies compliance with standard 115.371 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent agency DJJS as well as the SMYC facility site visit, and auditor pre and post review, and post corrective action review, interviews, and site visit

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.372: Evidentiary Standard for Administrative Investigations – Compliant</p> <p>Requirements: The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Assessment: SMYC uses the preponderance of evidence as a standard for substantiating PREA administrative Investigations.</p> <p>Policy that reinforces practice: DJJS Directive P024, 1117, page 13, “Administrative investigations shall be conducted in an unbiased, objective manner, bearing in mind the rights of all parties concerned. Substantiation of administrative investigations will be based upon the standard of the preponderance of the evidence.”</p> <p>Review of investigations, interviews, policy, pre-audit questionnaire, site visit, documentation, and observations confirm that the preponderance of the evidence is the standard used for investigations at SMYC.</p> <p>Reviewed: Investigations, interviews with staff and residents, DJJS Directive P024 PREA-Audit questionnaire, Investigator interviews</p> <p>Certification of Compliance: This auditor certifies compliance with standard 115.372 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent DJJS, as well as the SMYC facility site visit, and auditor pre and post review.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.373: Reporting to Residents – Compliant</p> <p>Requirements: (a) Following an investigation into a resident’s allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded; (b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident; (c) Following a resident’s allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever [(1) The staff member is no longer posted within the resident’s unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility]; (d) Following a resident’s allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: [(1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility]; (e) All such notifications or attempted notifications shall be documented; and (f) An agency’s obligation to report under this standard shall terminate if the resident is released from the agency’s custody.</p> <p>Assessment: DJJS/SMYC has a PREA Policy requiring notification whether the allegation has been determined to be substantiated, unsubstantiated or unfounded, following an investigation.</p> <p>DJJS Directive PO24, 1111, page 17: “Following an investigation into a resident’s allegation of sexual abuse/sexual misconduct while placed in a DJJS facility, the Department will notify the resident if the allegation was determined to be substantiated, unsubstantiated, or unfounded... In the event the perpetrator was a DJJS staff member, contractor, intern or volunteer, the resident will also be advised if the perpetrator is no longer employed or contracted by DJJS or has been indicted on or convicted of the reported sexual abuse/sexual misconduct. If the sexual abuse was committed by another resident, DJJS will notify the resident if the perpetrator has been charged with or adjudicated/convicted for the reported sexual abuse... All notifications to residents must be documented. The duty to notify terminates when the victim resident is released from DJJS custody.”</p> <p>The Spring Mountain Youth Camp PREA Compliance Manager (PCM) is responsible for all youth notifications after an investigation. The PCM uses the DJJS Notification of Investigation form to document notifications to residents that include: the finding of the investigation; if the staff member is no longer posted within the resident's unit; if the staff member is no longer employed at the facility; if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or if the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. If the allegation is</p>

resident on resident sexual abuse, notification if: 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 Coordinated Response Plan states that the PCM will notify the youth of investigative findings. The form is signed by the staff and the resident to document the notification was given by the staff and received by the resident.

DJJS investigators ask for the investigative report and relevant information from Law Enforcement, when they have conducted a criminal investigation. This report and information is kept with the DJJS investigative file and the findings and outcome is used to notify the victim of the outcome of the investigation, as well as if the staff member is no longer posted within the resident's unit; if the staff member is no longer employed at the facility; if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or if the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility, and, 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.

There have been zero allegations of sexual abuse at Spring Mountain Youth Camp since the last audit.

Reviewed: PREA Youth Notification form, DJJS Directive P024, Pre-audit Questionnaire, interviews.

