

# PREA Facility Audit Report: Final

**Name of Facility:** Spring Mountain Youth Camp

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 06/06/2017

**Date Final Report Submitted:** 03/06/2018

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Macilla Jager	<b>Date of Signature:</b> 03/06/2018

AUDITOR INFORMATION	
<b>Auditor name:</b>	Jager, Kila
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<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	04/05/2017
<b>End Date of On-Site Audit:</b>	04/07/2017

FACILITY INFORMATION	
<b>Facility name:</b>	Spring Mountain Youth Camp
<b>Facility physical address:</b>	2400 Angel Peak Place, Las Vegas, Nevada - 89124
<b>Facility Phone</b>	702 455-5555
<b>Facility mailing address:</b>	
<b>The facility is:</b>	<input checked="" type="radio"/> County <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
<b>Facility Type:</b>	<input type="radio"/> Detention <input checked="" type="radio"/> Correction <input type="radio"/> Intake <input type="radio"/> Other <input type="text"/>

Primary Contact			
<b>Name:</b>	Patrick Schreiber	<b>Title:</b>	Assistant Director DJJS
<b>Email Address:</b>	schreipw@clarkcountynv.gov	<b>Telephone Number:</b>	702 455-5210

Warden/Superintendent			
<b>Name:</b>	Michael Whelihan	<b>Title:</b>	Manager, Spring Mountain Youth Camp
<b>Email Address:</b>	Michael.Whelihan@clarkcountynv.gov	<b>Telephone Number:</b>	702 455-5555

Facility PREA Compliance Manager			
<b>Name:</b>	Carolyn Banks	<b>Email Address:</b>	bankscl@clarkcountynv.gov

Facility Health Service Administrator			
<b>Name:</b>	Cheryl Wright	<b>Title:</b>	Manager, Clinical Services
<b>Email Address:</b>	wrightcl@clarkcountynv.gov	<b>Telephone Number:</b>	702 455-5226

Facility Characteristics	
<b>Designed facility capacity:</b>	100
<b>Current population of facility:</b>	96
<b>Age range of population:</b>	13-18 years
<b>Facility security level:</b>	SMYC is considered a "staff secure" facility, there are no fences or locked rooms
<b>Resident custody level:</b>	adjudicated youth
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	70

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

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

<b>Agency-Wide PREA Coordinator Information</b>			
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<b>Name:</b>	Patrick Schreiber	<b>Email Address:</b>	schreipw@clarkcountynv.gov
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## AUDIT FINDINGS

### **Narrative:**

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

Two months before the site visit, a notice was posted, and staff and residents educated about their right to contact this auditor confidentially. Audit instructions were sent, to Spring Mountain Youth Camp (SMYC), and documentation requested for each standard and sub part. SMYC uploaded documentation.

Prior to the site visit, uploaded written policies, procedures, and documentation, were reviewed, and additional documents requested.

A site visit was conducted on April 5,6,7, 2017, and an additional site visit on November 28, 29 2017. Following the entrance meeting, a comprehensive tour of the facility was provided--allowing for assessment of facility, posters, flyers, audit notice, staff/resident interactions, site evaluation, and dialog with staff and residents.

After completing the tour, interviews began and continued throughout the subsequent three days, and additional two days in November. 12 Staff Interviewees were selected randomly, by this auditor--from schedules of staff members on duty, covering all shifts at Spring Mountain Youth Camp.

In addition, 15 specialty-staff-including the PREA staff, superintendent, management/supervisors, medical and mental health, intake, education, contractors, volunteers, an advocate, Human Resources, and hospital (SANE) staff, and others, were interviewed, according to the PREA audit guidelines.

17 Residents, between the two site visits, from all units were randomly selected, by this auditor, and interviewed from a list of all youth currently in the facility. There were no residents who identified as gay, lesbian, bisexual, transgender or intersex, and no youth with limited English proficiency or literacy skills at the time of the audit, to be interviewed.

Both on-site visits, of this audit, allowed for review of additional documentation, practice, training, and culture at SMYC.

The exit meetings, for both site visits, were held the final day of the audit and many good practices were complimented. SMYC and this auditor talked about what the evaluation process would be and about putting together an aggressive corrective action plan to assist with PREA compliance--this would include reviewing the Pre-Audit Questionnaire, the supporting documents, my observations from the facility tour, site visits, and information derived from interviews.

Following the first on-site visit, an extensive review of all information provided-including the first site interviews, facility tour, observations, paperwork, documentation, and practice, was completed for this interim report. Included in the Interim Audit Findings were each standard sub part evaluated for compliance, and a narrative explanation of the rationale for each compliance or noncompliance determination. This interim report included a summary of the number of standards that were met, not met, exempt, or not applicable, and recommendations for achieving compliance with any standard to assist in completing the corrective action plan (CAP)

During the corrective action period, many changes took place at SMYC. With the PREA Coordinator retiring and changes in management, the work of compliance slowed, but did not stop. Toward the end of the corrective action period, this auditor made a return trip to interview 6 additional staff and 7 additional residents, as well as review of documentation, observation of all facility and unit daily activities, and meeting with management.

At the end of the corrective action period, Spring Mountain Youth Camp and DJJS continue to work towards compliance, and this auditor spent time on the second PREA audit visit talking through the ongoing compliance needs of the facility.

SMYC embraced the work that needs to be done and is focusing on ensuring they complete the necessary work, in order to schedule another audit and meet their expected status of PREA compliance.

## AUDIT FINDINGS

### Facility Characteristics:

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

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

Spring Mountain School is operated by the Clark County School District. All residents are required to attend structured educational programming while at SMYC. Spring Mountain athletic teams compete against other schools of similar size. The "Spring Mountain Golden Eagles" participate in baseball, football, wrestling, track & field and basketball.

Youth placed at SMYC participate in a variety of programs, such as substance abuse, parenting and social skill development. The DJJS Mental Health Treatment Team provides group, individual and specialized counseling sessions.

The Mental Health Treatment Team offers educational classes in substance abuse through the Images in Truth project. Some of these young men have also had the opportunity to receive instruction in creative movement and learn various circus acts through a partnership with Cirque de Monde, which is an offshoot of Cirque de Soleil.

Spring Mountain Youth Camp, also known as SMYC, is a division of the Department of Juvenile Justice Services, which is a part of the government of Clark County in Nevada. It is a juvenile facility that houses male youths between the ages of 12 and 18.

There are five dorms, each housing 20 young men. Each resident has a semi-private personal space, and these spaces are on 2 levels on the perimeter of the dorm, with a central staff location. Each individual space has a bed, locker, desk and window, and there are shower stalls on each level. The laundry room and supply room in each dorm are locked so only staff have access

The county-run camp operates by "line-of-sight supervision," meaning there's no barbed wire or individual jail cells. The teens live in dormitory-style housing staffed around the clock by probation officers.

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

## AUDIT FINDINGS

### Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

<b>Number of standards exceeded:</b>	1
<b>Number of standards met:</b>	22
<b>Number of standards not met:</b>	20

The following report reflects compliance per standard and sub-standard. Included are evaluated documents, first and second site visits, and interviews compiled into a compliance determination.

Spring Mountain Youth Camp continues to work diligently to become PREA Compliant and is heavily invested in resident safety and changing lives. Residents are taught independent living skills, attend school, have daily chores that must be completed, and are provided counseling and other services as needed.

One of the most important steps SMYC is working on is a SMYC Standard Operating Procedure, A facility PREA "Standard Operating Procedure" (SOP) is the plan of action, steps by step sequence of activities, or course of action, that must be followed to implement the DJJS PREA policy. Spring Mountain has the agency DJJS PREA policy; however, the SOP, or procedure describing who, what, where, when, why, and by what means (how) the facility accomplishes compliance with the PREA Policy, is still in progress.

Interviews with management and staff indicated a profound investment in completing their mission, "To teach youth skills and behaviors that will enable them to successfully solve problems and understand the basics of building positive relationships while deterring further delinquent behavior. To motivate youth to make positive changes in their behavior and lifestyle so they can be successful in the community and an asset to their families." Included in this commitment is the philosophy of this SMYC, "We help boys help themselves!"

"Firm, Fair, consistent" are the watchwords SMYC lives by, and, with the high standards set, and the diligence by which they live out those high standards, their continued work towards PREA Compliance will be accomplished.

This final report contains some insight on compliance work still to be completed; however, the heart and determination provided by the staff and management of SMYC and DJJS, will see this through to their goal of compliance.



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## **Standards**

### **Auditor Overall Determination Definitions**

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

### **Auditor Discussion Instructions**

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

115.311	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>15.311: Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator</p> <p>Compliance: Spring Mountain Youth Camp (SMYC) and Clark County Department of Juvenile Justice Services (DJJS) meets this standard in Policy/procedure, practice, and culture, as evidenced by the following:</p> <p>Policy and Procedure:</p> <p>Documentation review indicates that SMYC meets this standard in compliant paperwork, policy, and organizational structure, --documentation is uploaded into this audit.</p> <p>Initial policy review, interviews, and observations, quickly confirmed a Zero tolerance approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Additionally, Clark County PREA Policy --page 1- outlines how SMYC implements the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. This includes definitions of prohibited behaviors and sanctions for those found to have participated in prohibited behaviors-on -Page 3, as well as agency strategies and responses to reduce and prevent sexual abuse and sexual harassment-page 13-15.</p> <p>Practice:</p> <p>Clark County DJJS employs a PREA Coordinator and Page 4 and 5, of the Clark County DJJS PREA Policy, and the uploaded Organization Chart, demonstrates that the PREA Coordinator is a management position--Assistant Director of Juvenile Justice Services. In an interview, the PREA Coordinator indicated sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with PREA- although not without challenges.</p> <p>Additionally, Clark County designated the SMYC Superintendent, as PREA Compliance Manager. (PCM) He is in a position of Management and indicates there is never sufficient time, although he has sufficient authority to coordinate SMYC's efforts to comply with the PREA Standards; however, like everyone else, he has a commitment to the safety of the youth and staff at the facility and just keeps working at it.</p> <p>SMYC meets this standard in Practice, as evidenced by interviews, documents review, and observations by this auditor. Interviews with staff, management, contractors, volunteers, and residents, confirm consistent actions taken to insure there is zero tolerance for sexual abuse and sexual harassment. These actions are based on knowledge of zero tolerance, definitions of prohibited behaviors, and taking universal actions to prevent and respond.</p> <p>Culture:</p> <p>Zero tolerance is firmly established in the everyday thoughts and actions of staff and residents at SMYC. Collective knowledge of prohibited behaviors and universal actions to such</p>	

behaviors are deeply instilled at Spring Mountain Youth Camp(SMYC), as evidenced by observations, interviews, facility tour, and second site visit and interviews.

<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This is a Clark County facility that does not have any contracts for placement of youth outside detention or SMYC.

<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.313 - Supervision and monitoring</p> <p>115.313: At completion of the corrective action period, SMYC continues to work diligently to become PREA compliant; however, while tremendous progress has been made, 115.313 a, b, and d. remain out of compliance.</p> <p>Documentation reviewed includes:</p> <p>Draft PREA policy; accountability sheets to document youth average population; staff ratio tracking logs; unannounced round documentation; camera schematic and placement; shift logs; deviation forms, security procedures; shift procedures; facility tour, observations, conversations and questions, and interviews with the PREA Compliance Manager, Director/Superintendent, and upper level staff.</p> <p>115.313a: Clark County Department of Juvenile Justice Services (DJJS) draft policy requires an overall facility staffing ratio of 1:8 and 1:16. SMYC is a juvenile facility and not required to comply with standard. Clark County Division of Juvenile Justice Services (DJJS) policy requires that the overall facility staffing ratio is 1:8 and 1:16. This is not per area, like a secure facility, but facility wide.</p> <p>115.313c--staffing ratio for secure juvenile facilities. They are, however, required to develop a comprehensive staffing plan addressing all areas designated by this standard and documenting the development process. A comprehensive staffing plan continues in progress, at the end of the corrective action period. In addition, SMYC and DJJS are in the process of editing and finalizing the agency PREA policy, as well as implementation, training/education, and certifying staff understanding. A written, PREA compliant, staffing plan and finalized PREA policy, training and implementation remain future compliance goals.</p> <p>313b: During corrective action SMYC documented deviations from the 1:8 and 1:16 staffing ratio required for secure facilities-although they are not one. As soon as there is a PREA compliant staffing plan, the tracking will already be in place. This practice of tracking and documenting deviations (limited and discrete exigent circumstances that cause the facility be out of compliance with their staffing plan) is not based on a PREA compliant staffing plan and is out of compliance-at the end of the corrective action period At SMYC, when staffing ratios are out of compliance, staff are mandated to stay at the facility until additional staffing can be arranged. In the meantime, tracking staffing ratios is becoming an ingrained facility process, positively affecting facility practice and culture. Included in documentation are monthly reports, showing staff ratio tracking. This report is sent to Nevada Department of Children and Family Services (DCFS) monthly. (SMYC is a contracted facility of DCFS)</p>

313c, 313e: N/A--Standards 313c and 313e only apply to secure facilities; however, SMYC conducts and documents unannounced rounds and strives towards, and tracks an overall, facility wide, staffing ratio of 1:8 and 1:16.

