

## Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim       Final

**Date of Report**    04/12/2021

### Auditor Information

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<b>Company Name:</b> DRB Consulting, LLC	
<b>Mailing Address:</b> 2760 Fortune Circle E. Ste. #421424	<b>City, State, Zip:</b> Indianapolis, IN 46241-9998
<b>Telephone:</b> (317) 777-3102	<b>Date of Facility Visit:</b> October 14-16, 2020

### Agency Information

<b>Name of Agency</b>		<b>Governing Authority or Parent Agency (If Applicable)</b>	
Clark County Nevada Juvenile Detention Services		Clark County Department of Juvenile Justice Services	
<b>Physical Address:</b> 651 North Pecos Road		<b>City, State, Zip:</b> Las Vegas Nevada, 89101	
<b>Mailing Address:</b> Same as Physical		<b>City, State, Zip:</b> Same as Physical	
<b>Telephone:</b> (901) 222-5267		<b>Is Agency accredited by any organization?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency mission:</b> “To provide responsible, progressive, and results-oriented government that is responsive, accessible, and accountable to our citizens, ensuring their right to cost-effective and open government.”			
<b>Agency Website with PREA Information:</b> Clarkcountynv.gov			

### Agency Chief Executive Officer

<b>Name:</b> Alfred Kermode	<b>Title:</b> Detention Manager
<b>Email:</b> kermodat@clarkcountynv.gov	<b>Telephone:</b> (702) 455 1740

### Agency-Wide PREA Coordinator

<b>Name:</b> Richard Nelson	<b>Title:</b> PREA Coordinator
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<b>Email:</b> nelsonri@clarkcountynv.gov	<b>Telephone:</b> (901) 222-4930
<b>PREA Coordinator Reports to:</b> Michael Whelihan	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 3

### Facility Information

<b>Name of Facility:</b> Clark County Juvenile Hall	
<b>Physical Address:</b> 651 N Pecos Rd Las Vegas NV 89101	
<b>Mailing Address (if different than above):</b> Same as Physical	
<b>Telephone Number:</b> (702) 455 5436	
<b>The Facility Is:</b>	<input type="checkbox"/> Military <input type="checkbox"/> Private for Profit <input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Detention <input type="checkbox"/> Correction <input type="checkbox"/> Intake <input type="checkbox"/> Other

<b>Facility Website with PREA Information:</b> <a href="https://www.clarkcountynv.gov/government/departments/juvenile_justice_services/prison_rape_elimination_act_of_2003/index">https://www.clarkcountynv.gov/government/departments/juvenile_justice_services/prison_rape_elimination_act_of_2003/index</a> .
<b>Is this facility accredited by any other organization?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### Facility Administrator/Superintendent

<b>Name:</b> Alfred Kermode	<b>Title:</b> Detention Manager
<b>Email:</b> kermodat@clarkcountynv.gov	<b>Telephone:</b> (702) 455 1740

### Facility PREA Compliance Manager

<b>Name:</b> Ricky Crosby	<b>Title:</b> Assistant Detention Manager
<b>Email:</b> ricky.crosby@clarkcountynv.gov	<b>Telephone:</b> (702) 455 5436

### Facility Health Service Administrator

<b>Name:</b> Alexa Rodriguez	<b>Title:</b> Health Services Manager
<b>Email:</b> rodriglu@clarkcountynv.gov	<b>Telephone:</b> (702) 455 7954

### Facility Characteristics

<b>Designated Facility Capacity:</b> 192	<b>Current Population of Facility:</b> 72
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<b>Number of residents admitted to facility during the past 12 months:</b>		2,533 during 2019 Calendar year
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:</b>		Unknown
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>		Unknown
<b>Number of residents on date of audit who were admitted to facility prior to August 20, 2012:</b>		0
<b>Age Range of Population:</b>	Ages 12-18	
<b>Average length of stay or time under supervision:</b>		19 Days
<b>Facility Security Level:</b>		Maximum
<b>Resident Custody Levels:</b>		Maximum
<b>Number of staff currently employed by the facility who may have contact with residents:</b>		145
<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>		7
<b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>		Due to Covid-19 Nursing is the only active contract
<b>Physical Plant</b>		
<b>Number of Buildings:</b> 12		<b>Number of Single Cell Housing Units:</b> 8
<b>Number of Multiple Occupancy Cell Housing Units:</b>		7
<b>Number of Open Bay/Dorm Housing Units:</b>		0
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>		0
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b>		
148 total Cameras within the facility; Control Rooms are located in each housing unit. Room door locks/unlocks by key. A minimum of 2-4 Cameras in each housing unit, with clear open viewing from Control Rooms. Multiple camera and staff supervision throughout facility.		
<b>Medical</b>		
<b>Type of Medical Facility:</b>		Nurse's Office with one exam room
<b>Forensic sexual assault medical exams are conducted at:</b>		University Medical Center (UMC County Hospital)
<b>Other</b>		
<b>Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:</b>		14
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>		2

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, and 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.*

On October 14, 2020, in coordination and cooperation with the Clark County Department of Juvenile Justice Services-Juvenile Detention Services (CCDJJS-JDC), USDOJ Certified PREA Auditor DeShane Reed conducted a facility audit of the Clark County Juvenile Detention Center (CCJDC). The audit commenced with Pre-Audit Briefing meeting (9:00am). In attendance was this USDOJ Certified PREA Auditor, this PREA Auditor's Assistant, CCJDC's Detention Manager, Assistant Detention Manager/PREA Compliance Manager, and CCJDC's PREA Probation Officer/Liaison. The PRE-Audit meeting commenced with introductions, review of the PREA audit schedule and agenda, on-site document requests, lists of inmates for interviewing and a tour of the entire Clark County Juvenile Detention Center (CCJDC) facility.

This PREA audit commenced with a full tour of Clark County Juvenile Detention Center's multiple housing locations, program locations, cafeteria, food prep kitchen, laundry, search and showering locations, offices, recreation and educational locations within CCJDC. After a complete tour and documentation, the PREA Auditor moved into selecting and interviewing a random selection of **21** CCJDC staff including: CCJDC's Detention Manager (1), Investigator/PREA Coordinator (1), Assistant Detention Manager/PREA Compliance Manager (1), Investigation Team (2), Human Resources (1), Health Services Manager (1) Health Services Contract Manager-Wellpath (1) PREA Investigators (2), Education Contractors (2), Volunteers (2), Mental Health Services Supervisor (1), Intake/Classification (1), and CCJDC Security and Security Supervisory Staff (12). This PREA Auditor also interviewed a total of **17** residents, with a specific selection focused on the following category of resident, based on PREA audit requirements: (Residents with prior victimization, LGBTI, disability, current allegation, limited English proficiency, and residents in isolation). This PREA Auditor also reviewed multiple files and physical documents while on-site, which allowed this PREA auditor to verify if CCJDC was compliance with PREA facility standards and/or confirm any barriers to compliance.

On October 16, 2020, the PREA Audit of Clark County Juvenile Detention Center (CCJDC) concluded with a Post-Audit Debriefing meeting. The same representatives from the Pre-Audit Briefing meeting were in attendance. This PREA Auditor shared that the information presented by this auditor within this Post-Audit Debriefing meeting did not depict a final reporting. This PREA Auditor continued by sharing several highlights of the CCJDC's cleanliness, its organized and structured programs provided to the residents, engaged direct supervision staff, as well as its PREA-appropriate physical plant. This PREA Auditor also thanked CCJDC for allowing this auditor unimpeded access to the entire facility, through tour, document access, resident/staff access, and flexibility of interviews. This PREA Auditor also shared any observable areas that were not meeting standards and would likely require Corrective Action.

As it pertains to PREA Physical Plant observations, the PREA Auditor observed adequate and appropriate use of the 148 cameras throughout the CCJDC. There were no observable physical plant blind spots not viewable by

camera or visual observations. CCJDC provides constant staff supervision and monitoring of residents. Residents are physically escorted from activity to activity by a supervising security staff. This PREA auditor also noted that the physical plant set up and housing units were conducive for excellent visual supervision by the CCJDC staff, and to deter any PREA-related incidents of sexual assault/harassment. Though the showers rooms had multiple shower stalls, resident were only allowed to shower one at a time. All showers had shower curtains to provide privacy without jeopardizing safety. Residents also had the necessary privacy to completely get dressed in the shower room without having to exposed themselves to others. Additionally, toilets in each housing unit were separated by a cement wall, for privacy. Finally, CCJDC did have enough “Grievance Box” in areas where resident’s frequent for residents to have access to file a grievance. CCJDC was able to show and share with the PREA Auditor their staffing plan (volunteer and mandatory overtime based on seniority) and logbooks of monitoring rounds.

The Post-Audit Debriefing meeting concluded with this Auditor thanking the Clark County Juvenile Detention Center (CCJDC) staff for their cooperation, efficiency and coordination in allowing the audit to move along in an even flow. This PREA Auditor also informed the CCJDC staff that a PREA Interim Audit report will be submitted 45-60 days from the conclusion of the facility audit.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee 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.*

Clark County Juvenile Detention Center (CCJDC) is a **192** resident capacity Maximum Security Detention Center. CCJDC houses male and female residents ages 12-18. According to the facility, they do not house adult residents. The physical plant consists of approximately **12** building with a Master Control Room in each building, with video and visual monitoring capabilities. CCJDC has **15** male and **2** female housing units. There are 8 single occupancy housing units and 7 multiple occupancy cell housing units. At the time of the onsite audit, all residents were in single occupancy rooms. CCJDC have 0 suicide watch or segregation rooms. Residents on suicide watch receives more sight and sound supervision and increases in frequency of checks. There are 0 open bay dorm housing units. Each housing unit has 3 single-person showers, separated by cement walls and frosted shower curtains for privacy. The additional components within the CCJDC consists of: intake and admission, medical examination location, classrooms for virtual learning on each housing unit for school, outdoor recreation, administrative, mental health office space, and visiting rooms. At the time of this onsite audit, in-person visitations have been paused, due to the COVID-19 Pandemic. All visitation and communications are conducted via phone and virtual visits with family and legal representatives.

Clark County Juvenile Detention Center (CCJDC) rely heavily on a compilation of camera assistance, staff supervision through sight/sound supervision by Detention staff, as well as predictable and random unannounced rounds per shift by supervisory staff. CCJDC video technology consists of recorded cameras in strategic locations throughout the facility. To make up for blind spots, CCJDC relies on consistent and unpredictable staff sight and sound supervision, as well as two-way mirrors. At the time of this PREA Audit, CCJDC had approximately 145 staff employed, as well as approximately 25 contracted staff and volunteers who may have contact with residents within their daily roles at CCJDC. Finally, CCJDC has an identified PREA Investigation Team of 2 staff to investigate administrative and criminal allegations of sexual abuse/harassment. CCJDC Forensic Sexual Assault Medical Exams are conducted off site at the “University Medical Center of (County Hospital). External Victim Support and Advocacy is through an MOU with the Rape Crisis Center of Las Vegas.”