Certification of Compliance: This auditor certifies compliance with standard 115.373 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent DJJS, as well as the SMYC facility site visit, and auditor pre and post review.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.376: Disciplinary Sanctions for Staff – Compliant</p> <p>Requirements: (a) Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies; (b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse; (c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories; (d) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Reviewed: PREA Policy 5.90 section 7, 8, 9; resignation email, interviews, site observation, additional observations, questions, and documentation.</p> <p>Assessment: Interview and reviews confirm that SMYC/DJJS takes sexual abuse and sexual harassment very seriously and follows the DJJS policy of disciplinary standards, for violation of the agency sexual abuse and sexual harassment policies, up to and including termination. SMYC terminates any employee that engages in sexual abuse. DJJS/SMYC, for violations of agency policies relating to sexual abuse and sexual harassment (other than sexual abuse) the agency is commensurate with the nature and circumstances of the acts committed, the staff’s discipline history, and sanctions imposed for similar histories.</p> <p>SMYC employees who are terminated for violations of agency sexual abuse policies or if staff resigns, who would have been terminated if not for their resignation, are reported to law enforcement agencies and to any relevant licensing bodies. SMYC staff are primarily Peace Officers (JPO) and know they would lose their certification if violating agency policies regarding sexual abuse and represent a very professional manner and atmosphere.</p> <p>There have been zero allegations of staff sexual abuse towards SMYC residents since the last audit and before.</p> <p>DJJS Directive P024, 1117, page 1: “Any sexual behavior or act between staff, interns, volunteers or contractors and residents, regardless of perceived consent, is strictly prohibited and subject to administrative disciplinary sanctions, up to and including termination, and/or referral for criminal prosecution.”</p> <p>Reviewed: DJJS PO24; interviews; Pre-audit Questionnaire.</p> <p>Certification of Compliance: This auditor certifies compliance with standard 115.376 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent DJJS, as well as the SMYC facility site visit, and auditor pre and post review.</p>



115.377	Corrective action for contractors and volunteers
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1302 360">Standard 115.377: Corrective Action for Contractors and Volunteers – Compliant</p> <p data-bbox="252 416 1474 663">Requirements: (a) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies; and b) The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="252 712 1469 831">Assessment: All contractors and volunteers are subject to agency policies and protocols related to sexual abuse and harassment. There have been no volunteers or contractors since the last audit and before who have violated these policies.</p> <p data-bbox="252 887 1458 1088">Interviews clearly confirmed sanctions for contractors and volunteers who engaged in sexual abuse would be immediate removal from access to residents and facility, and referred for prosecution; and, any allegation of sexual harassment would result in the same removal, pending investigation, and then a decision would be made about permanent removal, additional training, or remedial action.</p> <p data-bbox="252 1144 1474 1429">DJJS policy complies with the requirements of this standard: P024, page 1: “Employees, contractors, interns and volunteers found to have committed sexual abuse or sexual misconduct on a resident will be terminated and notification will be provided to any applicable licensing boards. “ P024, page 13: “The DJJS employee, contractor, intern or volunteer alleged to have committed sexual harassment may be placed on administrative leave, prohibited from contact with residents and/or reassigned pending the results of the investigation.”</p> <p data-bbox="252 1485 1481 1686">The Pre-Audit Questionnaire report, and interviews confirm, zero contractors were reported to licensing boards and zero allegations of sexual abuse regarding contractors or volunteers were received since the last audit. After review of policy, practice, interviews with management and contractors, site visit, and the pre-audit questionnaire, SMYC is determined compliant with this standard, 115.377.</p> <p data-bbox="252 1742 1474 1816">Reviewed: Policy 1.60, section 15, 14; interviews with management and contractors; pre-audit questionnaire; interview with PREA staff, and site observation.</p> <p data-bbox="252 1872 1453 2029">Certification of Compliance: This auditor certifies compliance with standard 115.377 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent DJJS, as well as the SMYC facility site visit, and auditor pre and post review.</p>

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.378: Interventions and Disciplinary Sanctions for Residents – Compliant</p> <p>Requirements: (a) A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse; (b) Any disciplinary sanctions shall be 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; (c) The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed; (d) If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education; (e) The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact; (f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation; (g) An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p> <p>Assessment: SMYC ensures an administrative or criminal investigation is conducted on all sexual abuse or sexual harassment allegations. Only after a substantiated finding, can disciplinary sanctions be pursued. SMYC does not use isolation as a form of discipline; however, a resident may face additional charges, or be transferred to a higher-level confinement facility if the allegations are founded. Any disciplinary process at SMYC considers the residents mental disabilities or mental illness when determining the sanction or treatment options.</p> <p>In the case of sexual contact between staff and resident, SMYC does not discipline residents, unless the staff does not consent to such contact. Due to the imbalance of power, the staff person is always assumed to be the perpetrator in any sexual contact that does not involve force by the resident. DJJS Policy reinforcing this practice: DJJS P024 page 1, "Any sexual behavior or act between staff, interns, volunteers or contractors and residents, regardless of perceived consent, is strictly prohibited and subject to administrative disciplinary sanctions, up to and including termination, and/or referral for criminal prosecution."</p> <p>Isolation is not used at SMYC. SMYC is an open dorm facility, with line of sight to every bed. There are no areas for isolation, and it is not used as any option. Zero residents have been or can be placed in isolation due to a disciplinary sanction for resident-on-resident sexual abuse.</p>

Alleged abuser may be transported to Clark County Detention for separation from alleged victim.