#### 313d

The facility states that reviewing the current staffing plan is an ongoing action; however, current staffing reviews being completed, because there is not a written PREA compliant staffing plan, do not comply with this PREA standard. SMYC is currently working on a written, PREA compliant staffing plan and committed to completion and implementation. Work continues in this area at the end of the corrective action period

#### Practice: Out of compliance

SMYC has very detailed shift and safety policies, that staff and management diligently work to maintain. The facility tracks staffing ratios on all shifts, and, in addition, conducts daily unannounced rounds, by upper level staff, every shift, and randomly.

The practice of following and tracking a PREA compliant staffing plan, is not in compliance until that staffing plan is in place, although the ratio tracking done currently will make a very smooth transition into practice compliance.

#### Culture:

Highly trained and professional staff (probation officers/certified peace officers) make a career out of calm, clear, and consistent supervision, case management, and role modeling at Spring Mountain Youth Camp. The unique staffing of this juvenile facility provides a skilled, attentive, learning environment, where safety and reformation go hand in hand. The basic culture of Spring Mountain is based on professional staff taking their responsibilities seriously, putting safety and security first, then building relationships with residents to assist in their reformation.

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

#### Policy/Paperwork Compliance:

The following, are policies, procedures, and directives, used to determine PREA paperwork compliance—regarding cross-gender viewing and searches.

The Clark County/SMYC Security and Control Policy, on page 11, states that male searches male, and female searches female, except in exigent circumstance.

Page 10 of the draft PREA Personal Directive Policy prohibits cross gender searches, except in exigent circumstance.

Page 11 of the Security and Control Policy is clear about staff documenting such searches in the dorm log book and in Family TRACS

Page 9, of the PREA Personal Directive Policy, prohibits cross gender searches, except for exigent circumstances, and, directs staff to document any cross-gender search,

Page 9 directs that staff, of the opposite gender from residents on the unit, announce their presence when entering the unit, and, ensures residents can shower, change clothing, and toilet with cross gender viewing,

Page 10, states that transgender or intersex residents can shower separately from other residents, and Finally,

page 10, prohibits staff from physically examining a transgender or intersex resident to determine his genital status.

Also included in documentation, is the curriculum for the search training, staff attendance logs and dates. Interviews confirmed the staff overwhelmingly agreed that they learned something new, and some learned quite a few new things during this search training.

Cross gender search training <https://vimeo.com/183649668>

Out of compliance at the end of the corrective action period:

Standards 115.315-D1, 115.315-E1, that were listed in corrective action on the interim report, were changed and revised, in the draft policy, but remain non-compliant as the policy is still in draft.

The draft policy is a part of this audit documentation, illustrating the changes that have been made, but not finalized and implemented.

Practice Compliance:

In the last 12 months at Spring Mountain Youth Camp, there have been:

Zero cross-gender, strip or pat down, searches have been conducted

Zero cross-gender searches were conducted in exigent circumstances

Zero searches, of transgender or intersex residents, were conducted to determine genital status;

and,

All staff have completed training on conducting cross gender searches, searches of transgender and intersex youth, and what constitutes exigent circumstances.

All residents and staff interviewed—both on the first site visit and second-- strongly stated knowledge, understanding, and compliance, with no cross gender- searches, viewing, or exigent circumstances that created the need to conduct a cross gender search; transgender or intersex search.

Only two staff did not know where to document the above searches, but expressed the knowledge of who to ask, or where to go to find the information out.

In interviews, staff predominantly were able to tell me with some accuracy what exigent means. (immediate and unforeseen, emergency and limited duration, unforeseen and critical to safety, temporary, unforeseen, needs immediate action, were some of the common ones. All staff interviewed told me that they do not and would not conduct a cross gender search and are aware of the policy prohibiting it. Over half said it would have to be an extremely exigent circumstance before it happened.

Interviews with random staff at the site visit and the follow-up visit confirmed they had taken and understood the cross gender/transgender/intersex search training.

I did ask staff to give me the points that were different, or something they learned. They were all able to give me details

Residents reported that searches were always respectful, and said they were not embarrassed or upset when it occurred, because of the way they were conducted.

Spring Mountain is compliant with the practice component of this standard, on cross gender, transgender and intersex searches.

Extensive Interviews, observation on various shifts, conversations with staff and residents, observations while on the facility tour, and a return visit at the end of the corrective action period--where I spend a good deal of my time wandering from place to place in the facility, confirmed that day to day operation and practice was compliant with day to day practice.

Culture Compliance:

Spring Mountain is compliant, for PREA standard 115.315, Limits to cross-gender viewing and searches, for a safe working and living culture, when it comes to the requirements of this standard.

Interviews with staff, management, and residents, as well as observations, both on the three days of the initial site visit and two additional days on the return visit--in the last days of November 2017, easily conclude that the unique makeup of JPOs/peace officers as staff, bring not only a higher level of accountability, but empathy also.

The behavior that is prohibited, in this standard is strictly off limits, and the behavior required in limiting any cross-gender viewing, and searches, is clearly expected.

In addition, conducting respectful and professional searches of any transgender or intersex resident, and indeed any youth, in this facility is deeply ingrained. It was my pleasure to observe and affirm the extremely high standards staff demanded of themselves and each other.

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>115.315: Limits to cross-gender viewing and searches.</p> <p>Standards 115.315-D1, 115.315-5E, listed in corrective action-changes needed to policy: policy edits were made, to meet policy/paperwork PREA requirements, but remain a work in progress, at the end of the corrective action period.</p> <p>The draft policy is a part of this audit documentation, illustrating the changes that have been made, but not finalized and implemented.</p> <p>Policy/Paperwork: continuing work at the end of the corrective action period</p> <ol style="list-style-type: none"> <li>1. The following, are policies, procedures, and directives, used to determine PREA paperwork compliance—regarding cross-gender viewing and searches. ( in revised draft policy)</li> <li>2. Clark County DJJS/SMYC Security and Control Policy, on page 11, states that male searches male, and female searches female, except in exigent circumstance.</li> <li>3. Page 10 of the draft PREA Personal Directive Policy prohibits cross gender searches, except in exigent circumstance.</li> <li>4. Page 11 of the Security and Control Policy is clear about staff documenting such searches in the dorm log book and in Family TRACS</li> <li>5. Page 9, of the PREA Personal Directive Policy, prohibits cross gender searches, except for exigent circumstances, and, directs staff to document any cross-gender search.</li> <li>6. Page 9 directs that staff, of the opposite gender from residents on the unit, announce their presence when entering the unit, and, ensures residents can shower, change clothing, and toilet with cross gender viewing,</li> <li>7. Page 10, states that transgender or intersex residents can shower separately from other residents, and Finally,</li> <li>8. page 10, prohibits staff from physically examining a transgender or intersex resident to determine his genital status.</li> <li>9. Also included in documentation, is the curriculum for the search training, staff attendance logs and dates. Interviews confirmed the staff overwhelming agreed that they learned something new, and some learned quite a few new things during this search training.</li> <li>10. Cross gender search training <a href="https://vimeo.com/183649668">https://vimeo.com/183649668</a></li> <li>11. Employee Training Log</li> </ol>



Practice:

In the last 12 months at Spring Mountain Youth Camp, there have been:

Zero cross-gender, strip or pat down, searches have been conducted

Zero cross-gender searches were conducted in exigent circumstances

Zero searches, of transgender or intersex residents, were conducted to determine genital status;

and,

All staff have completed training on conducting cross gender searches, searches of transgender and intersex youth, and what constitutes exigent circumstances.

All residents and staff interviewed—both on the first site visit and second-- strongly stated knowledge, understanding, and compliance, with no cross gender- searches, viewing, or exigent circumstances that created the need to conduct a cross gender search; transgender or intersex search. Only two staff did not know where to document the above searches, but expressed the knowledge of who to ask, or where to go to find the information out.

In interviews, staff predominantly were able to tell me, with some accuracy, what exigent means. (immediate and unforeseen, emergency and limited duration, unforeseen and critical to safety, temporary, unforeseen, needs immediate action, were some of the common ones.

All staff interviewed told me that they do not, and would not, conduct a cross gender search and are aware of the policy prohibiting it. Over half said it would have to be an extremely exigent circumstance before it happened.

Random staff interviews, at the site visit and the follow-up visit, confirmed staff completed, and understood, the cross gender/transgender/intersex search training.

Staff were asked to give this auditor the points that were different, or something they learned in the Cross-Gender search training. They were all able to give me details

Residents interviewed, reported that searches were always respectful, and most said they were not embarrassed or upset when it occurred, because of the way they were conducted.

Extensive Interviews, observation on various shifts, conversations with staff and residents, observations while on the facility tour, and a return visit at the end of the corrective action period--where I spend a good deal of my time wandering from place to place in the facility, confirmed that day to day operation and practice was compliant in practice.

Culture: compliant

Spring Mountain is compliant, for PREA standard 115.315, Limits to cross-gender viewing and searches, for a safe working and living culture, when it comes to the culture requirements of this standard.

Interviews with staff, management, and residents, as well as observations, both on the three days of the initial site visit and two additional days on the return visit--in the last days of

November 2017, easily conclude that the unique makeup of JPOs/peace officers as staff, bring not only a higher level of accountability, but empathy also.

In addition, conducting respectful and professional searches of any transgender or intersex resident, and indeed any youth, in this facility is deeply ingrained. It was my pleasure to observe and affirm the extremely high standards staff demanded of themselves and each other.

115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>115.316 Residents with disabilities and residents who are limited English proficient</p> <p>Policy Procedure/paperwork:</p> <p>In the Clark County DJJS PREA policy, PERSONNEL DIRECTIVE P024-page 7 draft form, explains how the facility/agency ensures residents receive access to all PREA related materials and services if they have disabilities or limited English. It states the languages materials are to be provided in, as well as how other services are to be provided. Stated services include language translation services through Clark County and the Department of Juvenile Justice Services, signed contracts for sign language interpreters, and bi-lingual staff employed at the facility.</p> <p>The PREA Orientation sheet provides a comprehensive list of required PREA information to residents, assisting youth who have limited reading ability, or other function or developmental disabilities, understand the material.</p> <p>2. During corrective action, the PREA policy was updated, including on page 7, prohibiting the use of resident interpreters, readers or other resident assistants, except in limited circumstances—however it was still in draft when the corrective action period ended.</p> <p>Materials or documentation included and reviewed for this standard are:</p> <ol style="list-style-type: none"> <li>1. PREA Orientation form in Spanish and English.</li> <li>2. PREA Personnel Directive PO-24; and during corrective action-PREA Personnel Directive PO-24 in revised form,</li> <li>3. Youth training video,</li> <li>4. grievance form,</li> <li>5. youth acknowledgement form,</li> <li>6. resident, staff, management, and supervisor interviews,</li> <li>7. PREA posters, advocate flyers, PREA hotline posters, (Interviews confirmed the PREA orientation form is available in at least two languages-English and Spanish, and during the facility tour this auditor observed PREA posters in Spanish and English. Posters were basic and easily understood for youth with limited reading or understanding.) and,</li> <li>8. observations during the facility tour and walk-throughs—both on the site visit and on the return visit at the end of the corrective action period</li> </ol> <p>Materials not created, completed, or submitted during the corrective action period:</p> <ol style="list-style-type: none"> <li>1. resident handbook;</li> <li>2. advocate information;</li> <li>3. youth acknowledgement form, and</li> <li>4. grievance form, in languages other than English</li> <li>5. At the end of corrective action, the PREA policy was revised, to comply with the directives of</li> </ol>

this standard; however, it is still in draft form. The policy still needed to be approved, staff training provided, and understanding documented at the end of the corrective action period.

Practice:

Staff report that they read the PREA orientation sheet to all residents, and staff and residents initial every point, indicating understanding. This method assists youth with low reading skills, cognitive, sight, psychiatric, and developmental, disabilities that make it hard for them to read or understand. Staff report that they read and explain it until residents understand the material.

Resident interviews confirm that Orientation materials are read to them, and they initial and sign each point, stating their understanding. Residents reported, collectively, that they understood the information read to them. Additionally, residents watch a youth training video that can be viewed in both English and Spanish.

Staff interviews confirmed there are Spanish speaking staff who would be, and have been, called in to interpret for PREA materials. Additionally, staff interviews confirmed, except for one staff, that they would never use residents as interpreters, except in a situation where safety was at risk.