## 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:** 0

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**Number of Standards Met:** 43

**Number of Standards Not Met:** 0

### Summary of Corrective Action (if any)

PREA site audit of Clark County Juvenile Detention Center (CCJDC) consisted of a 3-day comprehensive assessment (October 14, 2020 through October 16, 2020), related to PREA’s mission of prevention, detection, responding to instances of sexual abuse/sexual harassment, and the freedom from retaliation when reporting sexual abuse/harassment. The PREA Juvenile Institution Audit also consisted of assessing the 43 PREA standards. The assessment of the Clark County Juvenile Detention Center (CCJDC) included an exhaustive facility tour, review of electronic and on-site documents, reviewing investigations and retaliation follow-up documentation, comprehensive interviews with residents, staff, contracted staff, volunteers, and CCJDC’s Administration.

Based on the initial onsite audit findings of 43 total PREA Standards, there were **34** PREA Standards in Compliance and **9** PREA Standards which were non-compliant and requiring Corrective Action. Clark County Juvenile Detention Center’s (CCJDC) 9 Non-Compliant PREA standards requiring Corrective Action were as follows: **115.333, 115.334, 115.351, 115.352, 115.354, 115.367, 115.371, 115.373, and 115.378**. The identified PREA standard areas requiring Corrective Action were either non-existent, in their beginning stages of compliance and require procedural consistency over time to be considered in compliance, or the institution’s policy language did not align with the specific PREA Standard.

With technical assistance from this PREA Auditor, throughout Clark County Juvenile Detention Center (CCJDC) Corrective Action period, CCJDC coordinated a plan of action steps to mitigate each Non-Compliant Standard area and bring each into Compliance. CCJDC was able to successfully adjust their policies and procedures, conduct trainings, and establish a consistency of institutional practices to bring them into compliance with the 43 PREA Standards.

## PREVENTION PLANNING

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

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- 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  No

#### 115.311 (c)

- 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  No  NA
- 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  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed pre-audit documents submitted via electronic source to determine compliance for Standard 115.311. Clark County Juvenile Detention Center (CCJDC) submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024* as evidence of compliance with PREA Standard 115.311. CCJDC's *Personnel Directive Policy P024* has the necessary language to align with PREA Standard 115.311.

This PREA auditor also observed and interacted with the CCJDC PREA Coordinator and the CCJDC PREA Compliance Manager. This PREA Auditor interviewed the PREA Coordinator and Compliance Manager. Both shared that they were supported and were allotted enough time and authority to effectively engage in their roles.

This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.311.

## Standard 115.312: Contracting with other entities for the confinement of residents

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.312 (a)

- 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  No  NA

#### 115.312 (b)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.312. Clark County Juvenile Detention Center (CCJDC) reported that they do not contract with other entities for the confinement of residents. CCJDC also did not submit any contractual agreements. This auditor also reviewed the rosters during the onsite audit. All residents placed in CCJDC were Clark County jurisdiction residents which would be confined at the CCJDC by the *Clark County DJJS Juvenile Court*.

This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.312.

## **Standard 115.313: Supervision and monitoring**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.313 (a)**

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No

### 115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?  Yes  No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

### 115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  
 Yes  No  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.)  
 Yes  No  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.)  Yes  No  NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes  No

#### 115.313 (d)

- 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  No
- 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  No
- 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  No
- 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  No

#### 115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)  Yes  No  NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  Yes  No  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)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.313. Clark County Juvenile Detention Center (CCJDC) submitted their *DJJS Juvenile Detention Center Staffing Plan* as evidence of compliance with PREA Standard 115.313. CCJDC's *Staffing Plan* consisted of their physical plant components, identifying which areas are operational and not in operation, staffing supervision based on 1:8 staff/resident ratio, identified video monitoring, blind spots and areas of isolation. Additionally, newly assigned Probation Officers must receive extensive training with a veteran staff for 2-weeks and not left alone with residents until they received training in *Sight and Sound Supervision* and *PREA Training*. This auditor concludes that CCJDC's *Staffing Plan* has the necessary language to align with PREA Standard 115.313.

CCJDC also submitted minutes from their *Supervisors OPS Meeting*, where they discussed "shifts bidding" postings availability for July and August 2020 for JJPOA. Additionally, CCJDC submitted evidence of documented rounds by supervisory staff. While onsite, this auditor also reviewed random documented unannounced rounds by supervisory staff. During interviews, direct supervision staff shared that supervisors make multiple unannounced rounds during each shift. Finally, while on-site, this PREA auditor did observe the facility within and many times exceeding the ratio with 2-3 security staff supervision for each 8 residents.

This PREA auditor concludes this CCJDC is in compliance with PREA standard 115.313.

## Standard 115.315: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.315 (a)

- 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  No

#### 115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?  Yes  No  NA

#### 115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No

- Does the facility document all cross-gender pat-down searches?  Yes  No

#### 115.315 (d)

- 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  No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?  Yes  No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)  Yes  No  NA

#### 115.315 (e)

- 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  No
- 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  No

#### 115.315 (f)

- 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  No
- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.315. CCJDC submitted their *Search Training* and their *Cross-Gender PREA Training* as evidence of compliance with PREA Standard 115.315. Both Training documents contained the necessary language to align with PREA Standard 115.315. Clark County Juvenile Detention Center (CCJDC) also submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024* as evidence of compliance with PREA Standard 115.315. Excerpts from CCJDC's *Personnel Directive Policy P024* states, "Cross-gender pat searches will be conducted in exigent circumstances only. In the event a cross-gender pat search is conducted, staff members are to document the incident and notify a Supervisor. Cross-gender strip searches are prohibited.

*Staff, contractors, interns and volunteers are required to announce their 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."*

While onsite this PREA auditor interviewed 17 CCJDC residents. Each resident verified that they are only searched by staff of the same gender. Interviewed residents also shared that they allowed to shower, perform bodily functions, and get dressed without being viewed by staff. This auditor also interviewed 12 random security/supervisory staff. Each understood the policy on cross-gender searches and viewing. This auditor also asked other random staff on various housing units to demonstrate their practice related to ensuring resident privacy when showering, changing clothing, and using the toilet. There was a consensus in their responses. Finally, this auditor reviewed random logbook on random housing units. Each documented resident movement on units and any relevant concerns/issues related to PREA.

This PREA auditor concludes this CCJDC is in compliance with PREA standard 115.315.

## Standard 115.316: Residents with disabilities and residents who are limited English proficient

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- 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  No

- 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  No
- 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  No
- 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  No
- 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  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- 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  No
- 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  No
- 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  No
- 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: Are blind or have low vision?  Yes  No

### 115.316 (b)

- 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  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No



### 115.316 (c)

- 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    No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.316. CCJDC submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*, as evidence of compliance with PREA Standard 115.316. An excerpt from CCJDC's *Personnel Directive Policy P024* states, "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 and Spanish. 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."

CCJDC's policy has the necessary language to align with PREA Standard 115.316 regarding accommodations for residents with disabilities and Limited English Proficient residents. Clark County Juvenile Detention Center's Detention Manager submitted an electronic statement saying, "Besides English the main language that is spoken here is Spanish. The department has a plethora of employees that are both certified peace officers (security staff) and civilian staff that speak Spanish. For other languages the county can also acquire interpreters based on the need. This doesn't happen through our department (Department of Juvenile Justice Services) but it is something that Clark county can arrange based on a residents need whether that need is for the resident himself/herself or the resident's family members." Furthermore, in an interview with CCJDC's Compliance Manager and PREA Liaison/Investigator, both stated the if CCJDC receives a resident whose language

is outside of their ability to interpret, they contact the Government Center, who then identifies an appropriate interpreter/service to meet the need(s).

Additionally, this PREA auditor interviewed 21 various staff members. More than 40% of the interviewed were proficient in Spanish. The staff also shared that the use of other residents to translate in almost never used. Finally, the auditor reviewed staffing schedules and was able to identify an array of opposite gender and Spanish proficient staff.

This PREA auditor concludes this CCJDC is in compliance with PREA standard 115.316.

## Standard 115.317: Hiring and promotion decisions

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.317 (a)

- 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  No
- 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  No
- 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 question immediately above?  Yes  No
- 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  No
- 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  No
- 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 question immediately above?  Yes  No

#### 115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?  Yes  No

#### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- 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  No
- 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  No

#### 115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?  Yes  No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?  Yes  No

#### 115.317 (e)

- 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  No

#### 115.317 (f)

- 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  No
- 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  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.317 (h)

- 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  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.317. CCJDC submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*. as evidence of compliance with PREA Standard 115.317. An excerpt from CCJDC’s *Personnel Directive Policy P024* states, “*The Department requires every candidate for employment or promotion 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. The Department will forward all inquiries from other institutional employers regarding substantiated allegations of sexual abuse and/or sexual harassment against former employees to Clark County Human Resources. Clark County Human Resources will release said information upon verifying the requester is an institutional employer and receipt of a signed Release of Information from the employee. 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 shall be subject to the same background check as listed above. Volunteers, interns and contractors shall submit to background checks at least once every five years and may also be required to submit to a background check at any time the DJJS director or designee obtains information that the volunteer, intern or contractor 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.”*

CCJDC’s *PREA Policy P024* has the necessary language to align with PREA Standard 115.317 regarding the selection, screening, hiring, and promotion considerations of employees, as well as volunteer involvement with CCJDC. This PREA auditor interviewed Human Resource (HR) Employment Manager, who allowed this auditor to review random employee

files to verify that they do conduct background check every 5 years on active staff members. Additionally, CCJDC's Human Resources Employment Manager submitted evidence that child abuse registries checks are conducted on prospective and active staff. Finally, CCJDC's HR Employment Manager showed random files of additional background check completed on employees who were promoted (prior to 5-year threshold).

This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.317.

## Standard 115.318: Upgrades to facilities and technologies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.318 (a)

- 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.)  
 Yes  No  NA

#### 115.318 (b)

- 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  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.318. Clark County Juvenile Detention Center (CCJDC) reported that they have made any facility upgrades or expansions to the facility since August 20, 2012. This auditor interviewed CCJDC Detention Manager, PREA Coordinator, and PREA Compliance Manager, who shared that when cameras were added to the facility, locations a PREA-related incident could occur were considered. CCJDC also submitted their *CCJDC Staffing Plan*, which showed aerial views of each building within the facility, with descriptions of where possible blind spots and isolation areas are located. This helped CCJDC strategically identify where to add cameras, two-way mirrors, bells and buzzers on specific gates, and added staff supervision.

This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.318.