SMYC offers medical and mental health services to residents who are victims of sexual abuse, as well as residents who perpetrate abuse. The offer of services and resident response is documented by the PREA Compliance Manager and in supplemental medical and mental health records. If the resident does not accept services, it does not affect his ability to participate in behavior-based incentives.

SMYC prohibits sexual activity between residents. SMYC prohibits residents from inappropriate behaviors such as sexual acting out. This is reinforced in the Spring Mountain Youth Handbook, page 17, however, resident sexual activity is only deemed sexual abuse if an investigation is conducted and the abuse is determined to have been coerced. Policy that reinforces practice, DJJS Directive P024, page 1, "All incidents of sexual activity between residents will be investigated and will be deemed sexually abusive only if the investigation determines the sexual activity was coerced."

SMYC does not take disciplinary actions if a PREA report is made in good faith. Youth education reinforces this and 88% of the residents interviewed were able to reiterate this. The Policy that reinforces this practice: DJJS P024, page 12: "For the purpose of disciplinary action, a report of sexual abuse/sexual misconduct made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation."

Policies that reinforce practice: DJJS P024 page 17: "The Department will ensure any victim of sexual abuse in any DJJS facility receives medical and mental health evaluation and treatment, as appropriate. Treatment shall include follow-up services, treatment plans, and referrals for continued care as necessary following their release or transfer to another facility. "

Page 17 "Following an investigation substantiating an incident of resident-on-resident sexual abuse, the identified perpetrator will be assessed by Clinical Services or another mental health treatment provider within 60 days of learning of the abuse history. The identified perpetrator will be referred for treatment when deemed necessary and appropriate by mental health professionals, taking any court proceedings or other legal limitations into consideration."

DJJS P024, page 12: "For the purpose of disciplinary action, a report of sexual abuse/sexual misconduct made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation."

Reviewed: DJJS Directive P024—page 3, 17, 12; Youth Handbook, interviews, PRE-Audit Questionnaire, file documentation, observations.

Certification of Compliance: This auditor certifies compliance with standard 115.378 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent DJJS, as well as the SMYC facility site visit, and auditor pre and post review.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.381: Medical and Mental Health Screenings: A History of Sexual Abuse – Substantially Compliant</p> <p>Requirements: (a) If the screening pursuant to 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening; (b) 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, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening; (c) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law; and(d) Medical and mental health practitioners shall 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.</p> <p>Assessment: SMYC conducts intake and screening, for new residents, at Clark County Detention and completes the intake at SMYC. Included in the screening and intake are questions about prior sexual victimization and perpetration. If a resident discloses that he has been the victim of sexual abuse, or that he has previously perpetrated sexual abuse, he is immediately referred to a mental health professional for a follow-up meeting. This meeting occurs within 14 days, but in most cases sooner. Residents are offered these services and have the option to refuse. The offer and refusal are documented in intake paperwork. The Pre-audit questionnaire and review of documentation confirms that zero residents disclosed prior sexual victimization in the last 12 months.</p> <p>Intake Risk screening staff interviewed confirmed that residents who may report experiencing prior sexual abuse and residents who report perpetrating sexual abuse, are referred for mental health and/or medical services; however, the risk screening tool used is currently under corrective action and is not compliant for assessing prior sexual victimization or perpetration. It was determined to be out of compliance with the PREA requirement for an objective risk screening tool.</p> <p>All information that is collected, about previous sexual abuse or perpetration, is limited to staff who do treatment planning, placement, or programming. Policy that reinforces this practice: DJJS Directive P024, page 17, “All residents who report prior sexual victimization or perpetration on the PREA Intake Screening Tool shall be offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake.” Medical and mental health staff keep secondary records of any follow-up meetings offered and held within the 14 days.</p> <p>SMYC Medical and mental health staff, at the first meeting inform residents wo are under 18</p>

of their obligation to report any sexual victimization reported to them due to mandatory reporting laws. For residents over 18, before reporting prior sexual victimization, informed consent is obtained from the resident. Policy reinforcing practice: DJJS Directive P024, page 16: “Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting if the victim is over the age of 18.”