Culture: Residents interviewed and observed, without exception, stated they felt safe at SMYC.

Staff interviewed and observed. were professional, highly supervisory, on task, and aware of resident's actions. Main security staff are probation officers, and SMYC residents are on their caseloads, and because of this, the culture of consistency, safety, and knowledgeable assistance, is observable.

Staff are highly engaged probation officer's, with excellent case management skills, and are heavily invested in SMYC resident's safety and reformation.

When additional PREA materials are complete and in use, the effective and professional ways to communicate with juvenile residents who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as those with limited reading skills, learning disabilities and cognitive or emotional limitations, will be enhanced in all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This will further ingrain sexual safety for all residents into the agency and facility culture.

<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>115.317 Hiring and Promoting Decisions</p> <p>Paperwork/Policy: Still in progress</p> <p>As explained below, a lot of policy work has been done during the corrective action process. DJJS and SMYC started off with good policy and improved it to ensure all parts of this lengthy standard were addressed.</p> <p>At the end of the corrective action period, this standard is still being refined, only because the final policy changes are still in draft.</p> <p>Documentation reviewed: Policy, draft policy, background check files, Background check log and sample files uploaded—including contractors. Nevada statutes 41-755, ADMINISTRATIVE DIRECTIVE A002-Background Checks; Clark County DJJS and Spring Mountain Youth Camp (SMYC)</p> <p>Review of Policy and Draft policy:</p> <ol style="list-style-type: none"> <li>1. PREA policy, CLARK County DJJS Personnel Directive PO24, hiring policy complies with the requirements of this standard, page 5. This policy prohibits hiring or promoting anyone who has engaged in sexual abuse –pursuant to the qualifications in this standard (still in draft form)</li> <li>2. PREA policy, Clark County DJJS Personnel Directive P024, page 5-6, complies with the requirements of policy ensuring consideration of incidents of sexual harassment when determining whether to hire, promote, or enlist a contractor.</li> <li>3. Clark County DJJS agency policy: Administrative Directive AOO2-Background Checks complies with policy requiring background checks-criminal history, child abuse registries. In addition, the draft policy includes the provision of, making best efforts to contact former institutional employers about allegations of sexual abuse or resignation during an investigation into sexual abuse.</li> <li>4. Page 5 and 6, of the PREA Personnel Directive PO24 policy requires the same background check for contractors, interns, volunteers as employees. Contractors, volunteers and interns are included in the log showing background checks and child abuse registry checks, as well as required to have them every 5 years.</li> <li>5. The Clark County DJJS administrative directive A002, requires background and child abuse registry checks every 5 years, page 1 and 2, and includes volunteers and contractors—page 3 in definition of employee. Documentation included in this audit. Interviews confirms the fact that 20% of employee and contractors have background checks every year to make sure they cover everyone every 5 years.</li> </ol>

6. There is a continuing affirmative duty to disclose in AOO2 administrative directive, any such conduct. When filling out paperwork for background check, there is a continuing duty to report any law violation, charge, involvement, crime, with law enforcement or child welfare. It is included in this audit documentation—kept confidential on DOJ audit, encrypted site.

7. Page 2 of the Administrative Directive P008 -continuing duty to report involvement with child Welfare or Law enforcement within 48 hours. Also, material omissions-- in PREA policy and included in this audit (page 2 of the Administrative directive P008

8. DJJS Policy: PERSONNEL DIRECTIVE P024 page 2, requires the agency to provide institutional employers, whom a former employee has applied for employment, substantiated allegations of sexual abuse and sexual harassment—with a signed employee release.

Practice: Compliant:

Assessing practice, under this standard, included specialized staff interviews, random staff interviews, observations, tour, review of hiring actions, as well as ongoing human resources actions to ensure continuing PREA compliance,

Even though the PREA policy is still in draft, practice is in place for this standard. When hiring, contracting, or approving a volunteer or intern, Clark County demonstrated that the following practices are in place and standard agency practices.

1. Review of records shows that all criminal records checks have been done, as well as child abuse registry checks, DJJs runs these checks every year on 20% of their staff, volunteers, contractors, to ensure all, have the required checks every 5 years., or when promoted.
2. The prospective employee/contractor/volunteer/intern fills out background check paperwork and signs a disclosure statement stating they have never had previous sexual misconduct—as described by this standard- and the agency imposes upon then a continuing affirmative duty to disclose any such conduct-within 48 hours of occurring.
3. Any incidents of sexual harassment that come up, DJJS checks out and considers before they hire, contract, or allow a volunteer or intern into the facility.
4. DJJS checks former instructional employer references, checking to see if there were any founded allegations of sexual abuse, harassment, or leaving while an investigation was still going on.
5. Only then, is an employee, contractor, volunteer, or intern approved.
6. The above process is completed again every five years. 20% a year to ensure all are covered.
7. In addition, it is the agency practice to give other institutions, information about such substantiated incidents, when they call and request the information for a former employee that has applied for employment—as well as signed a release.
8. Finally, DJJS, regarding material omissions regarding sexual abuse or harassment, as

defined by this standard, and materially false information of sexual abuse, will terminate employment, contract, volunteer or intern access.

9. Clark County DJJS and SMYC reports all allegations of sexual abuse and sexual harassment to law enforcement and Child Welfare.

Culture: Compliant:

Hiring and promoting decisions affect both agency culture and facility culture. The Clark County DJJS PREA compliant policies, even though still in draft, currently exhibit language that will comply with the policy requirements in the National Prison Rape Elimination Act, under hiring and promotion.

In addition, the PREA standard requirements, for hiring and promotion, are ingrained in practices that ensure employees, volunteers, contractors, and interns do not enter the facility environment until they are proven to be safe, with no background in sexual abuse, no founded child abuse allegations, no criminal convictions, and have certified a continuing obligation to report any such allegations or charges.

This has created a safe culture, where staff and youth understand they have the right to be safe, and every effort has been made to ensure the staff around them work to ensure they are safe from sexual abuse and harassment.

115.318	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.318: Upgrades to facilities and technology</p> <p>Clark County DJJS and Spring Mountain Youth Camp are in PREA compliance with this standard. A camera system has been installed and is being tested, safety and security is a priority behind this video system installation and will enhance the prevention of incidents and assist in investigation.</p> <p>Documentation Review included: Meeting notes on a video monitoring system and schematics plan showing camera placement; Tour of facility and noting camera placement; interviews with staff, residents, and management;</p> <p>Policy/Paperwork:</p> <p>SMYC has not made any building or structural upgrades or additions since August 2012, however, starting in June of 2016, after many meetings and plans, 124 cameras were installed, and paperwork is included in this audit on placement of each camera and meeting notes about cameras.</p> <p>Practice:</p> <p>As of the site visit, cameras were not in use, just being tested and working out camera view.</p> <p>Culture:</p> <p>The camera system is not far enough along to affect the culture of the facility. The effect it currently has is staff related. Over half of the staff look forward to implementation, and some, about 1/4th of interviewed staff don't like it.</p> <p>The culture of SMYC is safe, as evidenced by my observations, and interviews on the site visit and return visit. Some nervousness is evident at the staff level; however, as one staff member said, " Change is always uncomfortable."</p>



115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>115.321 Evidence Protocol and forensic medical examinations</p> <p>Policy/paperwork:</p> <p>Draft PREA policy, DJJS PREA Personnel Directive P024, remains in draft form and was not finalized, or implemented, before the completion of the corrective action period</p> <p>Documents reviewed: DJJS PREA Personnel Directive P024, page 13-14 investigations, page 13, Las Vegas Metropolitan Police Department (LVMPD) conducts all sexual abuse allegations for Spring Mountain Youth Camp and Child Protective Services conducts Child Abuse investigations.</p> <p>321 a: N/A DJJS or SMYC is not responsible for investigation of allegations of sexual abuse or administrative sexual abuse investigations. –page 15-16 of DJJS PREA Personnel Directive PO24,</p> <p>321b: N/A DJJS or SMYC is not responsible for conducting any form of criminal OR administrative sexual abuse investigation and DJJS and SMYC is not responsible for conducting any form of criminal or administrative sexual abuse investigation. Page 13 DJJS PREA Personnel Directive PO24.</p> <p>321c: Page 14 ii: states that residents who experience sexual abuse shall be provided access to forensic medical exam by a SAFE or SANE or if unavailable, a qualified medical staff. The policy says a forensic exam, page 13 will be performed outside of DJJS, and without cost to the victim, page 14,</p> <p>C7—is not in policy or practice—documenting efforts to find SAFE/SANE</p> <p>321d: page 14 of DJJS PREA Personnel Directive PO24. States that access shall be made to a victim advocate from a rape crisis center, and if one is not available, they will use a qualified staff agency member or community organization member, and this will be documented at the agency level. No MOU is included in documentation, or communication attempting to establish a MOU with The Rape Crisis Center, or community organization during the corrective action period.</p> <p>321e: Page 14, DJJS PREA Personnel Directive PO24, states in policy that the advocate or qualified staff member will accompany and support the victim through forensic examination and investigatory interviews and provide support, crisis intervention, information, and referrals.</p> <p>321f: There is nothing is policy that covers requesting the investigating agency to follow the PREA requirements of paragraphs 15.321 a-e—nor is it required; however, this will be addressed for compliance in practice.</p>

321h: Page 14, DJJS PREA Personnel Directive PO24 states- 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

Practice:

321c: The LVMPD sexual assault unit confirmed that a SMYC resident who makes an allegation of sexual abuse will be triaged by a multidisciplinary team to determine if the alleged victim will go to the Southern Nevada Children’s Assessment Center or University Medical Center for a forensic exam with a SANE/SAFE staff, depending on age and where a SAFE/SANE staff is available. No forensic exams have been conducted in the last 12 months and none by SAFE/SANE, and none by a medical practitioner.

321d: The Rape Crisis Center confirmed that they would provide a SMYC resident with a rape crisis advocate in the case of a sexual assault. The Rape Crisis Center PREA Coordinator confirmed that they would take that action as soon as alerted to the situation.

321e: There is no MOU in place to verify advocate services would be provided—with The Rape Crisis Center, a community organization, or documentation of/or identification of a qualified staff. No qualifying training has been provided during the corrective action period, so this remains out of compliance.

321f: No action was taken to request that LVMPD follow PREA investigative standards 115.321a-e as required, and this remains out of compliance after the corrective action period is complete

321h: No action was taken to upload documentation of appropriate training for a qualified staff member or identify a community organization and appropriate training, before the end of the corrective action was complete. This standard remains out of compliance.

Culture:

Ingrained into the culture of SMYC is the fact that law enforcement and Child Protective Services conducts all investigations into sexual abuse. It is automatic to refer these allegations to them.

Immediately moving allegations out of the facility for an outside agency to investigate, enables SMYC to provide services to the residents that may be needed at that moment, without the chaos of investigating at the same time. This enhances a treatment culture for both the alleged victim and alleged perp.

<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

115.322a: Policies to ensure referrals of allegations for investigations.

Policy/Paperwork:

115.322a1--Page 1 of the DJJS PERSONNEL DIRECTIVE P024 PREA states that all allegations of sexual abuse and sexual harassment will be investigated

322b1—Page 12 of the PREA policy states that allegations of sexual abuse and sexual harassment will be referred to Law enforcement(LVMPD) and DCFS (Division of Family Services) for investigation

322b2—The policy regarding referral of allegations for criminal investigation is required to be published on the agency website or publicly available. During corrective action, this was posted on web page:

<http://www.clarkcountynv.gov/jjs/services/pages/SpringMtnYouthCmp.aspx> it describes the responsibilities of both law enforcement and agency role in investigating sexual abuse.

322b3—Referrals of allegations of sexual abuse and sexual harassment are documented in the agency internal investigations file.

322c-Las Vegas Metropolitan Police Department conducts sexual abuse and sexual harassment criminal investigations for allegations at SMYC, and DCFS if it involves child abuse (staff on resident)

322d: N/A

Practice:

In the last 12 months, there have been Zero allegations of sexual harassment of sexual abuse, zero administrative investigations, and 0 allegations referred to law enforcement and zero investigations completed in the last 12 months.

All sexual abuse and criminal sexual harassment allegations, from Spring Mountain Youth Camp are investigated by Las Vegas Metropolitan Police Department, and child abuse allegations are then referred to the Division of Child and Family Services for investigation.

The Professional Standards Unit investigates allegations of serious misconduct by employees, contractors, service providers volunteers, and interns. If it appears that there will be criminal intent, they will refer it to law enforcement of SCFS to investigate.

Culture:

Zero allegations of sexual abuse or sexual harassment in the last 12 months

Zero allegations resulting in investigation in the last 12 months

Zero administrative investigations in the last 12 months.

Ingrained into the culture of SMYC is referring allegations of sexual abuse and sexual harassment, that has a criminal component to law enforcement and to DCFS for child abuse.