## RESPONSIVE PLANNING

### Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.321 (a)

- 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  No  NA

#### 115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- 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  No  NA

#### 115.321 (c)

- 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 evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No

- 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  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- 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  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.321 (e)

- 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  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.321 (f)

- 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/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

- 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  No  NA

### Auditor Overall Compliance Determination



- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.321. CCJDC submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*. as evidence of compliance with PREA Standard 115.321. An excerpt from CCJDC’s *Personnel Directive Policy P024* states, “*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.*

*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.*

*The DJJS PSU will conduct administrative investigations for allegations of sexual harassment. 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. 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. All employees, contractors, interns and volunteers, including the accused, shall cooperate fully in an administrative investigation.*

*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. All incidents involving potential PREA violations shall be documented by completion of an Incident Report. Allegations of sexual assault or abuse and incidents of harassment between youth and all incidents involving an employee, volunteer, contractor or intern shall be referred to the PSU for investigation. In an instance of sexual assault or abuse:*

- A uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions shall be employed in conducting the investigation.
- 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.
- When requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

Investigators assigned to PREA investigations must complete specialized training in conducting such investigations in confinement settings.

Files related to PREA investigations shall be maintained separate from other investigations of alleged misconduct. Investigative files are digitally retained indefinitely.

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.”

CCJDC’s PREA Policy P024 has the necessary language to align with PREA Standard 115.321 regarding CCJDC’s efforts to provide victim advocacy to all alleged victims of sexual abuse, preservation of usable evidence, and the investigation protocol. This PREA auditor also received an email where CCJDC made a 2<sup>nd</sup> attempt to enter a Memorandum of Understanding (MOU) between CCJDC and the Rape Crisis Center of Las Vegas (dated 6/23/2020). Clark County’s Rape Crisis Center serves as the central location for emotional support for victims. This auditor also interviewed CCJDC’s contracted Health Services Manager (Wellpath) and their Regional Director. Both shared that Forensic Examinations are referred to University Medical Center’s Children’s Hospital. Both explained that they were specialized trained to respond to PREA Incidents at CCJDC and were familiar with the MOU collaboration with CCJDC and the Rape Crisis Center of Las Vegas.

This PREA auditor concludes CCJDC is in compliance with PREA standard 115.321.

## Standard 115.322: Policies to ensure referrals of allegations for investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### 115.322 (b)

- Does the agency have a policy and practice 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  No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]  
 Yes  No  NA

#### 115.322 (d)

- Auditor is not required to audit this provision.

#### 115.322 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.322. CCJDC submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*. as evidence of compliance with PREA Standard 115.322. An excerpt from CCJDC's *Personnel Directive Policy P024* states, "*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....*

*The DJJS Professional Standards Unit (PSU) will conduct administrative investigations for allegations of sexual harassment. 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. 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. All employees, contractors, interns and volunteers, including the accused, shall cooperate fully in an administrative investigation.*

CCJDC's PREA Policy P024 has the necessary language to align with PREA Standard 115.322 regarding CCJDC's criminal and administrative investigation procedures. This auditor also interviewed CCJDC's PREA Coordinator and PREA Probation Officer, who serves as CCJDC's Investigation Team. Both submitted evidence of being specialized trained to conduct PREA-related institution investigations. Both also explained that Las Vegas Metropolitan Police Department (LVMPD) are responsible for investigating all criminal sex crimes for CCJDC. Each allegation is initially investigated for criminal violations. If not criminal, the CCJDC specialized trained investigators investigate all administrative (non-criminal) PREA-Related allegations. Finally, the CCJDC submitted requested copies of 6 completed investigations. Finally, this auditor reviewed CCJDC's their website which states their PREA No-Tolerance policy, reporting avenues, and investigations.

This PREA auditor concludes CCJDC is in compliance with PREA standard 115.322.

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- 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  No
- 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  No
- 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  No

- 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  No
- 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  No
- 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  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- 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  No
- 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  No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?  Yes  No

#### 115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?  Yes  No
- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No
- 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  No

#### 115.331 (c)

- Have all current employees who may have contact with residents received such training?  Yes  No
- 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  No
- 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  No

#### 115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.331. CCJDC submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*. as evidence of compliance with PREA Standard 115.331. An excerpt from CCJDC’s *Personnel Directive Policy P024* states, “*In order to promote the Department’s zero tolerance policy against sexual abuse, sexual misconduct and sexual harassment, continuous training is imperative. All staff, contractors, interns and volunteers who have direct contact with institutional youth will be required to complete PREA training before they are permitted to enter a DJJS institution and will receive refresher training annually.*

*Staff, contractors, interns and volunteers will be trained to recognize the signs of sexual abuse and to understand their responsibility in the detection, prevention, and reporting of alleged sexual abuse. As part of the Department PREA training curriculum, emphasis will be placed on:*

- *Knowing and enforcing rules involving sexual behavior;*
- *The necessity of sight and sound supervision of residents to prevent sexual abuse, sexual misconduct and sexual harassment;*
- *Maintaining professionalism at all times, including a work place free of sexual harassment; and*
- *Treating any allegation of sexual abuse, sexual misconduct or sexual harassment seriously by following appropriate reporting procedures.*

*Staff, contractors, interns and volunteers will be trained regarding warning signs that might indicate a resident has been sexually abused or is in fear of being sexually abused. Warning signs include, but are not limited to:*

- *Isolating self from others;*
- *Depression;*
- *Major change in behavior, mood, and daily activities;*
- *Lashing out at others;*
- *Refusing to shower;*
- *Suicidal thoughts or actions;*
- *Seeking protective custody; and*
- *Refusing to leave his or her room.*

Upon completion of the training, employees, contractors, interns and volunteers will acknowledge that the training included the content described above and affirm that they have never engaged in sexual abuse in an institutional setting, been convicted of a sexual offense, or have been civilly or administratively adjudicated of a sexual offense. Training records relating to volunteers, interns and contractors shall be maintained within the Division where the work is performed in accordance with Personnel Directive P014 Records Retention Schedule.

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.”

CCJDC’s PREA Policy P024 has the necessary language to align with PREA Standard 115.331 regarding CCJDC’s staff training. This auditor also reviewed the training Power Point (PPT) submitted by CCJDC, the training covered the topics identified in PREA Standard 115.331. This auditor also reviewed several random staff files (11) and found that staff either had evidence of comprehensive and still being in their first or had their refresher training annually thereafter. Finally, when this auditor interviewed the staff members there was a consistency in their responses when asked about their identifying, reporting, and responding duties to various PREA-related questions.

This PREA auditor concludes CCJDC is in compliance with PREA standard 115.331.

## Standard 115.332: Volunteer and contractor training

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.332 (a)

- 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  No

#### 115.332 (b)

- 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  No

#### 115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard (*Substantially exceeds requirement of standards*)
- Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)



**Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.332. CCJDC submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*. as evidence of compliance with PREA Standard 115.332. An excerpt from CCJDC's *Personnel Directive Policy P024* states, "In order to promote the Department's zero tolerance policy against sexual abuse, sexual misconduct and sexual harassment, continuous training is imperative. All staff, contractors, interns and volunteers who have direct contact with institutional youth will be required to complete PREA training before they are permitted to enter a DJJS institution and will receive refresher training annually.

*Staff, contractors, interns and volunteers will be trained to recognize the signs of sexual abuse and to understand their responsibility in the detection, prevention, and reporting of alleged sexual abuse. As part of the Department PREA training curriculum, emphasis will be placed on:*

- *Knowing and enforcing rules involving sexual behavior;*
- *The necessity of sight and sound supervision of residents to prevent sexual abuse, sexual misconduct and sexual harassment;*
- *Maintaining professionalism at all times, including a work place free of sexual harassment; and*
- *Treating any allegation of sexual abuse, sexual misconduct or sexual harassment seriously by following appropriate reporting procedures.*

*Staff, contractors, interns and volunteers will be trained regarding warning signs that might indicate a resident has been sexually abused or is in fear of being sexually abused. Warning signs include, but are not limited to:*

- *Isolating self from others;*
- *Depression;*
- *Major change in behavior, mood, and daily activities;*
- *Lashing out at others;*
- *Refusing to shower;*
- *Suicidal thoughts or actions;*
- *Seeking protective custody; and*
- *Refusing to leave his or her room.*

*Upon completion of the training, employees, contractors, interns and volunteers will acknowledge that the training included the content described above and affirm that they have never engaged in sexual abuse in an institutional setting, been convicted of a sexual offense, or have been civilly or administratively adjudicated of a sexual offense. Training records relating to volunteers, interns and contractors shall be maintained within the Division where the work is performed in accordance with Personnel Directive P014 Records Retention Schedule.*

*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."*

CCJDC's *PREA Policy P024* has the necessary language to align with PREA Standard 115.332 regarding CCJDC's volunteer and contractor training. This auditor also reviewed the training Power Point (PPT) submitted by CCJDC, the training

covered the topics identified in PREA Standard 115.332. This auditor also reviewed several contractor and volunteer staff files (4) and found that the contractor or volunteer either had evidence of PREA training based on their level of interaction with CCJDC residents. Finally, when this auditor interviewed 2 contracted staff members and 2 education contractors there was a consistency in their responses when asked about their roles in identifying, reporting, and responding to PREA-related incidents. At the time of this onsite visit and due to COVID-19 pandemic, volunteers were not allowed to interact with CCJDC residents. This auditor was only able to review contractor and volunteer files however, did interview contracted staff.

This PREA auditor concludes CCJDC is in compliance with PREA standard 115.332.

## Standard 115.333: Resident education

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- Is this information presented in an age-appropriate fashion?  Yes  No

#### 115.333 (b)

- 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  No
- 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  No
- 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  No

#### 115.333 (c)

- Have all residents received such education?  Yes  No
- 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  No

#### 115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?  Yes  No

- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?  Yes  No

### 115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?  Yes  No

### 115.333 (f)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.333. CCJDC submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*. as evidence of compliance with PREA Standard 115.333. After reviewing the submitted corresponding excerpt from CCJDC's *Personnel Directive Policy P024*, CCJDC's *Policy P024* had some language which aligned with PREA Standard 115.333, there were language components missing, which could've better clarified CCJDC *Policy P024* and align with 115.333.

While onsite, a CCJDC Probation Officer walked this auditor through CCJDC's Resident Education (Orientation) during intake. The process is streamlined. Upon intake, residents are placed in housing unit E6 (males) or E5 (females) to receive their PREA resident orientation through video and then signs off. While the residents are on their respective resident orientation housing units, residents also receive their victimization and abusiveness risk screening assessment, then gets assigned to their permanent housing unit. Though this is a good process, the resident orientation video alone was not specific to CCJDC's facility process regarding PREA. This still did not allow a resident to know how CCJDC identify, report, and respond to PREA incidents.

Additionally, once resident is placed on their permanent housing unit, there is little to no visible reminders of CCJDC's Zero-tolerance of PREA and resident's rights (no colorful visible signage, pamphlets, or handbooks). The This auditor also interviewed 17 CCJDC residents. There were many residents who didn't know more than 1 or 2 reporting avenues. Several interviewed residents did not know that they had a hotline phone on the units near the staff desk (the location didn't allow for the phone call to be private due to the proximity to the staff desk).