Auditor note: At the time of the site visit, the screening tool included in this standard does not meet this standard for assessing previous sexual abuse or sexual perpetration. Mental health and medical assessments and evaluations are completed at intake, at Clark County Detention and include sexual abuse questions. The Risk Screening Tool is completed after the resident is transferred to SMYC; however, does include the documentation of referral to mental health and medical. Processes are in place for compliance with this standard; however, because the risk screening tool is not compliant, this standard is not compliant until a new objective, PREA compliant risk screening tool is approved and utilized to screen all residents at SMYC—including making referrals to medical and mental health.

During corrective action a new risk screening tool was chosen. It is the same tool the State of Nevada uses. All residents were re-screened and there were several who reported prior sexual abuse. Those youth were referred to mental health and this was documented. All residents will be rescreened 90 days after entering the facility. Interviews with youth and staff, at the end of the corrective action period, confirmed being rescreened with the new screening tool. Resident file review confirmed the screening and referrals.

Reviewed: DJJS P024, page 16, 17; Documentation of services offered to resident—if refused also, PREA Screening Tool, intake materials, Pre-audit Questionnaire, and interviews, post corrective action resident interviews; post CA staff interviews; PREA SMYC SOP; re-screening for all youth presently at SMYC; new risk screening tool: Mental health referrals; post corrective action site resident file review.

Certification of Compliance: This auditor certifies compliance with standard based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent DJJS, as well as the SMYC facility site visit, and auditor pre and post review.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.382: Access to Emergency Medical and Mental Health Services
	Compliant
	Purpose: To ensure that a victim of sexual abuse in a facility is provided, at no cost, unimpeded, unconditional, and timely emergency medical treatment and crisis intervention

services following a sexual assault. The appropriate medical treatment is determined solely by medical and mental health professionals according to their professional judgment. Additionally, the victim must be provided timely information and access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate.

<https://www.prearesourcecenter.org/sites/default/files/library/115.82%20SIF.pdf>

SMYC Medical and Mental Health staff ensure residents receive timely and unimpeded access to emergency medical treatment and crisis intervention. They also reported that residents at SMYC get better than community care—because they have better and more immediate access to services. SMYC residents who are victims of sexual abuse are offered timely information about sexually transmitted diseases, without cost to them, by medical staff at Clark County Detention and SMYC Nurse. Medical and mental health is also coordinated by Las Vegas Police Department who works in a multidisciplinary team to ensure victims of sexual abuse receive all needed services.

Coordinated Response Plan: This plan lists duties for staff that ensures assessment of medical needs, offering an advocate, calling The Rape Crisis Center, Crisis Counseling, Forensic Medical Exam, ensuring SANE is available, making all required contacts, and monitoring retaliation.

Training: see standard 114.331 for all training topics. Training topics include first responder duties, mental health and medical staff responsibilities, forensic exam, DJJS policy, Coordinated Response, as well as many others. All staff take classroom and online PREA training, as well as yearly refresher training. Staff must complete a test to indicate understanding of the information. Medical and mental health staff also complete National Institution or Corrections specialty training to ensure they know and understand their specialized responsibilities to residents of SMYC when there is an allegation of sexual abuse or sexual harassment.

Policies reinforcing practice:

DJJS Directive P024, page 16: “All reported victims of sexual abuse will receive immediate access to emergency medical treatment and crisis intervention services as determined by medical and mental health practitioners, according to their professional judgment”

DJJS Directive P024, page 17: “The Department will ensure any victim of sexual abuse in any DJJS facility receives medical and mental health evaluation and treatment, as appropriate. Treatment shall include follow-up services, treatment plans, and referrals for continued care as necessary following their release or transfer to another facility. Any services provided by or through DJJS will be consistent with community levels of care. Resident victims of sexual abuse will be offered testing for sexually transmitted infections (STI) as medically appropriate.”

DJJS P024, Page 11: “Information regarding sexual abuse or sexual misconduct incidents is to be considered confidential and only individuals with direct involvement in or oversight responsibilities to the incident are privileged to the information.”