Moving the allegation out of the facility to investigation, leaves the facility to take care of the residents, ensure needed services, tracking, and safety is maintained in an atmosphere of safety, without the chaos of handling an investigation at the same time.

115.331	<b>Employee training</b>
<b>Auditor Overall Determination:</b> Does Not Meet Standard	
<b>Auditor Discussion</b>	
<p>115.331 Employee training</p> <p>Policy/Paperwork:</p> <p>Review:</p> <ol style="list-style-type: none"> <li>1. Review of curriculum, training records, and policy, indicates the following:</li> <li>2. Of the 11 training requirements, three are not included—A4, the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; A9- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and A11- Relevant laws regarding the applicable age of consent.</li> <li>3. Review of PREA training curriculum is included in documentation of this audit also showed the lack of training in the above noted areas.</li> <li>4. Review of staff training logs confirmed that all staff had PREA training, from 2014 to present, and confirms training yearly; however, also indicates the above noted areas are not included. After corrective action period, the PREA policy remains in draft form and the missing topics have not been included in training.</li> <li>5. In addition, review of training did not indicate any gender specific training (all male facility) or additional gender specific training if staff are reassigned from SMYC to detention where there are females in the population.</li> <li>6. Staff had their first PREA trainings in 2016/17. They are scheduled for refresher training in 2018.</li> <li>7. After corrective action period, the PREA policy remains in draft form and the missing topics have not been included in training. Policy/paperwork out of compliance: 115.311 a4, a9, a11, B1, B2.</li> </ol> <p>Practice:</p> <p>Interviews with random staff and observations from the tour, first visit observations and second visit observations, indicate staff who are aware, watchful, knowledgeable, and professional. Interviews clearly indicated three areas of training not received. Although the professional quality of staff actions and interactions with residents was observed by this auditor, after training in: the right of staff and residents to be free from retaliation; communicating effectively and professionally with LGBTI residents; and, relevant laws of Consent: knowledge and practice will be that much better.</p> <p>Staff interviews indicate that PREA is an ongoing topic of discussion, and emails and discussions provide refresher updates between trainings; however, after training is in place that includes gender specific topic, staff will be able to put into practice actions geared to the gender of the youth.</p> <p>Culture:</p>	

Staff at SMYC are mainly trained Probation Officers/Peace officers. They exhibit a high level of professionalism, in-depth knowledge of working with residents, and a high level of investment in the residents of SMYC—because they are also their probation officers. Staff perform the duties of facility staff, as well as the duties of case management, family involvement, and court reporting that comes with being P. O's. Assisting staff are probation assistants, graveyard staff, and part time staff—supervised by the Probation Officers/Peace Officers.

Inclusion and practice of the missing training topics; staff and residents being free from retaliation when reporting sexual abuse and sexual harassment, effective and professional communication with LBGTI youth, relevant laws of consent, and gender specific training, it will only enhance the values, principals, and beliefs, already established in the Culture of Spring Mountain Youth Camp.

115.332	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>115. 332: Volunteer and Contractor Training</p> <p>Policy/Procedure/Paperwork:</p> <p>Draft policy, on page 6 describes training staff, contractors, and volunteers must have before entering the facility. The policy meets the standard requirements for volunteers and contractors.</p> <p>Training certificates for contracted medical personnel are included in this audit documentation. Training curriculum, training certificates, or statements of understanding were not included in this document for volunteers.</p> <p>Practice:</p> <p>Interviews with contracted medical personnel confirmed training in PREA they have received. They were able to articulate reporting requirements, zero tolerance and what that means, definitions of sexual abuse and sexual harassment, and medical actions required and in practice that they would take in case of any incident of sexual abuse.</p> <p>No documentation was provided on training volunteers receive for PREA. These volunteers are never alone with residents, but because they have ongoing contact with them, they are required to be trained in reporting, PREA, zero tolerance,</p> <p>Still a work in progress, at the end of the corrective action period, for Practice, are standards for volunteers: 115. 332 a,b,,c. (without training, practice cannot be compliant for volunteers)</p> <p>Culture:</p> <p>For medical contractors. The training and actions they would take if there were an incident of sexual abuse or sexual harassment is ingrained within the culture. Additionally, the reporting, action required, and zero tolerance is additionally ingrained in the culture of the medical staff at SMYC.</p> <p>During the corrective action period, no documentation was provided on training for volunteers at SMYC. I talked to a church volunteer and they were able to tell me that they knew about zero tolerance, and would report immediately to the facility; however, no documentation was provided of training during the corrective action period.</p> <p>Culture is still a work in progress at the end of the corrective action period for volunteers 115.332 a, b, c</p>

<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>115.333 Resident Education Policy/Procedure/Paperwork:</p> <p>Policy/procedure or Paperwork:</p> <ol style="list-style-type: none"> <li>1. A youth Acknowledgement form, that an intake staff member reads and reviews with residents to ensure their understanding, and residents sign it. It is about zero tolerance, rights to be free from sexual abuse and sexual harassment, retaliation, how sexual activities between youth or staff and youth are prohibited, and the many ways to report.</li> <li>2. Page 7 of the draft PREA policy documents youth orientation and what it will include; however, it is still in draft and does not include two separate youth training, and processes that comply with this standard —after the corrective action period was complete.</li> <li>3. The draft PREA policy states how residents who have disabilities, or are limited English, will have access to PREA education. Identified languages include Spanish and Chinese. Also, the policy identifies language translation services, and sign language interpreters.</li> <li>4. A youth orientation form that covers all required PREA information/training, in English and Spanish.</li> <li>5. A youth handbook, however it has no PREA information in it and was not changed during the corrective action period.</li> <li>6. Youth files that contain the youth acknowledgement form, orientation form, and signed acknowledgement of viewing the video. All forms are signed indicating understanding.</li> <li>7. PREA posters in English and Spanish.</li> </ol> <p>Practice:</p> <p>Initially, staff conducted a comprehensive PREA education for all residents currently in the facility. This training brought SMYC into compliance with the Resident training requirements of the PREA standards.</p> <p>Then practice was changed for all future intakes.</p> <p>At intake, staff read, explain and ensure residents understand the "Youth Acknowledgement Form" and residents sign it to indicate understanding. This is available in Spanish and bilingual staff are available to assist.</p> <p>Within 10 days of intake, a staff member conducts comprehensive PREA education. They read each point, of the youth orientation form, then resident and staff sign each point, indicating understanding. This form is available in Spanish and Chinese, and either bilingual staff or interpreters will assist resident in education and understanding.</p>



At the comprehensive PREA education, a PREA education video is shown to the resident, and staff and resident go over the points, making sure the resident understands the information presented. It is available in Spanish and Closed Caption.

Staff document resident's participation in intake education and comprehensive education, as well as their understanding of material presented.

Confirmation of actions: Files reviewed and second interviews with staff and residents confirm the above actions occurs for every resident.

Culture:

While there are still paperwork/policy changes needed, the practice of resident education has changed and as the change becomes ingrained at SMYC, by repetition and consistency, a deeper culture of safety is evolving.

Residents interviewed stated that they feel safe at SMYC, know what to report, how to report it, and zero tolerance is instilled in the philosophy, values, and beliefs of SMYC.

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Law enforcement and CPS perform sexual abuse investigations

115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>115.335 - Specialized training: Medical and mental health care</p> <p>Policy/Procedure/Paperwork:</p> <ol style="list-style-type: none"> <li>1. In the PREA policy, page 7, medical and mental health practitioners are required to have specialized training. page 7, states that medical and mental health practitioners must complete specialized training. (this is still in draft form and still needs updates; however, does not include the training required that all employees are required to take.</li> <li>2. The only documentation included in this audit, were certificates of PREA training completed, for contracted staff, and no curriculum to assess compliance. Policy is still not compliant at the completion of corrective action period.</li> <li>3. PREA course completion certificates for medical personnel.</li> </ol> <p>Practice:</p> <p>Spring Mountain as both contracted medical personnel (Nurse) and two DJJS employees. The mental health counselor reports no PREA training received.</p> <p>At the second audit visit, no PREA training, for medical practitioner, had been given. When finding what PREA training was needed, the practitioner immediately searched out what was needed and began the online training.</p> <p>The training requirements and practice is not in place at Spring Mountain at the end of the corrective action period and SMYC continues to work towards compliance.</p> <p>Culture:</p> <p>Residents and staff feel safe at SMYC and the standard of medical and mental health care is at or above the level of community care. The PREA training require for medical and mental health practitioners is not compliant at the end of the corrective action period.</p> <p>Spring Mountain continues to work towards compliance and when policy is changed to reflect training requirements, the required training is completed, and instituted in practice, the process of it becoming ingrained into the culture of SMYC will enhance the safety of both youth and staff.</p>

115.341	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>115.341 - Obtaining information from residents</p> <p>Policy/Procedure/Paperwork:</p> <p>PREA policy, page 7, requires screening within 24 hours for risk of sexual victimization or sexual abusiveness. At the end of the corrective action period this policy is still in draft form and needs to include reassessing periodically.</p> <p>This was not completed at the end of the corrective action period and SMYC continues working toward compliance.</p> <p>PREA Intake Screening Tool—has all required assessment areas; however, needs process changes (see practice) and format changes.</p> <p>PREA audit Questionnaire, SMYC reports 233/233 residents admitted were screened Screening forms are included in resident’s case file; however, none that were completed, were uploaded to audit website by SMYC.</p> <p>Practice:</p> <p>Within 24 hours of intake, a screening is done to assess risk of sexual victimization or sexual abusiveness using a standard format for all residents.</p> <p>Interviews confirmed that residents fill out the screening form and not intake staff. Further discussions, review of resident records, mental health and medical screenings, and other relevant documentation from resident’s case file is used to determine vulnerability or abusiveness.</p> <p>Interviews with specialty staff and residents confirmed the above process; however, revealed that residents fill out the risk screening, instead of staff. Overall conclusion of resident interviews indicated they do not take it seriously and just hurry through it.</p> <p>Recommend looking at additional risk assessments, or format changes to this assessment, that will meet the requirements of this standard as an objective instrument that staff fill out, with input from resident.</p> <p>A periodic re-screening of risk is required by the standards. Interviews and reviews did not show this is done at any time other than intake. Recommendation: Determine how often or under what circumstances residents will be rescreened, put it into policy and practice.</p> <p>Interviews and reviews show that the information gathered in the risk screening is kept in the resident’s files and dissemination of the information is only done for treatment or the need to know for placement, education, work, or education.</p>

Spring Mountain continues to work towards compliance in practice, at the end of the corrective action period.

Culture:

Screening is thorough and multifaceted. It includes review of all records, discussions, and assessments, to ensure the safety of all youth and staff in the facility. Placement, supervision, and mental health and medical services are all part of the practice that results from the diligence of the screening process.

Discernment used in the screening process enhances the safe culture of SMYC. The additional corrections to policy, assessment format, and practice, will enhance discernment, screening, classification, and safety of SMYC.

<b>115.342</b>	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.342 - Placement of residents</p> <p>Policy/Procedure/Paperwork:</p> <p>Page 7 of DJJS PREA Policy complies with this PREA standard requirement-- 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</p> <p>Completed Assessments on all Residents.</p> <p>PREA policy, page 9 prohibits LGBTI residents from being placed in particular housing solely on the basis of identification or status.</p> <p>PREA Policy, page 9, prohibits considering LGBTI residents as an indicator of likelihood of being sexually abusive.</p> <p>PREA Policy, page 9, prohibits considering LGBTI status as an indicator of being sexually abusive.</p> <p>Page 9, PREA policy, complies with the requirements of this standard, making housing and programming assignments for transgender or intersex residents on a case-by-case basis.</p> <p>PREA policy, page 9, that transgender or intersex residents programming assignments will be assessed on an ongoing basis as housing milieus change.</p> <p>PREA Policy, page 9, states that LGBTI residents will be given the opportunity to shower separately. (all youth at Spring Mountain shower separately)</p> <p>Practice:</p> <p>Interviews with specialty staff confirm that the risk screening tool along with discussions, other assessments, screenings, and files and record evaluation, are used to determine placement and supervision. Assessments that show risk or vulnerability are routed to a supervisor to determine appropriate placements.</p> <p>Transgender and Intersex resident's placement, housing, and programming assignments are made on a case-by-case basis. Interviews confirm that this is the practice. No youth in facility at this time to interview.</p> <p>All resident's assessments are based on questions, conversations, review of records, and additional assessments.</p> <p>All residents of SMYC shower separately.</p>

No isolation is used at SMYC.

Culture:

Risk screenings, including all information, files, conversations, assessments, and additional screenings are used at SMYC to make the best placements for housing, education, work, and housing. Respect for all residents, including LGBTI residents, is ingrained in SMYC's culture. Observations, tout, interviews with staff and residents, confirms that respect, diversity, and safety and empowering culture for residents and staff. SMYC is compliant with this standard.