This PREA auditor recommended that CCJDC add policy language to the *Resident Orientation* section of their *Policy P024* to align with PREA Standard 115.333. Additionally, this auditor recommended that each resident receives a PREA-related pamphlet, a handbook, add colorful PREA-related Signage/information on each housing unit and where residents frequent. Finally, though CCJDC's Resident Orientation video had good information, it is related to another facility. CCJDC needed to establish a more personalized orientation and resident education that is related to CCJDC's reporting and responding processes. This PREA auditor have seen resident orientation/education work best when a face-to-face question and answer session follows the video viewing. This PREA auditor concluded that CCJDC was not in compliance with PREA standard 115.333. A CORRECTIVE ACTION was required.

During Clark County Juvenile Detention Center's (CCJDC's) Corrective Action period, CCJDC submitted verification of adjustments made to the *Resident Orientation* section of their *Policy P024* to align with PREA Standard 115.333. CCJDC also added the giving all residents their "*End the Silence*" pamphlet during initial orientation, as well as added colorful signage to their housing units. This same signage was added to other location where residents frequent. Finally, CCJDC developed a CCJDC specific video which was age appropriate and covers PREA's purpose, definitions of sexual abuse/harassment, various avenues to report, investigations, and a Q&A section for resident to ask follow-up questions.

After this auditor's review of CCJDC's adjustments to their policy, information dissemination to residents, refreshed signage, and consistency in practice to align with PREA Standard 115.333, CCJDC is in compliance with PREA Standard 115.333.

## Standard 115.334: Specialized training: Investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.334 (a)

- 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  No  NA

#### 115.334 (b)

- 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  No  NA

- 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  No  NA
- 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  No  NA
- 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  No  NA

#### 115.334 (c)

- 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  No  NA

#### 115.334 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.334. CCJDC submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*. as evidence of compliance with PREA Standard 115.334. After reviewing the submitted corresponding excerpt from CCJDC's *Personnel Directive Policy P024*, CCJDC's *Policy P024* had some language which aligned with PREA Standard 115.334. However, there was language components missing, causing CCJDC's *Policy P024* to not be aligned with 115.334.

While onsite, this PREA Auditor interviewed CCJDC's PREA Investigators, who both submitted training verification of being specialized training to conduct sexual abuse/harassment allegations within CCJDC. Both works closely with Las Vegas Metro Police Department (LVMPD) regarding criminal sexual abuse investigations. This CCJDC's *Policy P024* related to specialized training investigation staff does not have enough language related to PREA Standard 115.334 to be considered compliant.

Though CCJDC's practice is in place and their investigators are specialized trained, their policy did not align with PREA Standard 115.334. This auditor recommended that CCJDC adjust their policy language to align with PREA Standard 115.334. This PREA auditor concluded that CCJDC was not in compliance with PREA standard 115.334. A CORRECTIVE ACTION was required.

During Clark County Juvenile Detention Center's (CCJDC's) Corrective Action period, CCJDC submitted verification of adjusting their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024* to align with PREA Standard 115.334. After this auditor's review of CCJDC's adjustments to their policy and consistency in practice to align with PREA Standard 115.334, CCJDC is in compliance with PREA Standard 115.334.

## Standard 115.335: Specialized training: Medical and mental health care

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.335 (a)

- 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  No
- 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  No
- 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  No
- 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  No

#### 115.335 (b)

- 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.)  Yes  No  NA

#### 115.335 (c)

- 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  No

### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?  Yes  No
- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.335. CCJDC submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*. as evidence of compliance with PREA Standard 115.335. An excerpt from CCJDC’s *Personnel Directive Policy P024* states, “*In order to promote the Department’s zero tolerance policy against sexual abuse, sexual misconduct and sexual harassment, continuous training is imperative. All staff, contractors, interns and volunteers who have direct contact with institutional youth will be required to complete PREA training before they are permitted to enter a DJJS institution and will receive refresher training annually.*

*Staff, contractors, interns and volunteers will be trained to recognize the signs of sexual abuse and to understand their responsibility in the detection, prevention, and reporting of alleged sexual abuse. As part of the Department PREA training curriculum, emphasis will be placed on:*

- *Knowing and enforcing rules involving sexual behavior;*
- *The necessity of sight and sound supervision of residents to prevent sexual abuse, sexual misconduct and sexual harassment;*
- *Maintaining professionalism at all times, including a work place free of sexual harassment; and*
- *Treating any allegation of sexual abuse, sexual misconduct or sexual harassment seriously by following appropriate reporting procedures.*

*Staff, contractors, interns and volunteers will be trained regarding warning signs that might indicate a resident has been sexually abused or is in fear of being sexually abused. Warning signs include, but are not limited to:*



- Isolating self from others;
- Depression;
- Major change in behavior, mood, and daily activities;
- Lashing out at others;
- Refusing to shower;
- Suicidal thoughts or actions;
- Seeking protective custody; and
- Refusing to leave his or her room.

Upon completion of the training, employees, contractors, interns and volunteers will acknowledge that the training included the content described above and affirm that they have never engaged in sexual abuse in an institutional setting, been convicted of a sexual offense, or have been civilly or administratively adjudicated of a sexual offense.

Training records relating to volunteers, interns and contractors shall be maintained within the Division where the work is performed in accordance with Personnel Directive P014 Records Retention Schedule.

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.

Department medical and mental health practitioners will not process physical evidence of sexual abuse. Said staff is directed to the Staff Reporting and Response to Sexual Abuse and Sexual Misconduct section of this Policy for procedures on how to preserve evidence of an alleged sexual abuse.”

CCJDC’s PREA Policy P024 has the necessary language to align with PREA Standard 115.335 regarding CCJDC’s medical and mental health staff specialized training. This auditor also reviewed the training Power Point (PPT) submitted by CCJDC, the training covered the topics identified in PREA Standard 115.335. This auditor also received the medical and mental health staff completed specialized training files. Finally, when this auditor interviewed 2 medical contracted staff (Wellpath’s HSA and Director) and CCJDC’s Clinical Coordinator, there was consistency in their responses when asked about their roles in identifying, reporting, and responding to PREA-related incidents. Each knew their coordinated response related to PREA incidents within CCJDC.

This PREA auditor concludes CCJDC is in compliance with PREA standard 115.335.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.341: Screening for risk of victimization and abusiveness

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.341 (a)

- 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  No
- Does the agency also obtain this information periodically throughout a resident’s confinement?  Yes  No

### 115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

### 115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?  Yes  No
- 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  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?  Yes  No
- 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  No

### 115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?  Yes  No

- Is this information ascertained: During classification assessments?  Yes  No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?  Yes  No

### 115.341 (e)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.341. CCJDC submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*. as evidence of compliance with PREA Standard 115.341. An excerpt from CCJDC's *Personnel Directive Policy P024* states, "Staff will complete a PREA Intake Screening Tool on all incoming residents within 24 hours of intake. The PREA Screening Tool will also be completed at 90 days in placement, either in detention or in Spring Mountain Youth Camp. 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. Staff will evaluate each resident specifically to determine the resident's vulnerability to sexual abuse as indicated by the following risk factors:

- a) Age;
- b) Physical stature;
- c) Intellectual or developmental disabilities;
- d) Level of emotional and cognitive development;
- e) Mental illness or mental disability;
- f) Physical disabilities;
- g) Current charges and offense history, including sexual offenses;
- h) First-time resident status;
- i) Past history of victimization;
- j) Self-reported identification as lesbian, gay, bisexual, transgender, questioning, or intersex (LGBTQI);
- k) The resident's own perception of vulnerability; and

- l) Any other specific information about the resident that may require an increase in supervision, additional safety precautions, or separation from certain residents.*

*The PREA Intake Screening Tool will assess youth vulnerability as indicated by the following risk factors:*

- a) History of sexual abuse;*
- b) History of bullying*
- c) Feelings of risk*
- d) History of incarceration*
- e) Staff observations such as youth build, physical disability, and mental health*

*The PREA Intake Screening Tool will assess potential predatory behavior as indicated by the following risk factors:*

- a) History of sexually aggressive behavior;*
- b) History of violence, especially if related to a sex offense with the same gender victim; and*
- c) Antisocial attitudes indicative of sexually aggressive behavior.*

*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. 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."*

CCJDC's PREA Policy P024 has the necessary language to align with PREA Standard 115.341 regarding CCJDC's initial screening for victimization and abusiveness. Additionally, while onsite, a CCJDC Probation Officer walked this auditor through CCJDC's screening for sexual victimization and abusiveness during intake. The process is streamlined. Upon intake, residents are placed in housing unit E6 (males) or E5 (females) to receive their PREA resident orientation and screening, then signs off. While the residents are on their respective resident orientation housing units, after residents receive their victimization and abusiveness risk screening assessment, they get assigned to their permanent housing unit.

This PREA auditor reviewed CCJDC's initial intake *Screening Tool for Identification of Sexual Aggression and Vulnerability*. The form asks similar questions, which are aligned with PREA Standard 115.341. Finally, this auditor reviewed a sampling of 8 intake files to see if the screening tool was administered and placed in the resident's file. This auditor found completed screening tools in each filed requested to be pulled.

This PREA auditor concludes CCJDC is in compliance with PREA standard 115.341.

## **Standard 115.342: Use of screening information**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.342 (a)**

- 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  No
- 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  No

- 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  No
- 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  No
- 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  No

#### 115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?  Yes  No
- Do residents in isolation receive daily visits from a medical or mental health care clinician?  Yes  No
- Do residents also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.342 (c)

- 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  No
- 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  No
- 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  No
- 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  No

#### 115.342 (d)

- 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  No
- 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  No

#### 115.342 (e)

- 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  No

#### 115.342 (f)

- 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  No

#### 115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents?  Yes  No

#### 115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)  Yes  No  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?)  Yes  No  NA

#### 115.342 (i)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.342. CCJDC submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*. as evidence of compliance with PREA Standard 115.342. An excerpt from CCJDC's *Personnel Directive Policy P024* states, *"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. 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."*

*Residents may be 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. The Department shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services during any period of isolation. Residents in isolation shall receive daily visits from medical or mental health staff. Residents in isolation will also have access to other programs and work opportunities, to the extent possible.*

*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. 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 the 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 views 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."*

CCJDC's *PREA Policy P024* has the necessary language to align with PREA Standard 115.342 regarding CCJDC's initial screening for victimization and abusiveness informing resident's housing and programming decisions. Additionally, while onsite, a CCJDC Probation Officer walked this auditor through CCJDC's screening for sexual victimization and abusiveness during intake. The process is streamlined. Upon intake, residents are placed in housing unit E6 (males) or E5 (females) to receive their PREA resident orientation and screening, then signs off. While the residents are on their respective resident orientation housing units and after residents receive their victimization/abusiveness risk screening assessment, they get assigned to their permanent housing unit based on the screening.