DJJS P024 page 15, Coordinated Response, “First Responders will: Secure the scene and preserve evidence, including blocking off the area the alleged incident occurred, collecting

evidence and requesting the alleged victim and alleged perpetrator do nothing to damage potential evidence (i.e. change clothes, brush teeth, take a shower, eat or drink, use the restroom). NOTE: Each unit will have tape to block off an area and gloves and bags to secure evidence, as necessary. Separate the alleged victim and the alleged perpetrator so that they do not have any contact. Notify medical and/or mental health staff. Notify The Rape Crisis Center at 702-3661640, as necessary and/or requested. Notify the on-duty Supervisor or the Assistant Manager or Manager.”

Reviewed: MOU’s, staff training, interviews, DJJS Directive P024, Pre-audit Questionnaire, facility tour, policy review.

Certification of Compliance: This auditor certifies compliance with standard 115.382 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent DJJS, as well as the SMYC facility site visit, and auditor pre and post review

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.383 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers – Compliant

Requirements: (a) The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility; (b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody; (c) The facility shall provide such victims with medical and mental health services consistent with the community level of care; (d) Resident victims of sexually abusive vaginal penetration, while incarcerated, shall be offered pregnancy tests; (e) If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services; (f) Resident victims of sexual abuse, while incarcerated, shall be offered tests for sexually transmitted infections as medically appropriate; (g) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident; and (h) The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Assessment: There have been zero allegations of sexual abuse since the last PREA audit; however, the process is in place at Spring Mountain Youth Camp (SMYC) to provide treatment and services, as needed and appropriate, for all residents who report or experience sexual abuse. At SMYC, this includes medical services by a nurse, clinical services by medical staff at Clark County Detention Clinic, through coordination with LVMPD-for forensic exams and multidisciplinary team to provide age appropriate services and follow-up services. For Mental Health, SMYC conducts assessments of residents using the MSVSI Assessment and determines counseling needs.

Policy reinforcing practice: DJJS, page 16: “Resident victims of sexual abuse shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate.”

Medical and mental health are also coordinated between DJJS, Las Vegas Metropolitan Police Department, The Rape Crisis Center, DJJS Clark County Detention, and the Southern Nevada Children’s Assessment Center, who works as a multidisciplinary team to ensure victims of sexual abuse receive all needed services through crisis counseling, evaluation, and ongoing services-to include after they leave the facility and in the community. Interviews confirm that services provided by these professionals are not only consistent with community care but exceed that care. Interviews confirmed that treatment was provided at no cost.

Policy reinforcing practice: DJJS Directive: P024, page 17: “All medical and mental health

treatment will be provided to the victim resident without financial cost to the resident or his/her parent/guardian and regardless of the victim's level of cooperation in the investigation."

DJJS/SMYC has a MOU with Las Vegas Metropolitan Police Department (LVMPD) with the following provisions for each agency:

Provisions for DJJS/SMYC includes ensuring forensic medical exams are conducted by a SAFE/SANE (coordinated by LVMPD and DJJS); provide medical and mental health evaluation and treatment; provide notifications required to the victim; documenting all notifications.

Provisions for LVMPD includes working closely with a multidisciplinary and child friendly approach in investigating sexual abuse/sexual misconduct.

In addition, SMYC maintains a Memorandum of Understanding (MOU) with The Rape Crisis Center, who provides, as requested by the victim, services to include but is not limited to response to and accompanying the victim to the forensic medical examination process, investigatory interviews, if appropriate and emotional support, crisis intervention, information and when applicable referrals.

SMYC also maintains a MOU with Southern Nevada Children's Assessment Center (SNCAC), who offers a variety of services ranging from crisis intervention and psychological evaluations, to group, family and individual therapy of child victims, siblings and non-offending caregivers.

SMYC also provides assessment for all known resident-on-resident sexual abusers. If reported or known at screening, the resident is assessed by Clinical Services at Clark County Detention, and services are incorporated into their treatment plan or resident is redirected to a facility that can provide needed treatment and services--taking any court proceedings or other legal limitations into consideration. If the incident occurs after placement at SMYC, an assessment is completed at Clark County Detention Clinical Services. After the assessment, treatment and placement are evaluated for the needs of the resident. SMYC does not provide sex offender treatment services.