115.351	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.351 - Resident Reporting</p> <p>Policy/Procedure/Paperwork:</p> <ol style="list-style-type: none"> <li>1. Grievance form for reporting</li> <li>2. Page 10 of DJJS (parent agency) PREA policy lists ways residents can report</li> <li>3. PREA youth Orientation form lists ways to report</li> <li>4. Hotline poster</li> <li>5. PREA posters on every unit</li> <li>6. Pictures included in documentation of posters, hotline poster, grievance posters available</li> <li>7. Youth orientation form in English and Spanish</li> <li>8. PREA video</li> <li>9. DJJS PREA Policy, page 10/11, mandates staff to accept sexual abuse and sexual harassment reports made in writing, anonymously and from third parties.</li> <li>10. DJJS PREA policy page10: staff reporting and response to sexual abuse and sexual misconduct.</li> <li>11. DJJS Mandated Reporting Requirements, Directive A052</li> <li>12. State of Nevada POST Professional Course Certification 4 hours PREA training certificate, lesson plan, test, and instructors resume.</li> </ol> <p>Practice:</p> <p>Residents can report verbally, any sexual abuse or sexual harassment, to staff, contractor, volunteer or intern. Also use of the "Grievance line" to an outside reporting source (DCFS Hotline). A grievance box is available for residents to fill out a grievance and drop it confidentially in the locked box. (Grievances that allege sexual abuse or sexual harassment are removed from the grievance process and handled as abuse reports.</p> <p>The information is documented in an incident report and forwarded for investigation. Residents can report to outside parties, like parent, attorney, caseworker or clergy. A report can be made by phone, mail, face to face, or anonymously.</p> <p>Interviews confirmed staff and residents understand the ways to report and how to access them. The facility tour confirmed that grievance forms, posters, hotline numbers, and a grievance box were all on all units.</p> <p>Staff interviews confirmed they would facilitate any method residents wanted to report sexual abuse or sexual harassment. Also, collectively asserted that they would accept any report of abuse, document it in an incident report, and report it immediately, and no later than 24 hours from the report. Additionally, staff confirmed that they would report any suspicion or knowledge of sexual abuse or sexual harassment, as a mandated reporter, to law enforcement or child welfare.</p>

Staff can report privately to their supervisors, law enforcement or child welfare. Staff report they are very comfortable reporting to supervisors; however, do have other options if necessary.

Staff and youth are trained on methods of reporting, how to access them, and have posters, phone numbers, grievance forms at hand to assist them in making any reports of sexual abuse or sexual harassment.

Culture:

SMYC provides multiple ways for staff and residents to report suspicion or knowledge of sexual abuse or harassment. With training and directives that ensure all reports are documented and reported to the appropriate authorities, the directives, training, and reporting mechanisms, provide the framework for the safe reporting practice, at SMYC. The ingrained training, framework, and practice of safe reporting, increases the safety at SMYC. This in turn creates a culture of safety and reformation.

115.352	Exhaustion of administrative remedies
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	a--no, spring Mountain does not have a grievance procedure for dealing with sexual abuse. If a grievance is received that alleges sexual abuse, it is removed from the grievance process and investigated as an abuse report.



115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>115.353 - Resident access to outside confidential support services and legal representation</p> <p>Policy/Procedure/Paperwork:</p> <ol style="list-style-type: none"> <li>1. Page 17, of DJJs PREA Policy, states a multidisciplinary team to provide advocate services to victims of sexual abuse.</li> <li>2. No advocate posters with address and phone numbers of The Rape Crisis Center.</li> <li>3. Resident handbook does not have PREA information in it or advocate phone or mailing address.</li> <li>4. No MOU or documentation of contact with advocate agency about a MOU.</li> <li>5. Residents Rights Policy, page 5—reasonable rights to have access to parents/legal guardians</li> <li>6. Residents Rights, page 3, gives residents rights to have contact with their attorney</li> </ol> <p>Practice:</p> <p>At the end of the corrective action period, there is still the need for flyers or poster,s for advocate services, posted so residents can call the number or write to them. Clinical staff can assist residents who want to contact advocates and a multidisciplinary team is activated to provide advocates for victims of sexual abuse.</p> <p>Residents interviewed did not know how to contact an advocate or even what it was and did not think they could contact them in a private manner.</p> <p>To access advocate services, The Rape Crisis Center is the advocate service and part of the multidisciplinary team for sexual abuse. The practice of residents being able to access advocates, confidentially, is still in process at the end of the corrective action period.</p> <p>At the end of the corrective period, there is not a MOU in place stating residents can contact The Rape Crisis Center, or documentation showing the agency/facility has attempted to enter into a MOU.</p> <p>An Interview with the PREA Coordinator, of The Rape Crisis Center, confirmed that they would provide an advocate through the multidisciplinary team in case of an incident of sexual abuse, but due to the distance of the facility, could not provide an advocate to go to the facility for informal contact—but may be able to provide some confidential advocate services if youth contacted them confidentially.</p> <p>Residents have access to contact to and from their attorney-confidentially; and access to phone, mail, and visits from parents/legal guardians. The visit schedule is in the resident rights policy and can be adjusted for parent’s schedules by staff who are residents case managers.</p>

Culture:

The ability and right to have contact with attorneys, and parents/legal guardians is crucial to residents moving forward in treatment and reformation. Family and legal rights ensure residents have the support and assistance they need when residing at SMYC.

While residents will have access to a victim advocate, in case of an allegation of sexual abuse, they do not have confidential access to phone and mail contact, as required by the PREA standards. Continued work is still being done to complete the requirements of this standard. Completing the requirements of this standard will enhance resident's knowledge and safety by giving them additional support and services they can access confidentially and enhance the culture of safety at SMYC.

115.354	Third-party reporting
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.354 - Third-party reporting</p> <p>Policy/Procedure/Paperwork:</p> <ol style="list-style-type: none"><li>1. DJJS PREA policy, page 10 requires staff to accept reports of sexual abuse or sexual harassments from third parties.</li><li>2. DJJS PREA Policy, Page 11/12, Staff Reporting and Response to Sexual Abuse and Sexual Misconduct section</li><li>3. Parent handbook—includes information about making a report.</li></ol> <p>Practice:</p> <p>If staff receive reports from outside/third parties—such as parents, attorneys, caseworkers, clergy...-they complete an incident report and forward the information for investigation. These allegations can be made in person, writing, or by telephone.</p> <p>Interviews with random staff confirm their knowledge of the policy and practice of documenting, in an incident report any allegation they receive, either by a third party, resident, or by their own suspicion or knowledge; and following the reporting policy to ensure all reports of sexual abuse or harassment are reported and investigated.</p> <p>Culture:</p> <p>The practice of reporting any suspicion or knowledge of allegations of sexual abuse or sexual harassment is ingrained in the culture of SMYC. This addition was a natural part of including third party reports in the reporting process. The professional staff at SMYC report any allegation of sexual abuse or sexual harassment—no matter the source to ensure the safety of staff and youth at SMYC.</p>



115.361	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.361 - Staff and agency reporting duties</p> <p>Policy/Procedure/Paperwork:</p> <ol style="list-style-type: none"> <li>1. Page 10 of the SMYC PREA policy requires staff to report immediately any suspicion, information, or knowledge regarding an incident of sexual abuse or sexual harassment</li> <li>2. b1--Page 10 of the agency PREA Policy requires staff to comply with any applicable mandatory child abuse laws</li> <li>3. c1-Page 11 of the DJJS PREA policy prohibits staff from revealing any information relating to a sexual abuse report to anyone, other than to the extent necessary for treatment, investigation, or security.</li> <li>4. D1—page 11 of DJJS PREA policy states that a report made by staff, volunteers, contractors and volunteers- this would include, Mental Health and Medical practitioners-- will be completed within 24 hours</li> <li>5. e—Page 9 of the DJJS PREA policy requires the DJJS Director or designee, in the event a resident reports sexual victimization in another custodial facility, to notify the head of the facility, as well as appropriate law enforcement in the jurisdiction where the reported abuse occurred, within 24 hours and document the notifications.</li> <li>6. Page 11 of the DJJS PREA policy states the supervisor or other administrator will report the alleged sexual abuse/sexual misconduct to parent/guardian, legal counsel, and caseworker.</li> </ol> <p>At the end of the corrective action period, additional documentation, forms, or policy/procedure needed:</p> <ol style="list-style-type: none"> <li>1. Form or format for tracking retaliation, 30/60/90/, for residents or staff that reported sexual abuse or sexual harassment.</li> <li>2. Completion of PREA draft policy—including: the requirements to report any retaliation against residents or staff who reported an incident—it is still in draft form at the end of the corrective action period.</li> <li>3. (a3) policy stating that DJJS/ SMYC requires staff to report, immediately, any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or harassment. During corrective action, the policy was edited; however, still does not address neglect or violation of responsibilities reporting, by staff.</li> <li>4. D2—DJJS policy, stating that medical and mental health practitioners are required to inform residents of their duty to report and the limits of confidentiality, at the initiation of services.</li> <li>5. f—page 10 of DJJS PREA policy states that staff are required to accept and report any allegations of sexual abuse and sexual harassment, documenting the report on a written incident report, including outside parties, and forward it for investigation. (Recommendation that the policy be changed to read: including third party and anonymous reports—instead of outside parties.) Policy is still in draft at the end of the corrective action period. No requirement to take anonymous reports or report them is in policy.</li> </ol> <p>Practice:</p>

At the end of the corrective action period, Interviews confirm that:

1. staff report any suspicion, knowledge or report of sexual abuse and or sexual harassment by writing an incident report, and follow-up by reporting to Law enforcement or CPS (as mandatory reports), for investigation.
2. staff understand and comply with mandatory reporting laws.
3. Medical and mental health staff understand they are mandatory reporters and report any allegation of sexual abuse or sexual harassment—immediately, or at the outside-within 24 hours
4. SMYC Superintendent and PREA staff promptly report and document allegations of sexual abuse and/or sexual harassment that occurred at another facility; and, make required notifications to family, court, caseworker, or legal counsel.

At the end of the corrective action period, Staff interviews indicated the continued need for required training and practice in:

1. the requirements of monitoring retaliation for residents or staff who report or allege sexual abuse or sexual harassment, what to look at and for, and who tracks retaliation for these incidents.
2. reporting staff neglect or violation of responsibilities regarding an allegation of sexual abuse or sexual harassment allegation.
3. dynamics of sexual abuse
4. actions needed to detect and respond to “threatened” sexual abuse.
5. Understanding and working with LGBTI residents
6. The relevant age of consent
7. Current policy changes that are in draft
8. Confidentiality of sexual abuse or harassment allegations, investigations, and who needs to know.
9. Accepting and reporting third party and/or anonymous sexual abuse or sexual harassment reports.

Culture:

At the end of the corrective action period, Spring Mountain Youth Camp and DJJS continue to work towards PREA compliance. Work continues in the following areas: completing Policy changes; establishing a SMYC Standard Operating Procedure (SOP); and additional and updated training. As the relevant rules and guidelines are clearly set in policy, the plan of action constructed into procedure, training, and implementation, and practice, become steadily ingrained in everyday facility functions, the set of shared attitudes, goals and practices will become a safer culture.