This PREA auditor reviewed CCJDC's initial intake *Screening Tool for Identification of Sexual Aggression and Vulnerability*. The form asks similar questions, which are aligned with PREA Standard 115.342. This auditor reviewed a sampling of 8 intake files to see if the screening tool was administered and placed in the resident's file. This auditor found completed screening



tools in each filed requested to be pulled. This auditor also walked through each housing unit to verify the 8 random residents whose files were reviewed, to see CCJDC's housing decisions. This auditor confirmed housing assignments. Finally, the 17 residents interviewed stated that they felt safe at CCJDC and their respective housing unit.

This PREA auditor concludes CCJDC is in compliance with PREA standard 115.342.

## REPORTING

### Standard 115.351: Resident reporting

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- 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  No

##### 115.351 (b)

- 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  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No
- 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  No

##### 115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

##### 115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report?  
 Yes  No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.351. CCJDC submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*. as evidence of compliance with PREA Standard 115.351. CCJDC submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*. as evidence of compliance with PREA Standard 115.351. After reviewing the submitted corresponding excerpt from CCJDC’s *Personnel Directive Policy P024*, CCJDC’s *Policy P024* had some language which aligned with PREA Standard 115.351. However, there was language components missing, causing CCJDC’s *Policy P024* to not be aligned with 115.351.

CCJDC’s *PREA Policy P024* has the necessary language to align with PREA Standard 115.351 regarding CCJDC’s avenues for residents to report sexual abuse/harassment. However, this auditor interviewed 17 CCJDC residents. There were many residents who did not know more than 1 or 2 reporting avenues. Several interviewed residents did not know that they had a hotline phone on the units near the staff desk (the location didn’t allow for the phone call to be private due to the proximity to the staff desk). Many interviewed residents had to be prompted by the interviewer. All interviewed residents did not know that they could report anonymously or through a third-party.

While onsite, a CCJDC Probation Officer walked this auditor through CCJDC’s Resident Education (Orientation) during intake. The process is streamlined. Upon intake, residents are placed in housing unit E6 (males) or E5 (females) to receive their PREA resident education (orientation) through video and then signs off. Though this is a good process, the resident orientation video alone is not specific to CCJDC’s facility process regarding PREA. This still doesn’t allow a resident to know how to identify and report PREA incidents at CCJDC. Additionally, once resident is placed on their permanent housing unit, there’s little to no visible reminders of CCJDC’s Zero-tolerance of PREA and resident’s rights (no colorful visible signage, pamphlets, or handbooks).

This auditor recommended that each resident receives a PREA-related pamphlet, a handbook, add colorful PREA-related Signage/information on their housing units and where residents frequent. Finally, though CCJDC’s Resident Orientation

video has good information, it was related to another facility. CCJDC needed to establish a more personalized “Orientation” and “Resident Education” that is related to CCJDC’s reporting and responding processes. This PREA auditor have seen resident orientations and resident educations work best when a face-to-face question and answer session follows the video viewing.

This PREA auditor concluded that CCJDC was not in compliance with PREA standard 115.351. A CORRECTIVE ACTION was required.

During Clark County Juvenile Detention Center’s (CCJDC’s) Corrective Action period, CCJDC submitted verification of adjustments made to the *Resident Orientation* section of their *Policy P024* to align with PREA Standard 115.351. CCJDC also added the giving all residents their “*End the Silence*” pamphlet during initial orientation, as well as added colorful signage to their housing units. This same signage was added to other location where residents frequent. Finally, CCJDC developed a CCJDC specific video which was age appropriate and covers PREA’s purpose, definitions of sexual abuse/harassment, various avenues to report, investigations, and a Q&A section for resident to ask follow-up questions.

After this auditor’s review of CCJDC’s adjustments to their policy, information dissemination to residents, refreshed signage, and consistency in practice to align with PREA Standard 115.351, CCJDC is in compliance with PREA Standard 115.351.

## Standard 115.352: Exhaustion of administrative remedies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.352 (a)

- 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  No  NA

#### 115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  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.)  Yes  No  NA

#### 115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  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.)  Yes  No  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.)  Yes  No  NA

#### 115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  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.)  Yes  No  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.)  Yes  No  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.)  Yes  No  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.)  Yes  No  NA

#### 115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  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.)  Yes  No  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.)  Yes  No  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.)  Yes  No  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.)  Yes  No  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.)  Yes  No  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.)  Yes  No  NA

### 115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor attempted to review electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire however, CCJDC's *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024* submitted language regarding administrative remedies in a document, however, there was no language in the *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024* to conclude compliant with PREA Standard 115.352.

Additionally, this auditor interviewed 17 CCJDC residents who knew where the grievance boxes were on their housing units and knew about the grievance procedures. The residents did not know that they could submit grievances regarding sexual abuse/harassment reporting, and there was no time limit to investigating such reports. Several of the interviewed staff, did not report the submitting grievances are avenues to report sexual abuse/harassment incidents.

This auditor recommended that each resident receive education on reporting avenues through providing each resident a CCJDC specific PREA-related pamphlet, a handbook, and add colorful PREA-related signage/information on their housing units and where residents frequent. This auditor also recommended that CCJDC develop a policy whose language aligns with PREA Standard 115.352, as well as provide training to staff on how administrative remedies apply to PREA Standards and in practice. Additionally, this auditor recommended CCJDC provide comprehensive resident education on grievances being an additional avenue to report sexual abuse. Additionally, this practice should be consistent in practice over an identified period.

This PREA auditor concluded that CCJDC was not in compliance with PREA standard 115.352. A CORRECTIVE ACTION was required.

During Clark County Juvenile Detention Center's (CCJDC's) Corrective Action period, CCJDC submitted verification of adjustments made to the *Resident Orientation* section of their *Policy P024* to align with PREA Standard 115.352. CCJDC also added giving all residents their "End the Silence" pamphlet during initial orientation, as well as added colorful signage to their housing units. This same signage was added to other location where residents frequent. Finally, CCJDC gave their PREA resident training a complete overhaul, organizing the information so that it flows better. For this standard and for staff training the exhaustion of remedies training component can be found on slide #67.

After this auditor's review of CCJDC's adjustments to their policy, training information dissemination to staff and residents, refreshed signage, and consistency in practice to align with PREA Standard 115.352, CCJDC is in compliance with PREA Standard 115.352.

## **Standard 115.353: Resident access to outside confidential support services and legal representation**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.353 (a)**

- 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 assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- 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  No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.353 (b)

- 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  No

#### 115.353 (c)

- 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  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

#### 115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?  Yes  No
- Does the facility provide residents with reasonable access to parents or legal guardians?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.353. Clark County Juvenile Detention Center (CCJDC) submitted their *DJJS Prison Rape Elimination Act of 2003*



*Personnel Directive Policy P024 as policy evidence of compliance with PREA Standard 115.353. CCJDC’s policy states, “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.*

*When requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.”*

CCJDC’s PREA Policy P024 has the necessary language to align with PREA Standard 115.353 regarding CCJDC’s efforts to provide outside victim advocacy services to all alleged victims of sexual abuse. This PREA auditor received an email where CCJDC made a 2<sup>nd</sup> attempt to enter a Memorandum of Understanding (MOU) between CCJDC and the *Rape Crisis Center of Las Vegas* (dated 6/23/2020). Clark County’s *Rape Crisis Center* serves as the central location for emotional support for victims. This auditor also interviewed CCJDC’s contracted Health Services Manager (Wellpath) and their Regional Director. Both shared that were familiar with the MOU collaboration with CCJDC and the *Rape Crisis Center of Las Vegas (RCCLV)*. Finally, this auditor interviewed 17 CCJDC residents who shared that though COVID-19 has changed the way they have access, however, CCJDC provide residents with confidential access to their attorneys and parents/legal guardians through virtual visits and increased phone calls.

This PREA auditor concludes CCJDC is in compliance with PREA standard 115.353.

## **Standard 115.354: Third-party reporting**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.354 (a)**

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  Yes  No

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.354. CCJDC submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*. as evidence of compliance with PREA Standard 115.354. CCJDC's *PREA Policy P024* has the necessary language to align with PREA Standard 115.354 regarding CCJDC's third-party reports of sexual abuse/harassment.

Though the language in CCJDC's policy is aligned with PREA Standard, this auditor interviewed 17 residents who did not know that they can report a sexual abuse/harassment incident via third-party (attorney, parent, guardian, hotline, etc.). Additionally, CCJDC did not submit any evidence on information being distribute publicly on how to report sexual abuse and sexual harassment on behalf of a resident (website address, newsletter, etc.).

This auditor recommended that CCJDC develop a comprehensive "resident education" component to their resident's CCJDC programming once on their permanent housing units after intake. The resident education (orientation) CCJDC residents were receiving on E6 (males) and E5 (females) was not sticking as the resident are sent to their permanent housing locations. Additionally, CCJDC needed to better clarify reporting avenues in their Pamphlet, as well as ensure each resident is given a pamphlet and handbook upon exiting the intake housing units. The Pamphlet should contain who they can report to and how to do so (tell staff, tell attorney, tell parent/guardian, file a grievance, tell medical, mental health, tell a friend, call the hotline and #, etc.).

This PREA auditor concluded that CCJDC was not in compliance with PREA Standard 115.354. A CORRECTIVE ACTION was required.

During Clark County Juvenile Detention Center's (CCJDC's) Corrective Action period, CCJDC submitted verification of adjustments made to the *Resident Orientation* section of their *Policy P024* to align with PREA Standard 115.352. CCJDC also added giving all residents their "*End the Silence*" pamphlet during initial orientation, as well as added colorful signage to their permanent housing units. This same signage was added to other location where residents frequent. Finally, CCJDC gave their PREA resident training a complete overhaul, organizing the information so that it flows better. The resident training section on how to report clearly defines and clarifies third-party reporting. Finally, CCJDC submitted a link to their PREA Section of their website, which educates the public about reporting PREA-related incidents on behalf of a resident (See link below).

[https://www.clarkcountynv.gov/government/departments/juvenile\\_justice\\_services/prison\\_rape\\_elimination\\_act\\_of\\_2003/index.php](https://www.clarkcountynv.gov/government/departments/juvenile_justice_services/prison_rape_elimination_act_of_2003/index.php)

After this auditor's review of CCJDC's adjustments to their policy, training information dissemination to staff and residents, refreshed signage, and consistency in practice to align with PREA Standard 115.354, CCJDC is in compliance with PREA Standard 115.354.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?  Yes  No

#### 115.361 (c)

- 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  No

#### 115.361 (d)

- 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  No
- 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  No

#### 115.361 (e)

- 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  No
- 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  No
- 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  No  NA
- 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  No

## 115.361 (f)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.361. Clark County Juvenile Detention Center (CCJDC) submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*, as evidence of compliance with PREA Standard 115.361. An excerpt from CCJDC's *Personnel Directive Policy P024* states, "Staff, contractors, interns and volunteers are required to report any knowledge or suspicion that a resident has been the victim of sexual abuse or sexual misconduct, both by way of this policy and the mandated reporter requirements of the State of Nevada under Nevada Revised Statutes 432B.220. Staff, contractors, interns or volunteers that witness resident-on-resident or staff-on-resident sexual abuse/sexual misconduct must respond immediately..."