Policy reinforcing practice: DJJS Directive P024, PAGE 17: "Following an investigation substantiating an incident of resident-on-resident sexual abuse, the identified perpetrator will be assessed by Clinical Services or another mental health treatment provider within 60 days of learning of the abuse history. The identified perpetrator will be referred for treatment when deemed necessary and appropriate by mental health professionals, taking any court proceedings or other legal limitations into consideration."

Reviewed: MOU with The Rape Crisis Center, MOU with LVMPD, MOU with SNCAC, interviews, site visit, PRE-Audit Questionnaire, DJJS Directive P024.

Determination: After a review of policy, onsite observations, interviews, and progress notes, SMYC is determined to be compliant with standard 115.383.

Certification of Compliance: This auditor certifies compliance with standard 115.383 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent DJJS, as well as the SMYC facility site visit, and auditor pre and post review.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.386 Sexual Abuse Incident Reviews</p> <p>Requirements: (a) The facility shall conduct a sexual abuse incident review at the end of every sexual abuse investigation, including where the allegation has not been substantiated unless the allegation has been determined to be unfounded; (b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation; (c) The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners; (d) The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was 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; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager]; (e) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.</p> <p>Assessment: SMYC conducts PREA administrative incident reviews at the end of every PREA investigation. This review is conducted as soon as the investigation is completed and no more than 30 days after completion of the investigation. The incident review team is comprised of the PREA Coordinator, PREA Compliance Manager and at least one PREA Committee member for the Department. It is the policy to ensure they seek input from other relevant staff and involved medical and mental health personnel.</p> <p>The Incident Review Team considers if the allegations indicated need change of policy or practice, if the allegation was motivated by race, ethnicity, gender identity, LGBTQI identification, status or perceived status, gang affiliation, or other facility group dynamics, if an area of the facility has physical barriers that are at issue, staffing levels, and monitoring technology issues or needs.</p> <p>At the end of the review, a report is completed by the PREA Compliance Manager/PREA Coordinator, and recommendations are forwarded to the Director. If DJJS or SMYC does not implement the recommendations, they will document the reasons why not.</p> <p>SMYC has not had any sexual abuse allegations since the last audit; however, interviews confirmed that the policy, knowledge, format for the review, and practice is in place and ready to use.</p>

Policy that reinforces practice: DJJS Directive P024, page 18: “The Incident Review Team, comprised of the PREA Coordinator, the PREA Compliance Manager (s), and at least one PREA Committee member for the Department will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including those allegations that were unsubstantiated. The team will conduct a review within 30 days of the conclusion of the investigation. They will seek input from first responder staff, investigators, and involved medical/mental health personnel,.” is compliant with the policy requirement of this standard. It contains all the required policy statements for actions required for this standard.

DJJS P024, page 19, “The Incident Review Team will prepare a report with its findings and any recommendations for improvement to the Director or his or her designee. The Department shall implement the recommendations for improvement or document its reasons for not implementing the recommended changes”.

Reviewed: DJJS P024, Incident Review Form, interviews.

Certification of Compliance: This auditor certifies compliance with standard 115.386 based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by parent DJJS, as well as the SMYC facility site visit, and auditor pre and post review.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.387: Data Collection – Substantially Compliant</p> <p>DJJS is required to collect data for every allegation of sexual abuse at SMYC. This data collected is sufficient to answer all questions on the Survey of Sexual Violence that they are required to aggregate the data annually and provide it to The Division of Child and Family Services (DCFS) PREA Coordinator. This information is incorporated into contracting agency, DCFS's, annual report and posted on their website.</p> <p>DJJS maintains all records of sexual abuse and uses them to assess and improve sexual abuse prevention, detection and response, as well as adjust policy, practice, and procedures. This information is reviewed annually, and an annual report submitted, as well as used to make any adjustments to the SMYC staffing plan.</p> <p>Policy reinforcing practice: DJJS Directive P024, page 18, "The agency will collect accurate uniform data for every allegation of sexual abuse at facilities under its direct control, using a standardized instrument and set of definitions. The collected data must be sufficient to answer all questions on the most current "Survey of Sexual Violence" conducted by the Department of Justice and said data shall be aggregated at least annually. The agency will also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of residents The agency will also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of residents."</p> <p>DJJS Directive P024, page 19, "All case records associated with claims of sexual abuse, including incident reports, investigative reports, youth information, case disposition, medical and counseling evaluation findings, and recommendation for post-release treatment and/or counseling will be retained in accordance with the PREA record retention schedule. Said data will be reviewed by the agency in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and procedures."</p> <p>During Corrective Action, DJJS/SMYC submitted SSV reports for 2015-2017. They were compliant with these standards requirements.</p>