115.362	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.362 - Agency protection duties</p> <p>Policy/Procedure/Paperwork:</p> <ol style="list-style-type: none"> <li>1. (a1) Page 11 of the DJJS PREA policy states that immediate action is required when a resident is in substantial risk of imminent sexual abuse. This includes but is not limited to notifying a supervisor and making appropriate housing changes to ensure the safety of the targeted youth.</li> <li>2. (a2-3-4) In the last 12 months. the agency determined a resident was subjected to imminent sexual abuse zero times and has not had to act and 0 hours passed before acting.</li> </ol> <p>Practice:</p> <p>Interviews confirm that a resident who is determined or makes an allegation of threats or actions indicating he may be in imminent danger of sexual abuse, is immediately assessed for safety needs and actions. The main staff are Probation/Peace Officers and would assess and determine what actions to take and immediately take those actions to provide the resident with any changes to keep him safe. Actions can include, but not limited to: housing changes for alleged perp, or only as a last case option moving alleged victim for his own safety; programming changes, facility changes, and Probation officer of alleged perpetrator stepping in to assess additional steps needed and taking them.</p> <p>An incident recorded documented assessments and actions taken to keep the alleged victim safe.</p> <p>Culture:</p> <p>Probation/Peace officers as primary staff add an additional element of safety to Spring Mountain Youth Camp. Highly trained, resident oriented, and in charge of case planning for residents in this facility, the PO acts quickly and efficiently to safeguard resident safety. Probation Assistants, part time staff and graveyard staff are not as highly trained as the P.O; however, always have the backup and presence of the PO.</p>

<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.363 - Reporting to other confinement facilities</p> <p>Policy/Procedure/Paperwork:</p> <ol style="list-style-type: none"> <li>1. (a1,2,3,4); c1, d1 Page 8 of the DJJS PREA policy states that reports of prior victimization at another facility will be reported to that facility by the Director or designee of the current facility (SMYC) within 24 hours. This includes reports to law enforcement. The reports will be thoroughly documented. DJJS policy exceeds the PREA standard requirement of 72 hours.</li> <li>2. (b1, d2) No such report has been received in the last 12 months</li> <li>3. DJJS PREA policy requires all allegations of sexual abuse to be reported to law enforcement and the Department of Children and Family Services (DCFS) for investigation.</li> <li>4. DJJS PSU policy, regarding allegations involving staff are referred to the Professional Standards Unit to determine management/system issues and maintain appropriate documentation.</li> </ol> <p>Practice:</p> <ol style="list-style-type: none"> <li>1. Interviews, observations, and documentation confirm that the Superintendent/Supervisor of Spring Mountain Youth Camp, if an incoming resident alleges sexual abuse or harassment that occurred in a previous facility, would report it within 24 hours to the head of that facility, and to law enforcement and /or DCFS, in the area the alleged abuse occurred.</li> <li>2. DJJS Professional Standards Unit (PSU) Identifies management/systems issue(s) that will aid in process improvement; and retain cases for investigation and maintain the appropriate documentation. Upon completion of the investigation, PSU electronically forwards investigative reports and findings to the Division Manager for further review and recommendations.</li> </ol> <p>Culture:</p> <p>Ensuring the safety of residents at SMYC and any facility residents come from—if they allege sexual abuse in that facility—is an automatic action for the Superintendent/Supervisor or Spring Mountain Youth Camp. Receiving a report about sexual abuse that happened in another facility automatically is referred to that facility and law enforcement in that area. Tracking and ensuring the investigation occurs and resident is kept informed is behavior of a safe culture and enhances empowerment of residents.</p>

115.364	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Standard: 115.364 - Staff first responder duties</p> <p>Policy/Procedure/Paperwork:</p> <ol style="list-style-type: none"> <li>(a) Page 10 of DJJS PREA Policy includes the First Responders part of policy. It required separation of the alleged victim and alleged abuser, requires the first responder to secure the scene, and requires staff member to request alleged victim and alleged abuser not take any action that would destroy evidence.</li> <li>(b) Page 10 of the DJJS policy requires any staff that responds first to complete the above listed requirements of a first responder. (b2) Page 11 of DJJS PREA Policy requires notification of the duty Supervisor or Manager or Assistant Manager of any sexual abuse Allegation.</li> </ol> <p>Practice:</p> <ol style="list-style-type: none"> <li>Zero allegations of sexual abuse received in the last 12 months and zero first responder action needed. Zero sexual abuse allegations where a non-security staff responded.</li> <li>Interviews with random staff, who would be first responders were able to report that if they received a report of sexual abuse, they would immediately separate the alleged victim from the alleged abuser, would not investigate or collect evidence, but would protect the scene if there was one. In addition, all staff were able to identify the actions they would not let the alleged victim or alleged abuser take that might destroy evidence. (brush teeth, shower, toilet, change clothes, eating, drinking) if the abuse occurred within 72 hours—some even told me about how evidence may be able to be collected in time exceeding that time. Staff report they would notify medical and mental health staff immediately.</li> <li>Each unit has tape to use blocking off the area, and gloves and bags—as Probation Officers are also Peace officers; however, will not collect evidence unless it will be lost before law enforcement arrives.</li> <li>Interviews confirmed that a Probation/Peace Officer, usually two, is on the unit during the 12-hour day shift, and one sleeps on the unit at night. It would always be a PO responding as a first responder, or in the case of graveyard, the staff would ensure separation and safety, and wake up the PO to take over.</li> <li>Interviews with random staff confirmed they would follow their training in preserving the scene, ensuring youth are separated and they don't destroy evidence by showering, washing, going to the bathroom, or changing; however, there are two PO's per unit working and the PO would direct the response.</li> </ol> <p>Culture:</p> <p>All staff were well trained and able to go through the first responders protocol automatically. The addition of trained probation/peace officers working on each unit, from 6 am to 10:45 pm—then asleep and available on the unit, creates a culture of quick response and knowledgeable, very well-trained responders.</p>



<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.365 - Coordinated response</p> <p>Policy/Procedure/Paperwork:</p> <p>There was no written institutional plan to coordinate action taken in response to an incident of sexual abuse. During the corrective action period, the DJJS PREA policy was updated to include a basic plan; however, the standard requires each institution develop an individual plan. The policy is still in draft, and because it is a DJJS policy, it cannot comply with an individual institutional plan.</p> <p>Practice:</p> <p>After the institutional plan is written and personalized as a working procedure for SMYC, training and practice will need to be put in place.</p> <p>Culture:</p> <p>Spring Mountain is still working on this standard. They have developed a plan, but it needs further work, training, and practice. When this is accomplished, becomes part of the facility plan of action, and is the accepted and ingrained pattern of response at SMYC, the culture will evolve and be safer for staff and residents.</p>

115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.366 - Preservation of ability to protect residents from contact with abusers</p> <p>Policy/Procedure/Paperwork: Three union contracts are included in this audit documentation.</p> <p>Practice: Interviews and reviews confirm that all three contracts do not limit the agencies ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation of a determination of whether and to what extent discipline is warranted.</p> <p>Culture: Protection of staff by their unions, when innocent; and, protection of residents from staff who sexually abuse, work together to protect both .</p>

115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.367 - Agency protection against retaliation</p> <p>Policy/Procedure/Paperwork:</p> <ol style="list-style-type: none"> <li>1. (a) Page 12 of the SMYC PREA policy states: Retaliation against residents, employees, or other parties for reporting sexual abuse, sexual misconduct or sexual harassment will not be tolerated and that the PREA Compliance Manager (PCM) must monitor for retaliation for a minimum of 90 days after sexual abuse, sexual misconduct or sexual harassment...and respond immediately to any reported retaliation from residents or staff.</li> <li>2. (b) Page 12 of the DJJS PREA policy states: Changes in housing or work assignments may be utilized to separate parties and protect against retaliation.</li> <li>3. (c) DJJS policy states, page 12, that the PCM must monitor retaliation for at least 90 days after sexual abuse or sexual misconduct is reported and longer if needed. Also, the facility will respond immediately to any retaliation reported by staff or residents and Changes in housing or work assignments may be utilized to separate parties and protect against retaliation. Page 12 states that the facility will monitor the conduct or treatment of residents or staff who reported sexual abuse to ensure possible retaliation is not being perpetrated. Monitoring will be terminated if the report is determined unfounded.</li> </ol> <p>Practice:</p> <ol style="list-style-type: none"> <li>1. Interviews, observations, questions during tour and at other times, confirm that the PCM and agency/facility management understand and prevent retaliation from occurring or stop it when it does occur. Actions include: housing changes, programming changes, facility placement changes, duty stationing staff at home, mental health support services, Probation Officer of youth stationed at the facility involvement in preventing or stopping retaliation by checking level changes, unit changes, discipline, and check-ins with youth. For staff, most are Probation/Peace officers who are fully aware of what retaliation is and how to intervene or support co-staff.</li> <li>2. Retaliation tracking is done by the PREA Compliance Manager, who checks-in with PO, mental health, resident, staff, coaches, and teachers for at least 90 days and a- long-as need be</li> <li>3. If residents or staff are being retaliated against for reporting sexual abuse or sexual harassment, all options are considered to stop the behavior and protect staff and/or residents—including duty stationing staff who are retaliating or moving or transferring staff who are being retaliated against; moving residents who are retaliating, behavioral sanctions, or removal from facility if it is serious enough. Support for residents through mental health and PO, and support for staff through management or check-ins.</li> <li>4. Monitoring is documented by the PO in case notes, by the PCM in tracking sheets and by mental health in case notes.</li> <li>5. Periodic check-ins occur, by the resident's PO assigned to the facility and by the PCM.</li> </ol>

Culture:

Retaliation occurring against staff and residents who report sexual abuse or residents who report being sexually abused is negative for a culture that is promoting safety and reformation. The agency PREA policy and practice of interventions, check-ins, and supportive services for those who report abuse or retaliation; and, the sanctions, discipline, treatment options and necessary housing or facility changes, needed to stop staff or resident who are perpetrating the retaliating are all taken seriously and used to stop retaliation behavior. SMYC takes this seriously, as does DJJS and being prepared to immediately deal with this behavior, if it occurs, enhances safety and preparedness.

115.368	Post-allegation protective custody
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.368 - Post-allegation protective custody</p> <p>Policy/Procedure/Paperwork: No isolation is used at SMYC</p> <p>Practice: No isolation is used at SMYC. Interviews with staff, youth and management confirm that no isolation is used at SMYC. A resident who becomes violent of cannot re-regulate his behavior will be transferred to maintain treatment and safety at SMYC.</p> <p>Culture: Ensuring residents feel and know that they are safe at SMYC is a large part of the treatment and reformation promoted there. Residents have many opportunities—sports, school, PO availability, mental health, treatment services, transition services and follow-up. Isolation is not used at SMYC .</p>

115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.371 - Criminal and administrative agency investigations</p> <p>Policy/Procedure/Paperwork:</p> <p>DJJS investigations Administrative Directive, AO40 Investigations. The purpose of this directive is to maintain a positive work environment and correct any actions, practices, or behavior, on the part of DJJS employees that are contrary to policies/procedures and values of DJJS. (Administrative investigations) It is DJJS Administrative Investigation Policy and is detailed and includes all necessary requirements. Page 1</p> <p>DJJS has a PREA Policy, directive P024, including, on page 13, investigations. This policy is still in draft form at the end of the corrective action period and DJJS/SMYC continues work towards compliance.</p> <p>PSU Report Formats. The PSU Investigator shall use the following outline for all administrative investigations:</p> <ol style="list-style-type: none"> <li>1. Executive Summary: Each allegation shall be listed followed by a summary of the interviews and evidence that relates directly to the individual allegation;</li> <li>2. Narrative: The investigation shall concisely convey to the reader the facts surrounding the investigation. In this section:</li> <li>3. Describe the facts and explain the details of the investigation;</li> <li>4. Delineate the sequence of events taken by the investigator;</li> <li>5. Note impairments to a complete investigation, such as the uncooperativeness of any person or the reason a vital piece of evidence could not be obtained;</li> <li>6. Include memoranda from employees that contain direct statements about the allegation;</li> <li>7. Include either a narrative summary of each interview or the actual transcription of the interview; and</li> <li>8. Note whether interview recordings were utilized and ensure that the recordings are maintained as evidence by the Director's Office.</li> <li>9. exhibits/Evidence: All reports and documentary exhibits shall be contained in this section;</li> <li>10. Medical documentation: All documents related to medical information, injuries, toxicology reports, and autopsy information should be included;</li> <li>11. Communication/video/cassette tape/digital records: This includes all communication/ video/cassette tape/digital transcriptions, computer printouts, logs and other such information;</li> <li>12. Reports: This includes any report prepared by Department personnel concerning the incident giving rise to the complaint or requested during the complaint investigation; A040 – INVESTIGATIONS Page 7</li> <li>13. Location of supportive materials: This shall list all materials related to the administrative investigation but not included in this report;</li> <li>14. Summary section: The summary shall provide a review of the investigation findings with each allegation being treated individually. This section shall identify what aspects of the investigation support the final classification of each allegation and does not contain</li> </ol>

conclusions or recommendations.

15. upon completion of the investigation, the PSU Investigator shall electronically forward investigative reports and findings to the Division Manager for further review and recommendations. (DJJS A040 Investigations Directive P.6/7)

16. Investigation Report Form—contains all necessary areas to track allegations referred to law enforcement and Child Protective Services (CPS); all required notifications—with date and time of contact or notifications made; all names of people involved—including witnesses; staff ratio at time of incident; type of allegation; review/summary of allegation; all actions taken since report; a summary of violation—by Nevada law citation; disposition documentation, law enforcement and CPS disposition; PREA investigator signature; PREA Coordinator and Assistant Director DJJS signature. This form includes all Nevada Statutes that relate to sexual abuse in confinement, including penalties, and, definition.

PREA Investigators specialized training Certificate (NIC training for conducting investigations in confinement) This is completed and included in audit documentation.

Interview documentation

SMYC continues work towards compliance in the development and implementation of SMYC PREA “Standard Operating Procedures” (SOP), as well as follow-up training, at the end of the corrective action period

At the end of the corrective action period, the investigative form is still a work in progress. Updates needed include: addition of any Nevada statutes that are specific to juvenile facilities: remove as much language that refers to prisons and inmates that can be done and still retain integrity of the statutes: include space relegated to credibility assessment, including review of prior complaints and reports of sexual abuse or harassment.