*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 702-455- 5379. Access to the reported location of the abuse must be restricted and attempts should be made to preserve any potential physical evidence. All other steps should be followed as described above.*

*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."*

CCJDC's *Personnel Directive Policy P024* aligns with PREA Standard 115.361. This auditor also interviewed CCJDC's mental health and contracted medical practitioner, who shared that they are trained to carry out CCJDC's PREA reporting protocols and follows the state child abuse reporting guidelines. They were able to share their coordinated response in case

there was such an allegation. This auditor also interviewed CCJDC's Probation Officers, who both shared their reporting procedures if/when a resident alleges sexual assault/harassment. The 17 interviewed residents stated that they feel safe at CCJDC and feel comfortable notifying any staff of any sexual abuse or harassment.

This PREA auditor concludes CCJDC is in compliance with PREA standard 115.361.

## Standard 115.362: Agency protection duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.362 (a)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.362. Clark County Juvenile Detention Center (CCJDC) submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*, as evidence of compliance with PREA Standard 115.362. An excerpt from CCJDC's *Personnel Directive Policy P024* states, "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. The Professional Standards Unit (PSU), local law enforcement, and a Supervisor or other administrator must be notified, and the appropriate housing changes must be made to ensure the safety of the targeted youth."

*Staff members are not to investigate the alleged offense however, their initial observations and preliminary information of the scene and events can be critical to the investigation. Staff members must be prepared to be good witnesses as to what they saw or heard. The Professional Standards Unit (PSU), local law enforcement, the Supervisor or other administrator advised of the alleged abuse will report the alleged sexual abuse/sexual misconduct to the Division Manager. The Division Manager or designee is required to contact the victim's parent/ guardian, legal counsel and, if applicable, caseworker. The Division Manager will also report the incident to the Director or his or her designee. 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."*

CCJDC's *Personnel Directive Policy P024* aligns with PREA Standard 115.362. This auditor also interviewed 21 CCJDC's Probation Officer, security and support staff, which included mental health and medical contracted practitioners. All shared that they are trained to carry out CCJDC's PREA response protocols if they learn that a resident poses a risk of sexual abuse abuse/harassment. They were able to share their coordinated response in case there was such an allegation, including the state's child abuse reporting guidelines. The 17 interviewed residents stated that they felt safe at CCJDC and felt comfortable notifying any staff of any sexual abuse or harassment.

This PREA auditor concludes CCJDC is in compliance with PREA standard 115.362.

## Standard 115.363: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.363 (a)

- 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  No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency?  Yes  No

#### 115.363 (b)

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

#### 115.363 (c)

- Does the agency document that it has provided such notification?  Yes  No

#### 115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.363. Clark County Juvenile Detention Center (CCJDC) submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*, as evidence of compliance with PREA Standard 115.363. An excerpt from CCJDC's *Personnel Directive Policy P024* states, "In the event a resident reports prior victimization at another custodial facility, the DJJS Director or his/her designee will notify the head of the facility where the alleged abuse occurred, as well as the appropriate law enforcement jurisdiction where the reported abuse occurred, within 24 hours of receiving the report of sexual abuse. All notifications will be documented."

CCJDC's *Personnel Directive Policy P024* has the necessary language to align with PREA Standard 115.363 regarding notifying other confinement facilities upon receiving an allegation that a resident was sexually abused/harassed while confined at another facility. This auditor also interviewed CCJDC's Detention Manager (agency head), who reported that CCJDC does actively practice reporting and responding to other confined facilities. This auditor also interviewed the PREA Compliance Manager, who informed that all facility to facility correspondence is recorded/documented in the resident's file. Both the Detention Manager and the PREA Compliance Manager stated that no occurrences which required facility to facility correspondence. However, CCJDC's compliance team did submit 3 example letters used if/when CCJDC will need to correspond with other facilities.

This PREA auditor concludes CCJDC is in compliance with PREA standard 115.363.

## Standard 115.364: Staff first responder duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.364 (a)

- 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  No
- 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  No
- 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  No
- 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  No

#### 115.364 (b)



- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied CCJDC’s Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.364. Clark County Juvenile Detention Center (CCJDC) submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*, as evidence of compliance with PREA Standard 115.364. An excerpt from CCJDC’s *Personnel Directive Policy P024* states, “*Staff, contractors, interns and volunteers are required to report any knowledge or suspicion that a resident has been the victim of sexual abuse or sexual misconduct, both by way of this policy and the mandated reporter requirements of the State of Nevada under Nevada Revised Statutes 432B.220. Staff, contractors, interns or volunteers that witness resident-on-resident or staff-on-resident sexual abuse/sexual misconduct must respond immediately by doing the following:*

- *Separate the parties. In the event the alleged perpetrator is a DJJS staff member, contractor, intern or volunteer, make efforts to reasonably ensure the alleged perpetrator remains at the facility.*
- *Preserve the scene of the sexual abuse/sexual misconduct, by restricting access to the scene to assigned investigators only and prohibiting the parties from showering, changing clothes, using the toilet, eating/drinking or brushing their teeth.*
- *Take reasonable measures to identify, isolate, and separate witness(es).*
- *Initiate the coordinated response plan identified within this policy.*

*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 702-455- 5379. Access to the reported location of the abuse must be restricted and attempts should be made to preserve any potential physical evidence. All other steps should be followed as described above.*

*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. The Professional Standards Unit (PSU), local law enforcement, and a Supervisor or other administrator must be notified, and the appropriate housing changes must be made to ensure the safety of the targeted youth.*

Staff members are not to investigate the alleged offense however, their initial observations and preliminary information of the scene and events can be critical to the investigation. Staff members must be prepared to be good witnesses as to what they saw or heard. The Professional Standards Unit (PSU), local law enforcement, the Supervisor or other administrator advised of the alleged abuse will report the alleged sexual abuse/sexual misconduct to the Division Manager. The Division Manager or designee is required to contact the victim's parent/ guardian, legal counsel and, if applicable, caseworker. The Division Manager will also report the incident to the Director or his or her designee. 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. The Department imposes no time limit on when a resident can submit a report alleging sexual abuse in a DJJS facility."

CCJDC's Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.364 regarding first responder duties. This auditor also interviewed a random selection of specialized staff, security staff, head of agency, and volunteers. Each knew their responsibilities as first to be informed, notified, or observe sexual abuse/harassment of a resident. This auditor also reviewed and received a copy of CCJDC's training power point slideshow. The 17 interviewed residents shared that they felt comfortable informing staff of any PREA-related incident.

This PREA auditor concludes CCJDC is in compliance with PREA standard 115.364.

## Standard 115.365: Coordinated response

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.365 (a)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard (*Substantially exceeds requirement of standards*)
- Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.365. Clark County Juvenile Detention Center (CCJDC) submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*. as evidence of compliance with PREA Standard 115.365. CCJDC's *Personnel Directive*

Policy P024 “coordinated response” section (pages 13-14) has the necessary language to align with PREA Standard 115.365 regarding CCJDC’s coordinated response when allegations of sexual abuse are reported.

This auditor also interviewed 21 CCJDC’s Probation Officer, security and support staff, which included mental health and medical contracted practitioners. All shared that they are trained to carry out CCJDC’s PREA response protocols if they are informed, notified, or observe sexual abuse/harassment of a resident. They were able to share their coordinated response in case there was such an allegation, including the state’s child abuse reporting guidelines. The 17 interviewed residents stated that they felt safe at CCJDC and felt comfortable notifying any staff of any sexual abuse or harassment.

This PREA auditor concludes CCJDC is in compliance with PREA standard 115.365.

## **Standard 115.366: Preservation of ability to protect residents from contact with abusers**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.366 (a)**

- 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  No

#### **115.366 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied CCJDC’s Pre-Audit Questionnaire. This auditor reviewed the collective bargaining agreement between the Juvenile Justice Probation Officers Association (JJPOA) and the Nevada Association of Public Safety Officers (NAPSO). This agreement does not limit Clark County’s Department of Juvenile Justice Services (DJJS) from removing an abuser from contact with a victim pending the outcome of an

investigation or a determination of whether/what disciplinary action is warranted. An excerpt from DJJS Policy states, “DJJS may reassign a peace officer temporarily or permanently without his/her consent during or pursuant to an investigation conducted pursuant to this section or when there is a hearing relating to such an investigation that is pending.”

While on site, this auditor interviewed CCJDC’s Detention Manager, who explained that all their contracts align with PREA Standard 115.366.

This PREA auditor concludes that CCJDC is in compliance with PREA standard 115.366.

## **Standard 115.367: Agency protection against retaliation**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.367 (a)**

- 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  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### **115.367 (b)**

- 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  No

#### **115.367 (c)**

- 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  No
- 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  No
- 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  No
- 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  No

- 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  No
- 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  No
- 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  No
- 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  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?  
 Yes  No

#### 115.367 (e)

- 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  No

#### 115.367 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.367. Clark County Juvenile Detention Center (CCJDC) submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*. as evidence of compliance with PREA Standard 115.367.

CCJDC's *Personnel Directive Policy P024* language aligns with PREA Standard 115.367. However, this auditor did not see a retaliation monitoring tracking form in 3 of the 6 random files reviewed while on site. Due to CCJDC not having a retaliation monitoring form in each file, CCJDC could not be deemed compliant with PREA Standard 115.367 retaliation monitoring. Furthermore, CCJDC's retaliation monitoring checks were too far apart in their face-to-face monitoring checks with the victim. This was a problem due to CCJDC's short resident average length of stay (reported ALOS of 19 days or less).

This auditor recommended that CCJDC shorten their retaliation monitoring checks to allow for adequate documentation and evidence of monitoring checks. This auditor also recommended that CCJDC's investigation retaliation monitoring documentation should be consistent in practice over an identified period, before being deemed compliant with PREA Standard 115.367.

This PREA auditor concluded that CCJDC was not in compliance with PREA standard 115.367. A CORRECTIVE ACTION was required.

During Clark County Juvenile Detention Center's (CCJDC's) Corrective Action period, CCJDC submitted CCJDC's retaliation monitoring verification. CCJDC's PREA Investigator submitted screenshots of their PREA retaliation monitoring from investigations which occurred from the time this auditor completed the onsite audit to date. CCJDC has also modified their retaliation monitoring by documenting each monitoring meeting with the resident in the resident's electronic case management file. Finally, CCJDC's retaliation monitoring contact with the resident reporting a PREA incident has been shifted to weekly, which better allows for monitoring within CCJDC's resident average length of stay (19 days ALOS).

After this auditor's review of CCJDC's adjustments to their retaliation monitoring process, increased frequency in face-to-face contact with residents who report a PREA incident, concrete retaliation monitoring documentation in the resident's electronic case management file, and consistency in practice to align with PREA Standard 115.367, CCJDC is in compliance with PREA Standard 115.367.