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.388 Data Review for Corrective Action – Compliant</p> <p>Requirements: (a)The agency shall review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p>Assessment: DJJS reviews sexual abuse data collected and aggregated in assessing their annual staffing plan review for SMYC.</p> <p>During corrective action, the 2018 PREA Annual Report was completed and posted at http://www.clarkcountynv.gov/jjs/Documents/PREA/DJJS%20PREA%20Report%202018%20%28Final%29.pdf</p> <p>This report covered both facilities that Clark County Juvenile Justice Services oversees Clark County Detention and Spring Mountain Youth Camp.</p> <p>SMYC is constantly reviewing their effectiveness in sexual abuse prevention, detection and response. It is an ongoing topic of meetings, staff discussions and fluid corrections and conversations. The annual report included accomplishments, abuse reports, and goals for 2019.</p>

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.389 Data Storage, Publication and Destruction – Compliant</p> <p>Requirements: (a) The agency shall ensure that data collected pursuant to § 115.387 are securely retained; the agency ensures that data collected pursuant to § 115.387 are securely retained; (b) The agency makes 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; (c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers; (d) The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise</p> <p>During Corrective Action: DJJS completed standards 115.387 and 115.388. This included collecting and submitting all SSV reports and developing an annual report of all agency facilities for 2018, meeting all reporting and report requirements. This information was posted on their website:</p> <p>http://www.clarkcountynv.gov/jjs/Documents/PREA/DJJS%20PREA%20Report%202018%20%28Final%29.pdf</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401: Frequency and Scope of Audits – Compliant—as all facilities are not required to be audited and compliant until the end of 2022 as long as they are working towards that goal.</p> <p>Requirements: (a) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once; (b) August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited; (h) The auditor shall have access to, and shall observe, all areas of the audited facilities; (i) The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information); (m) The auditor shall be permitted to conduct private interviews with residents; (n) Residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>SMYC is completing its second audit and is compliant with the audit schedule required of this facility. DJJS has not completed audits on contracted facilities or facilities under their control; however, is currently working with an auditor for an audit this year</p> <p>SMYC gave this auditor full access to all areas of the audited facility, and the ability to observe all areas of the facility. This auditor was permitted to request and receive copies of all relevant documents. In addition, this auditor was permitted to conduct private interviews with residents and staff.</p> <p>This auditor contact information was posted, as well as resident and staff education about their ability to contact this auditor in all housing units at least 6 weeks before the site visit. Residents and staff confirm this as well as photo documentation. Residents and staff confirm they were able to send correspondence and confidential information in the same manner as if they were communicating with legal counsel.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 Audit Contents and Findings – Compliant</p> <p>Responsibilities: The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one or is otherwise made readily available to the public.</p> <p>SMYC is compliant for completing a previous audit. Their contracting agency’s annual report is published on its website and includes SSV data from SMYC.</p> <p>During Corrective Action: The last SMYC PREA audit is posted to their agency website at: http://www.clarkcountynv.gov/jjs/Documents/PREA/DJJS%20PREA%20Report%202018%20%28Final%29.pdf</p>

Appendix: Provision Findings

115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes

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

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

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual 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.)	na
	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.)	na
	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.)	na
	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?	no

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

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)	na

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	yes

	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?	
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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	
	<p>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))</p>	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?	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?	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?	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?	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.)	no

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?	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?	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?	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?	no
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

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

115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes

115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

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

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

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes

115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes

115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na

115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	na
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	na

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na

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

115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes

115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes

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

115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes

115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

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

115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

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

115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

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

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes

115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes

115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

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

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

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

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

115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

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

115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

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

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes

115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes

115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na

115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes

115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

115.388 (a) Data review for corrective action		
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.388 (b) Data review for corrective action		
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.388 (c) Data review for corrective action		
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.388 (d) Data review for corrective action		
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.389 (a) Data storage, publication, and destruction		
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	no

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

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	<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