Practice:

Investigators who conduct administrative investigations are certified peace officers, who have additional specialized training. Enhancing their investigative background with specialized training on investigating in a juvenile confinement setting. Additionally, they are Juvenile Probation Officers for the residents at SMYC.

Interviews, observations, conversations, and review of documentation, confirms that allegations of sexual abuse or sexual misconduct-staff, contractor, volunteer, or intern, on resident-are:

1. DJJS and SMYC refer all sexual abuse allegations to law enforcement for criminal investigation
2. Additionally, sexual abuse allegations, staff to youth, are referred to Child Protective Services (CPS) for child abuse investigation.
3. DJJS and SMYC track referrals, ongoing contact, and updates, received or sought, with CPS and LVMPD on the Investigation Report Form. DJJS and SMYC cooperates fully with law enforcement and CPS.
4. If an employee leaves DJJS/SMYC employment, the investigation continues to a conclusion, and DJJS reports any founded allegations to appropriate licensing bodies.
5. If an alleged victim or reporter recants, DJJS, LVMPD, and CPS, continue their investigation

to conclusion.

6. If the sexual abuse allegation is founded by LVMPD, they refer the charge(s) for prosecution.

7. DJJS/SMYC attains investigation reports from LVMPD and attaches them to “The Investigation Report

8. If LVMPD determines that the sexual abuse charge(s) are founded or unable to substantiate, SMYC/DJJS conducts a PREA review. They incorporate their review findings in a full report that includes review notes, review team findings and recommendations DJJS/SMYC documents recommendations completed, and what actions/changes occurred to complete them. In addition, document review team recommendations that are not completed, why they were not completed, and planning to meet those recommendations

Interviews and review of above cited documentation confirms that allegations of sexual harassment- staff, contractor, volunteer, or intern- on resident-are referred to the Professional Standards Unit (PSU) and the following action takes place:

1. if the initial review of the alleged sexual harassment allegation reveals possible criminal conduct, the administrative investigation stops, and it is referred to law enforcement for a criminal investigation and referred to DCFS for a child abuse investigation.
2. PSU administrative interviews are postponed when it appears that if it may hinder, impede, or interfere with ongoing criminal investigation or prosecution, and when the Directors office requests this. (page 5 DJJS investigations)
3. During the Professional Standards Unit administrative investigation, if evidence of criminal behavior is discovered, it is referred to law enforcement/CPS.
4. The investigation Tracking form is used to document referrals made to CPS, LVMPD; as well as, document all contact and updates from partner agencies. This is done to keep in touch and stay informed about the progress of the investigation—while documenting the contact and update.
5. DJJS, SMYC, and LVMPD never conduct polygraph testing as a condition of continuing the investigation.
6. Every investigation is completed to a conclusion, and does not stop when a staff, contractor, volunteer, or intern, quits, leaves employment or the victim recants.
7. Investigators complete a credibility assessment on alleged victim, suspect, and witnesses and investigators document the details and why this assessment was completed, on the investigation report.
8. If law enforcement investigates, DJJS/SMYC attains a copy of the completed investigation and documentation, attaches it to the investigation report form, and reviews it in the PREA incident review.
9. At the completion of the investigation, a PREA review is conducted with designated members of the review team

Interviews, observations, conversations, and review of the above cited documentation, confirms that allegations of sexual abuse, resident on resident, are:

1. referred to law enforcement for criminal investigation
2. referred to Child Protective Services (CPS) for child abuse investigation
3. DJJS cooperates fully with law enforcement and CPS—keeping in touch to stay informed about the progress of investigation, as well as documenting the contact and update.

4. tracked and all facility actions are documented on the investigation report form, by date and time.
5. Continued to conclusion—even if the source recants or leaves the facility.
6. Tracked on the investigation reporting form
7. Continued to conclusion, even if the resident leaves the facility
8. referred for prosecution. If the sexual abuse allegation is founded by law enforcement
9. If founded or unable to substantiate, a PREA review is conducted and a report written, including recommendations and follow-through.
10. All Law enforcement and/or CPS reports are attached to the investigation report and used in the review.

Allegations of sexual harassment, resident to resident, are referred to an administrative investigator and the following actions take place:

1. Open of an administrative investigation
2. Review and determine if the “allegation” is sexual harassment—according to PREA definitions and standards—if not, handle as resident misconduct; if so, continue investigation.
3. If the initial review of the sexual harassment allegation reveals possible criminal conduct, the administrative investigation stops, and it is referred to law enforcement for a criminal investigation;
  - a. If the investigation does not reveal a criminal conduct, the administrative investigation continues.
4. If at any point, evidence of criminal behavior is discovered, it is referred to law enforcement/CPS.
5. DJJS cooperates fully with law enforcement and CPS—keeping in touch to stay informed about the progress of investigation, as well as documenting the contact and update.
6. Administrative interview will be postponed if it may hinder, impede, or interfere with ongoing criminal investigation or prosecution. (page 5 DJJS investigations)
7. Residents are never required to take a polygraph before continuing an investigation
8. Credibility assessments of alleged victim, suspect, and witnesses, is a part of the administrative investigation and documented on the investigation report
9. Investigation is continued to a conclusion—even if the source recants or leaves the facility
10. If founded or unable to substantiate, a PREA review is conducted and a report written, including recommendations and follow-through.
11. All Law enforcement and/or CPS reports are attached to the investigation report and used in the review.

Anonymous and third-party allegation, of sexual abuse or sexual harassment go through the exact same process.

Culture:

DJJS and SMYC continue to progress in their work to become PREA compliant in investigations. The safety of SMYC is enhanced with trained and certified peace officers completing any investigation that is not referred to law enforcement and CPS for investigation. Also, enhancing the efficiency, professionalism, and thoroughness of the investigations is the split in conducting investigations. PREA administrative investigators conduct resident-on-resident sexual harassment investigations, the Professional Standards Unit administrative



investigators conduct staff, contractor, volunteer, intern-on-resident investigations, Law Enforcement conducts criminal investigations, and CPS conducts child abuse investigations. Additionally, the PREA investigators, from two different DJJS facilities, conduct administrative investigations at the opposite facility—to enhance objectivity.

<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.372 - Evidentiary standard for administrative investigations</p> <p>Policy/Procedure/Paperwork:</p> <p>DJJS PREA policy, on page 13 states that the standard for determining allegations of sexual abuse or sexual harassment is preponderance of the evidence.</p> <p>DJJS Investigations Directive, page 7, states the standard for determining allegations is sufficient evidence.</p> <p>Practice:</p> <p>Interviews determined that preponderance of the evidence is used in investigations to determine the status of the disposition.</p> <p>Culture:</p> <p>This evidentiary standard of “preponderance of the evidence” is the accepted standard of determining whether allegations of sexual abuse and sexual harassment are substantiated. Investigators have a high level of training and this evidence standard is ingrained into the culture of investigations at SMYC and at DJJS.</p>

115.373	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.373 - Reporting to residents</p> <p>Policy/Procedure/Paperwork:</p> <p>DJJS PREA Policy Personnel directive P024 contains the following:</p> <ol style="list-style-type: none"> <li>1. (a1) Page 17 of DJJS agency policy requires the facility, following an investigation into a resident's allegation of sexual abuse/misconduct, the department will notify the resident if the allegation was determined to be substantiated, unsubstantiated, or unfounded, following an investigation. (a2, 3) Zero criminal or administrative investigations have been conducted in the last 12 months.</li> <li>2. (b1) If DJJS did not conduct the investigation, DJJS PREA Policy requires the Department to secure the information, from the investigating agency, and report the findings to the resident. (b1, 2) Zero investigations in the last 12+ months.</li> <li>3. c1--Page 14 of DJJS PREA Policy the resident will also be advised if the perpetrator is no longer employed or contracted by DJJS or has been indicted on or convicted of the reported sexual abuse/sexual misconduct.</li> <li>4. d1--If the sexual abuse was committed by another resident, DJJS will notify the resident if the perpetrator has been charged with or adjudicated/convicted for the reported sexual abuse. Page 13 of DJJS PREA Policy</li> <li>5. e1-all notifications, or attempted notifications must be documented</li> </ol> <p>Notification of Investigation Form:</p> <ol style="list-style-type: none"> <li>1. The written documentation used by DJJS/SMYC to notify an alleged victim, of a sexual abuse/misconduct investigation, of the findings/disposition of the investigation, and other required notifications</li> <li>2. The form states all notifications will terminate, if the resident is released the agencies custody.</li> </ol> <p>Practice:</p> <p>Interviews, review of forms, policies/procedures, and other audit observations confirm the following:</p> <ol style="list-style-type: none"> <li>1. When a sexual abuse or sexual harassment investigation is complete, the alleged victim is notified of the finding/disposition. (founded, unsubstantiated, or unfounded)</li> <li>2. If the North Las Vegas Police Department (NLVPD) completes the sexual abuse</li> </ol>

investigation, the DJJS PREA investigator or Spring Mountain Youth Camp PCM requests the completed investigation, or at the very least the disposition, from NLVPD, and notifies the alleged victim of the finding/disposition.

3. Zero investigations were completed at Spring Mountain Youth Camp in the last 12+ months because zero allegations of sexual abuse were received.

4. After a resident's allegation that a staff member, contractor, volunteer, or intern, has committed sexual abuse/misconduct against the resident, the following notifications are made to the resident (when known):

- a) If the alleged abuser no longer works on the resident's unit
- b) If the alleged abuser no longer works at Spring Mount Youth Camp
- c) If the alleged abuser is indicted for a sexual abuse allegation at SMYC
- d) If the alleged abuser is convicted for a sexual abuse allegation at SMYC

5. After a SMYC resident makes an allegation of sexual abuse against another SMYC resident, the following notifications are made to the alleged victim (if known):

- a) If the alleged abuser is indicted for a sexual abuse allegation related to sexual abuse within SMYC.
- b) If the alleged abuser is convicted for a sexual abuse allegation related to sexual abuse within SMYC

6. All the above notifications are made by a DJJS Investigator, or PREA Compliance Manager, using the Clark County DJJS "Notification of Investigation Form". Both staff and SMYC resident signs the notification form. This form may be used at several different times for notifications, always in writing and always signed by both notifying staff and resident.

If the North Las Vegas Police Department or DJJS/SMYC, has determined that the allegation is unfounded, or the resident leaves DJJS custody, all obligations to report are terminated.

Culture:

When sexual abuse occurs, it is a traumatic event, and providing notifications to the resident helps him process what has happened. Sexual Abuse victims feel powerless and these updates assist in the process of feeling safe again at SMYC.

115.376	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.376 - Disciplinary sanctions for staff</p> <p>Policy/Procedure/Paperwork:</p> <p>The DJJS PREA policy P024 Personnel Directive, includes the following:</p> <ol style="list-style-type: none"> <li>1. Any sexual behavior or act between staff, interns, volunteers or contractors and residents, regardless of perceived consent, is strictly prohibited and subject to administrative disciplinary sanctions, up to and including termination, and/or referral for criminal prosecution. (a1)</li> <li>2. 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. Page 13 SMYC PREA Policy (b)(d1)</li> <li>3. 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. Page 13 of SMYC PREA policy (d)</li> </ol> <p>The DJJS Investigations Directive contains the following:</p> <ol style="list-style-type: none"> <li>1. The employee’s supervisor issues the discipline and concludes the meeting by making a copy for the employee and sending the original to the Division Manager. The only level of discipline issued by the Division Manager is Recommendation for Termination. Coach and Counseling to Suspensions are issued via the Supervisor.</li> </ol> <p>DJJS Personnel Directive P017 Standards of Conduct includes the following:</p> <ol style="list-style-type: none"> <li>1. No Officer or other employee of DJJS shall Physically, sexually, psychologically or verbally abuse a client in the performance of their duties. To do so will be considered unprofessional conduct and will result in discipline up to and including termination. (c)</li> <li>2. Allegations of criminal violations by DJJS employees are serious and must be handled expediently and judiciously. Criminal violations by department employees are a breach of the department’s fundamental values, as well as the community’s confidence.</li> <li>3. Sexual and/or personal relationships with current clients is expressly prohibited and grounds for immediate termination. DJJS employees are in inherently unequal relationships with their clients creating the potential for abuse of power. In mandated relationships, there is a special potential for harm and exploitation of vulnerable clients.</li> </ol> <p>Practice:</p> <p>Interviews, review of forms, policies/procedures, and other audit observations confirm the following:</p> <ol style="list-style-type: none"> <li>1. DJJS and SMYC have high standards for the conduct of their staff, as evidenced by their Professional Conduct Directive, and Professional Standards Unit, that governs the following practice.</li> <li>2. After North Las Vegas Police Department (NLVPD) investigates and determines the</li> </ol>

allegation is founded for sexual abuse or sexual harassment, the DJJS Division Director recommends termination of employment and handles such termination.