## **Standard 115.368: Post-allegation protective custody**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.368 (a)**

- 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  No

#### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.368. Clark County Juvenile Detention Center (CCJDC) submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*, as evidence of compliance with PREA Standard 115.368 (via 115.342 requirements). An excerpt from CCJDC's *Personnel Directive Policy P024* states, "Residents may be 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. The Department shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services during any period of isolation. Residents in isolation shall receive daily visits from medical or mental health staff. Residents in isolation will also have access to other programs and work opportunities, to the extent possible."

CCJDC's *Personnel Directive Policy P024* has the necessary language to align with PREA Standard 115.368 regarding CCJDC's use of protective custody for residents who report/allege sexual abuse/harassment. This PREA auditor interviewed random security staff regarding the protection of residents who report/allege sexual abuse/harassment. Each security staff reported that reporting residents are either separated and/or programming adjusted to ensure the resident's safety. This auditor confirmed housing assignments and adjustments. Finally, the 17 random residents interviewed stated that they felt safe at CCJDC and staff are quick to respond and make adjustment if resident incidents or reports are shared with them.

This PREA auditor concludes CCJDC is in compliance with PREA standard 115.368.

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.371 (a)

- 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/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA



#### 115.371 (b)

- 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  No

#### 115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?  Yes  No

#### 115.371 (e)

- 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  No

#### 115.371 (f)

- 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  No
- 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  No

#### 115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- 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  No

#### 115.371 (h)

- 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  No

#### 115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  Yes  No

#### 115.371 (j)

- 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  No

#### 115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.371 (l)

- Auditor is not required to audit this provision.

#### 115.371 (m)

- 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  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.371. Clark County Juvenile Detention Center (CCJDC) submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*. as evidence of compliance with PREA Standard 115.371 (via 115.334 requirements).

Though CCJDC's practice is in place and CCJDC's *Personnel Directive Policy P024* had some language which aligned with PREA Standard 115.371, the necessary language needed to align with the requirements of PREA Standard 115.334 were not met. Because both PREA Standards 115.334 and 115.371 are directed related, this auditor could not deem CCJDC's policy language of 115.371 compliant when CCJDC's policy language related to PREA Standard 115.334 was non-compliant. This auditor recommended that CCJDC adjust their *Personnel Directive Policy P024* language to align with PREA Standard 115.334.

This PREA auditor concluded that CCJDC was not in compliance with PREA standard 115.371. A CORRECTIVE ACTION was required.

During Clark County Juvenile Detention Center's (CCJDC's) Corrective Action period, CCJDC submitted verification of adjusting their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024* to align with PREA Standard 115.334, thus aligning with PREA Standard 115.371. After this auditor's review of CCJDC's adjustments to their policy and consistency in practice to align with PREA Standard 115.371, CCJDC is in compliance with PREA Standard 115.371.

## **Standard 115.372: Evidentiary standard for administrative investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.372 (a)**

- 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  No

#### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.372. Clark County Juvenile Detention Center (CCJDC) submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*. as evidence of compliance with PREA Standard 115.373. Excerpts from CCJDC's *Personnel Directive Policy P024* states, "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."

CCJDC's *Personnel Directive Policy P024* has the necessary language to align with PREA Standard 115.372 regarding CCJDC's use of preponderance of evidence standards. This auditor interviewed CCJDC's PREA Investigators and PREA Compliance Manager who shared that criminal investigations are referred to law enforcement and DJJS PREA Investigators are responsible for administrative investigations. This auditor also reviewed 6 random investigation files, which had the appropriate preponderance of evidence in its conclusion (substantiated, unsubstantiated, and unfounded).

This PREA auditor concludes CCJDC is in compliance with PREA standard 115.372.

## Standard 115.373: Reporting to residents

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.373 (b)

- 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  No  NA

#### 115.373 (c)

- 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  No
- 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  No
- 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  No

- 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  No

#### 115.373 (d)

- 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  No
- 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  No

#### 115.373 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.373 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.373. Clark County Juvenile Detention Center (CCJDC) submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*. as evidence of compliance with PREA Standard 115.373.

CCJDC's *Personnel Directive Policy P024* has the necessary language to align with PREA Standard 115.373 regarding CCJDC's reporting outcomes of investigation to the victim. This auditor interviewed CCJDC's PREA Investigators and PREA Compliance Manager who shared that at the completion of investigations the outcomes are reported to the victim resident. When this auditor reviewed the 6 random investigative files, there was documentation that the resident was notified. However, there were no documentation that the resident received the outcome notification of the investigation (i.e. signature page, copy of written notification, etc.)

This auditor recommended that CCJDC Investigation team develop a written notification form or a notification signature section on the investigation form where the reporting investigator and the resident signs/dates, verifying receipt of said notification. This PREA auditor concluded that CCJDC was not in compliance with PREA standard 115.373. A CORRECTIVE ACTION was required.

During Clark County Juvenile Detention Center's (CCJDC's) Corrective Action period, CCJDC submitted their additional section on their PREA Investigation Form which notifies the reporting resident of the outcome of the investigation. This section allows the resident to receive, review, and sign the notice, as well as the PREA Investigator's signature, verifying delivery and receipt of the investigation outcome. CCJDC's PREA Investigator also submitted a fully executed notification from a completed PREA investigation which occurred after this auditor's onsite audit.

After this auditor's review of CCJDC's adjustments to their PREA Investigation outcome notification process and consistency in practice to align with PREA Standard 115.373, CCJDC is in compliance with PREA Standard 115.373.

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.376 (c)

- 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  No

#### 115.376 (d)

- 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  No
- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.376. Clark County Juvenile Detention Center (CCJDC) submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*, as evidence of compliance with PREA Standard 115.376. Excerpts from CCJDC's *Personnel Directive Policy P024* states, "The DJJS PSU will conduct administrative investigations for allegations of sexual harassment. 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. 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. All employees, contractors, interns and volunteers, including the accused, shall cooperate fully in an administrative investigation.

*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."*

CCJDC's *Personnel Directive Policy P024* has the necessary language to align with PREA Standard 115.376 regarding CCJDC's disciplinary standards for staff substantiated in PREA criminal and administrative investigations. This PREA auditor also reviewed the 6 random PREA Investigative files. This auditor also interviewed the two members of CCJDC's PREA Investigator team, who explained that they seek prosecution for all criminal PREA-related investigations, as well as recommends termination. Additionally, while on-site this PREA auditor interviewed the Human Resources (HR) Manager,



who shared the agency's protocol on substantiated sexual abuse investigations. CCJDC's HR Manager also showed their policy related to disciplinary actions for staff substantiated for sexual abuse (which adheres to PREA Standard 115.376).

This PREA auditor concludes CCJDC is in compliance with PREA standard 115.376.

## Standard 115.377: Corrective action for contractors and volunteers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

#### 115.377 (b)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.377. Clark County Juvenile Detention Center (CCJDC) submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*. as evidence of compliance with PREA Standard 115.377. Excerpts from CCJDC's *Personnel Directive Policy P024* states, "The DJJS PSU will conduct administrative investigations for allegations of sexual harassment. 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. 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. All employees, contractors, interns and volunteers, including the accused, shall cooperate fully in an administrative investigation.

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.”

CCJDC’s Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.377 regarding CCJDC’s disciplinary standards for contractors and volunteers substantiated in PREA criminal and administrative investigations. This PREA auditor also reviewed the 6 random PREA Investigative files. This auditor also interviewed the two members of CCJDC’s PREA Investigator team, who explained that they seek prosecution for all criminal PREA-related investigations, as well as recommends termination. Additionally, while on-site this PREA auditor interviewed the Human Resources (HR) Manager, who shared the agency’s protocol on substantiated sexual abuse investigations. CCJDC’s HR Manager also showed their policy related to disciplinary actions for contractors and volunteers substantiated for sexual abuse (which adheres to PREA Standard 115.377).

This PREA auditor concludes CCJDC is in compliance with PREA standard 115.377.

## **Standard 115.378: Interventions and disciplinary sanctions for residents**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.378 (a)**

- 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  No

#### **115.378 (b)**

- 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  No
- 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  No
- 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  No

- 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  No
- 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  No

#### 115.378 (c)

- 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  No

#### 115.378 (d)

- 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  No
- 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  No

#### 115.378 (e)

- 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  No

#### 115.378 (f)

- 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  No

#### 115.378 (g)

- 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  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.378. Clark County Juvenile Detention Center (CCJDC) submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*, as evidence of compliance with PREA Standard 115.378.

CCJDC's *Personnel Directive Policy P024* had no language to align with PREA Standard 115.378 regarding CCJDC's disciplinary sanctions 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. This auditor individually interviewed CCJDC's Detention Manager and PREA Compliance Manager. When asked about interventions and disciplinary actions for residents who engage in sexual assault/harassment, each shared the administrative disciplinary procedures prior to sanctioning. The 17 interviewed residents stated that knew their rights and the disciplinary process when someone commits a sexual assault or harassment. They also stated that they felt safe and felt comfortable notifying any staff of any instances sexual abuse or harassment. However, no disciplinary hearing information or procedural due process evidence was submitted either electronically or while this auditor was onsite.

This auditor recommended that CCJDC develop policy language in their *Personnel Directive Policy P024* which aligns with PREA Standard 115.378. Additionally, this auditor recommended that CCJDC develop procedures on how CCJDC's resident due process hearings and CCJDC's Behavior Management Program correlates with PREA Standard 115.378. This PREA auditor concluded that CCJDC was not in compliance with PREA standard 115.378. A CORRECTIVE ACTION was required.

During Clark County Juvenile Detention Center's (CCJDC's) Corrective Action period, CCJDC adjusted their CCJDC's *Personnel Directive Policy P024* to align with the language in PREA Standard 115.378. Additionally, CCJDC submitted their procedural due process and behavioral management system, which addresses residents found substantiated of resident-on-resident sexual abuse. After reviewing CCJDC's Behavioral Management System and speaking with CCJDC's PREA Investigator, this auditor was satisfied with the explanation.

After this auditor's review of CCJDC's adjustments to their *Personnel Directive Policy P024*, submittal of their CCJDC disciplinary due process procedures, and consistency in practice to align with PREA Standard 115.378, CCJDC is in compliance with PREA Standard 115.378.

## MEDICAL AND MENTAL CARE

### Standard 115.381: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.381 (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, 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  No

#### 115.381 (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, 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  No

#### 115.381 (c)

- 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  No

#### 115.381 (d)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied CCJDC’s Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.381. Clark County Juvenile Detention Center (CCJDC) submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*, as evidence of compliance with PREA Standard 115.381. Excerpts from CCJDC’s *Personnel Directive Policy P024* states, “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 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.*

*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. 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. 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.*

*Any use of segregated housing to protect a resident who reported sexual abuse victimization must be conducted in accordance with the Resident Housing section of this policy.*

*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. Female victims of sexual abuse while incarcerated will be offered pregnancy tests, when appropriate. Should pregnancy result from the sexual abuse, victims will be provided comprehensive information regarding all lawful pregnancy-related medical services in a timely manner.*

*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."*

CCJDC's Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.381 regarding CCJDC's medical and mental health screenings and follow-ups (pursuant to PREA Standard 115.341). This auditor also interviewed CCJDC's Mental Health Services Director and CCJDC's contracted Medical Services Manager, who shared that they are trained to carry out follow-up meetings within 14 days for residents who screened being previously victimized. Both interviewed managers submitted documentation showing their follow-up meetings with resident who were assessed as having history of sexual abuse/victimization.

This auditor also interviewed CCJDC's Intake Probation Officer who demonstrated how their victimization and abusiveness risk assessment is captured in their Data System and how Mental Health is then flagged when a certain score is reached on the assessment which identifies victimization or perpetration. Finally, this auditor reviewed 5 random intake assessments. Each assessment was completed during intake. Two intakes were flagged for mental health follow-up. Mental Health show in their documentation their meeting with the two flagged residents within the 14-day timeframe. Finally, all residents interviewed verified that assessments are completed when they arrive to CCJDC.

This PREA auditor concludes CCJDC is in compliance with PREA standard 115.381.

## **Standard 115.382: Access to emergency medical and mental health services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.382 (a)**

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  Yes  No

#### **115.382 (b)**



- 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  No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.382 (c)

- 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  No

#### 115.382 (d)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.382. Clark County Juvenile Detention Center (CCJDC) submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*, as evidence of compliance with PREA Standard 115.382. Excerpts from CCJDC's *Personnel Directive Policy P024* states, "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. 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. 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. Any use of segregated housing to protect a resident who reported sexual abuse victimization must be conducted in accordance with the Resident Housing section of this policy."



*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. Female victims of sexual abuse while incarcerated will be offered pregnancy tests, when appropriate. Should pregnancy result from the sexual abuse, victims will be provided comprehensive information regarding all lawful pregnancy-related medical services in a timely manner.*

*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.”*

CCJDC’s *Personnel Directive Policy P024* has the necessary language to align with PREA Standard 115.382 regarding immediate access to medical and mental health services for resident victims. This auditor also interviewed CCJDC’s Mental Health Services Director and CCJDC’s contracted Medical Services Manager, who shared that they are trained to carry mental health and medical services. They also shared that they have a collaborative relationship with the *Rape Crisis Center of Las Vegas (RCCLV)* for external support and ongoing mental health services. This auditor received two emails showing the correspondence and pending MOU with *Rape Crisis Center of Las Vegas (RCCLV)*.

This PREA auditor concludes CCJDC is in compliance with PREA standard 115.382.

## **Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.383 (a)**

- 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  No

#### **115.383 (b)**

- 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  No

#### **115.383 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

#### **115.383 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

#### **115.383 (e)**

- 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.)  Yes  No  NA

#### 115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

#### 115.383 (g)

- 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  No

#### 115.383 (h)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.383. Clark County Juvenile Detention Center (CCJDC) submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*, as evidence of compliance with PREA Standard 115.383. Excerpts from CCJDC's *Personnel Directive Policy P024* states, "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. 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. 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."

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. Female victims of sexual abuse while incarcerated will be offered pregnancy tests, when appropriate. Should pregnancy result from the sexual abuse, victims will be provided comprehensive information regarding all lawful pregnancy-related medical services in a timely manner.

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.”

CCJDC’s Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.383 regarding ongoing medical and mental health services for resident victims and perpetrators. This auditor also interviewed CCJDC’s Mental Health Services Director and CCJDC’s contracted Medical Services Manager, who shared that they are trained to carry mental health and medical services. They also shared that they have a collaborative relationship with the Rape Crisis Center of Las Vegas (RCCLV) for external support and ongoing mental health services. This auditor received two emails showing the correspondence and pending MOU with Rape Crisis Center of Las Vegas (RCCLV).

This PREA auditor concludes CCJDC is in compliance with PREA standard 115.383.

## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.386 (a)

- 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  No

#### 115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.386 (d)

- 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  No

- 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  No
- 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  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- 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  No

### 115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied CCJDC’s Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.386. Clark County Juvenile Detention Center (CCJDC) submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*. as evidence of compliance with PREA Standard 115.386. Excerpts from CCJDC’s *Personnel Directive Policy P024* states, “*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.*”

The Incident Review Team will consider the following:

1. Whether the allegations or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;
2. Whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTQI identification, status or perceived status, gang affiliation, or otherwise motivated by group dynamics in the facility;
3. Whether the area in the facility where the incident allegedly occurred has physical barriers that enable abuse;
4. Whether staffing levels were adequate at the time of the alleged abuse;
5. Whether monitoring technology requires augmentation to add to staff supervision.

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.”

CCJDC’s Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.386 regarding sexual abuse incident reviews. CCJDC also submitted copies of their completed DJJS PREA Sexual Abuse Incident Review Forms. CCJDC uses these specific forms to document their team meetings and the minutes, as evidence of incident review meeting occurring consistently after sexual abuse incidents.

This PREA auditor concludes CCJDC is in compliance with PREA standard 115.386.

## Standard 115.387: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.387 (a)

- 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  No

#### 115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.387 (c)

- 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  No

#### 115.387 (d)

- 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  No

#### 115.387 (e)

- 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  No  NA

### 115.387 (f)

- 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  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.387. Clark County Juvenile Detention Center (CCJDC) submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*, as evidence of compliance with PREA Standard 115.387. Excerpts from CCJDC's *Personnel Directive Policy P024* states, "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.

*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.*

*The agency will prepare an annual report of its findings and corrective actions for each facility based on the collected sexual abuse data. The annual report will be posted for publication on the agency website and provided to appropriate legislative oversight committees (See Appendix A).*

*Upon request, the agency will provide data to the Department of Justice."*

CCJDC's *Personnel Directive Policy P024* has the necessary language to align with PREA Standard 115.387 regarding CCJDC's PREA-Related Data Collection. This auditor also interviewed CCJDC's Detention Manager and PREA Compliance Manager. This auditor was also able to review how PREA-related data is collected and documented in CCJDC's data

collection system. CCJDC also submitted their *Clark County Department of Juvenile Justice Services Prison Rape Elimination Act (PREA) Annual Report* (from 2018, 2019). Each report recapped their annual PREA incidents data prevention/intervention strategies, and corrective actions taken to prevent such instances from occurring/reoccurring (interventions such as staffing plan adjustments, staff training, additional reporting avenues, MOU with external victim advocacy partners, etc.).

This PREA auditor concludes CCJDC is in compliance with PREA standard 115.387.

## Standard 115.388: Data review for corrective action

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.388 (a)

- 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  No
- 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  No
- 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  No

#### 115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### 115.388 (c)

- 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  No

#### 115.388 (d)

- 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  No

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)



- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.388. Clark County Juvenile Detention Center (CCJDC) submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*, as evidence of compliance with PREA Standard 115.388. Excerpts from CCJDC's *Personnel Directive Policy P024* states, "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.

*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.*

*The agency will prepare an annual report of its findings and corrective actions for each facility based on the collected sexual abuse data. The annual report will be posted for publication on the agency website and provided to appropriate legislative oversight committees (See Appendix A).*

*Upon request, the agency will provide data to the Department of Justice."*

CCJDC's *Personnel Directive Policy P024* has the necessary language to align with PREA Standard 115.388 regarding CCJDC's Data Review for Corrective Action. This auditor also interviewed CCJDC's Detention Manager and PREA Compliance Manager. This auditor was also able to review how PREA-related data is collected and documented in CCJDC's data collection system. This auditor was also able to review *Clark County Department of Juvenile Justice Services Prison Rape Elimination Act (PREA) Annual Report* (from 2018, 2019). Each report recapped their annual PREA incidents data prevention/intervention strategies, and corrective actions taken to prevent such instances from occurring/reoccurring (interventions such as staffing plan adjustments, staff training, additional reporting avenues, MOU with external victim advocacy partners, etc.).

This PREA auditor concludes CCJDC is in compliance with PREA standard 115.388.

## Standard 115.389: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?  
 Yes  No

#### 115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.389 (d)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.389. Clark County Juvenile Detention Center (CCJDC) submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*, as evidence of compliance with PREA Standard 115.389. Excerpts from CCJDC's *Personnel Directive Policy P024* states, "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.

*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.

The agency will prepare an annual report of its findings and corrective actions for each facility based on the collected sexual abuse data. The annual report will be posted for publication on the agency website and provided to appropriate legislative oversight committees (See Appendix A).

DJJS will make all aggregated sexual abuse data, from Detention and Spring Mountain Youth Camp readily available to the public at least annually through the Clark County website

([https://www.clarkcountynv.gov/government/departments/juvenile\\_justice\\_services/prison\\_rape\\_elimination\\_act\\_of\\_2003/index.php](https://www.clarkcountynv.gov/government/departments/juvenile_justice_services/prison_rape_elimination_act_of_2003/index.php)).

Before making aggregated sexual abuse data publicly available, DJJS will remove all personal identifiers. DJJS will maintain sexual abuse data collected for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

Upon request, the agency will provide data to the Department of Justice.”

CCJDC’s Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.389 regarding CCJDC’s data storage, publication and destruction. This auditor also interviewed CCJDC’s Detention Manager and PREA Compliance Manager. This auditor was also able to review how PREA-related data is collected and stored, as well as destroyed through CCJDC’s data collection system. CCJDC also submitted their *Clark County Department of Juvenile Justice Services Prison Rape Elimination Act (PREA) Annual Report* (from 2018, 2019). Each report recapped their annual PREA incidents data prevention/intervention strategies, and corrective actions taken to prevent such instances from occurring/reoccurring (interventions such as staffing plan adjustments, staff training, additional reporting avenues, MOU with external victim advocacy partners, etc.).

This PREA auditor concludes CCJDC is in compliance with PREA standard 115.389.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)  
 Yes    No    NA

##### 115.401 (b)

- During each one-year period starting on August 20, 2013, 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?  Yes    No

##### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
 Yes    No

### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.389. Clark County Juvenile Detention Center (CCJDC) submitted their *DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024*. as evidence of compliance with PREA Standard 115.401. Excerpts from CCJDC's *Personnel Directive Policy P024* states, *The DJJS Director or designee (PREA Coordinator) will certify that the agency is in full compliance or has established an action plan to enable full compliance with PREA standards based on the results from audits conducted by an independent auditor in compliance with Section 115.401 of the Department of Justice PREA Standards.*"

Additionally, CCJDC is required to have a PREA audit every three years, starting October 16, 2020 after the conclusion of this first PREA Audit. The auditor had access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents. The auditor was permitted to conduct private interviews with inmates, residents, and detainees. The CCJDC residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

This PREA auditor concludes CCJDC is in compliance with PREA standard 115.401.

## Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

There have not been a Final Audit Reports issued in the past three years for Clark County Juvenile Detention Center.

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### **Auditor Instructions:**

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

DeShane Reed (#P2190)

April 12, 2021

**Auditor Signature**

**Date**

\_\_\_\_\_