3. After termination for founded violations of the PREA policy, or resignations by staff who would have been terminated if not for their resignation, DJJS reports to all relevant licensing agencies.

4. For other violations of the DJJS PREA policy, DJJS handles it expediently and judiciously. The Professional Standards unit (PSU) investigates, even if the employee has left the facility, and makes findings on each allegation and sends this report to the Director, Assistant Director, and the area administrator, for review and any disciplinary recommendation.

5. A wide range of discipline may be applied, including but not limited to: coaching, suspensions, additional training, mandatory referral to the Clark County Employee Assistance Program for counseling, demotion, and progressive discipline, up to and including termination. After termination for founded violations of the PREA policy, or resignations by staff who would have been terminated if not for their resignation, DJJS reports to all relevant licensing agencies.

6. DJJS ensures discipline is commensurate with the violation, including a review of staff members disciplinary history, seriousness of the violation, and sanctions given on similar violations; however, depending on the seriousness of the charges, this may result in the employee's immediate termination, regardless of his or her length of services or work record

Culture:

DJJS and SMYC have a deeply ingrained code of conduct and behavior that includes directives to uphold the Constitution and abide by the laws, codes, ordinances and policies of the United States, Clark County and the Department of Juvenile Justice Services (DJJS); in addition, maintain high standards of person moral conduct both when engaged in professional activity and off duty.

Sexual and/or personal relationships with current clients is expressly prohibited and grounds for immediate termination. DJJS employees are in inherently unequal relationships with their clients creating the potential for abuse of power.

As many staff at Spring Mountain Youth Camp are certified peace officers and probation officers, of the youth at SMYC, they are highly trained professionals and role model behavior, for Probation Assistants, part time staff and grave yard staff.

The same level of conduct at the management level of DCFS/SMYC ensures that disciplinary sanctions are fair, equitable, and commensurate with the violation and trust placed in them by the community.

115.377	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.377 - Corrective action for contractors and volunteers</p> <p>Policy/Procedure/Paperwork:</p> <p>The DJJS PREA Policy Personnel Directive contains the following:</p> <ol style="list-style-type: none"> <li>1. The Las Vegas Metropolitan Police Department (LVMPD), or other applicable law enforcement jurisdiction and CPS (Child Welfare) will be contacted to initiate criminal and child abuse investigations, respectively, for allegations of sexual abuse and sexual misconduct within a DJJS facility. Page 13. (a) <a href="https://www.lvmpd.com/en-us/Pages/default.aspx">https://www.lvmpd.com/en-us/Pages/default.aspx</a></li> <li>2. Contractors, interns and volunteers alleged to have committed sexual abuse or sexual misconduct will be prohibited from contact with resident and potentially prohibited from entering DJJS facilities (a3) Page 13</li> <li>3. The DJJS employee, contractor, intern or volunteer alleged to have committed sexual harassment may be placed on administrative leave, prohibited from contact with residents and/or reassigned pending the results of the investigation P13 (a2)</li> <li>4. 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. (p 13)</li> </ol> <p>The DJJS Administrative Directive A040 Investigations states:</p> <ol style="list-style-type: none"> <li>1. The PSU Investigators shall: <ol style="list-style-type: none"> <li>a) Coordinate the Department's complaint process, route completed investigation files through the complaint process (page 2)</li> <li>b) Provide statement of policy infraction to Assistant Manager and/or Division Manager</li> </ol> </li> </ol> <p>Appendix A of the Investigation Directive A040 states:</p> <ol style="list-style-type: none"> <li>1. The Director or Assistant Director will then send to the Division Manager where he/she reviews the summary of investigation with the employee's supervisor and determines the level of discipline to be issued.</li> <li>2. The employee's supervisor issues the discipline and concludes the meeting by making a copy for the employee and sending the original to the Division Manager. The only level of discipline issued by the Division Manager is Recommendation for Termination. Coach and Counseling to Suspensions are issued via the Supervisor</li> </ol> <p>Practice:</p> <p>Interviews, review of forms, policies/procedures, and other audit observations confirm the following practice.</p>

At the completion of a founded criminal sexual abuse investigation, when the perpetrator is a contractor, intern, or volunteer, DJJS terminates the abuser from any role in their facilities. This includes prohibiting access to DJJS facilities and contact with residents of those facilities.

The alleged abuser is prohibited from access as soon as the allegation is received and referred to law enforcement; however, at the close of a founded investigation, this permanent step is taken. In addition, law enforcement refers this individual for prosecution and SMYC reports the abuser to all relevant licensing bodies.

DJJS/SMYC additionally refers the sexual abuse allegation to Child Protective Services (CPS) to conduct a child abuse investigation. A finding of child sexual abuse will be indicated in any child abuse registry check.

The founded charge of sexual abuse with law enforcement, child abuse finding with Child Welfare, and reports to appropriate licensing agencies will ensure this individual does not contract, volunteer, work, or intern with any agency that conducts background checks or child abuse registry checks.

There have been no allegations of sexual abuse against staff, volunteers, contractors, or interns at SMYC; however, the above process is in policy, directive, behavior code, and practice, ensuring a quick and professional response.

Culture:

In the DJJS/SMYC PREA training, it states, " Sexual abuse prevention starts with the philosophy that offenders deserve a safe environment—safe from harassment, unpredictability, disrespect, manipulation, verbal and physical abuse and violence.... A healthy, safe correctional culture that prioritizes prevention, reporting, and swift response is the cornerstone of any organized effort to eliminate sexual abuse in confinement."

An allegation of sexual abuse is always difficult in a facility where the residents are children, the level of professionalism, compassion, supervision, and quick, trained response, keeps their juvenile residents safe and responses sharp while doing their best to prevent abuse.

Preventing those who abuse from contact with their residents, assuring investigation and prosecution, consistently reporting to law enforcement, child welfare, and relevant licensing bodies, is part of a set of shared attitudes, values, goals, and practices, that characterize the culture at DJJS and SMYC.

115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.378 - Interventions and disciplinary sanctions for residents</p> <p>Policy/Procedure/Paperwork:</p> <p>DJJS PREA Policy, page 10, states: (compliance for 115.378a)</p> <ol style="list-style-type: none"> <li>1. Following the formal investigative process, juveniles who are found to have engaged in resident-on-resident sexual abuse will receive appropriate sanctions, which may include referral for prosecution. (a1 and 2)</li> <li>2. Zero investigations into sexual abuse as there were no reports (a3)</li> </ol> <p>115.378b: No isolation is used at Spring Mountain</p> <p>DJJS PREA Policy, page, states: (compliance for c)</p> <ol style="list-style-type: none"> <li>1. SMYC is treatment based and if no criminal finding, 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.</li> </ol> <p>DJJS PREA Policy states: (compliance for d)</p> <ol style="list-style-type: none"> <li>1. 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. Page 14 SMYC PREA Policy (d1, 2)</li> </ol> <p>DJJS PREA policy states: (compliance for e)</p> <ol style="list-style-type: none"> <li>1. Page 1, DJJS PREA Policy--Any sexual behavior or act between staff, interns, volunteers or contractors and residents, regardless of perceived consent, is strictly prohibited and subject to administrative disciplinary sanctions, up to and including termination, and/or referral for criminal prosecution. (d3)</li> </ol> <p>DJJS Standards of Conduct P017 states:</p> <ol style="list-style-type: none"> <li>1. Sexual and/or personal relationships with current clients is expressly prohibited and grounds for immediate termination. DJJS employees are in inherently unequal relationships with their clients creating the potential for abuse of power. In mandated relationships, there is a special potential for harm and exploitation of vulnerable clients. (d3)</li> </ol> <p>DJJS PREA Policy states: (compliance for f)</p> <ol style="list-style-type: none"> <li>1. For the purpose of disciplinary action, a report of sexual abuse/sexual misconduct made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if the investigation does not establish</li> </ol>



evidence sufficient to substantiate the allegation. Page 11, False Reporting section of the SMYC PREA policy

DJJS PREA Policy states: (in draft form at the end of the corrective action period) (g)

1. This part of the policy is in draft. It does prohibit all sexual activity between residents.

Practice:

Interviews, review of forms, policies/procedures, and other audit observations confirm the following.

SMYC refers all allegations of sexual abuse to LVMPD (law enforcement) for criminal investigation. If founded, law enforcement refers for prosecution. SMYC does not conduct sexual abuse investigations.

There have been zero allegations of sexual abuse, zero disciplinary actions, and zero criminal findings in the last 12-24-month period—and beyond.

SMYC does not utilize isolation. Residents participate in all program requirements, including education, exercise and special education.

Any sanction given to residents, for youth sexual misconduct, when law enforcement declines to investigate or found no criminal behavior, is based on a Probation/peace officer reviewing the behavior, investigating the misconduct, and finding the alleged behavior did occur. Treatment is primary at SMYC and additions or adjustments are made in the resident's treatment planning, as needed to assist the resident.

The resident is assessed by clinical services to evaluate any treatment that may be appropriate.

If the resident refuses to participate in the treatment recommended, his status/level or programming privileges/rewards, may be restricted; however, that does not include school or general facility programming.

When SMYC imposes sanctions they always take into consideration the mental health status of the resident. If the resident refuses to complete sanctions imposed, it does not affect his right to medical or mental health services.

Staff are responsible for their behavior and the SMYC code of conduct is signed by all staff. There is no "consensual relationship" allowed, by law and the SMYC code of conduct, between a staff member and a resident. The only time a resident would receive discipline in this matter, is if the investigation found that the staff member did not consent.

Residents are encouraged to report any suspicion or knowledge of sexual abuse; and, there is no disciplinary action, if the report was made in good faith, even when the investigated report is unfounded.

SMYC prohibits all sexual activity between residents. If residents act out sexually with each other, claiming consent, the incident is reviewed to ensure there is no coercion, threats, or

force, involved.

**Culture:**

Holding residents accountable for their behavior, to assist in their reformation, instead of to punish, is in the culture of values, beliefs, and actions at Spring Mountain Youth Camp. Because this is true, residents report feeling safe, being treated fairly, and given opportunities to change their lives for the better. In place are the consistently upheld policies/procedures and documentation, that showcase and guide the disciplinary sanctions process. Practice to match those guiding documents is constantly being improved to ensure a safe culture at SMYC and parent agency DJJS. Completion and implementation of the new draft PREA policy will only reinforce this culture.

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
<b>Auditor Overall Determination:</b> Does Not Meet Standard	
<b>Auditor Discussion</b>	
<p>115.381 - Medical and mental health screenings; history of sexual abuse</p> <p>Policy/Procedure/Paperwork:</p> <p>DJJS PREA Policy states: (115.381a)</p> <ol style="list-style-type: none"> <li>1. Policy, on Page 16, 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. (a1)</li> </ol> <p>Documentation not completed or provided, by the end of the corrective action period: (115.381a) a)</p> <ol style="list-style-type: none"> <li>1. Documentation to verify a mental health or medical provider meeting was offered within 14 days of intake screening (a2)</li> <li>2. Documentation to verify how many residents disclosed prior victimization, during screening, and were offered a follow-up meeting with medical or mental health (a3)</li> <li>3. Medical or mental health secondary materials documenting offering or meeting with resident who disclosed prior victimization, during screening (a4)</li> </ol> <p>DJJS PREA policy states:</p> <ol style="list-style-type: none"> <li>1. 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. (page 16) (b1)</li> <li>2. Policy states on page 8, "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" Interviews confirmed SMYC follows this process. (c)</li> <li>3. d1--Policy, on page 13, states, ". 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.</li> <li>4. page 8, "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"</li> </ol> <p>Documentation not completed or provided, by the end of the corrective action period: (115.381b)</p> <ol style="list-style-type: none"> <li>1. Verification that the follow-up meeting was offered within 14 days of the intake screening with resident who reported, during screening, prior sexual perpetration.</li> </ol>	

2. Verification of how many residents who previously perpetrated sexual abuse, indicated during screening, were offered a follow-up meeting with a mental health practitioner.
3. Secondary files documenting the offering of, or actual follow-up meeting held, with mental health, for residents who reported sexual perpetration.

Practice:

SMYC is still working on this process. They screen every youth who comes into the facility and mental health and medical see residents the first day they arrive. Interviews confirmed that mental health meets with residents who have been previously victimized, or who have previously perpetrated sexual abuse; however, the documentation still needs to be completed.

Mental Health and Medical staff limit their records of victimization, or abusiveness, and treatment, to medical and mental health practitioners and locked files; however, information is shared to assist management decisions regarding treatment plans, safety planning, and program assignments.

Interviews indicate the practice is in place to assess if residents have been victims or perpetrated sexual abuse before coming to SMYC, and follow-up services are offered to residents; however, further documentation needs to be in place.

Culture:

SMYC has policy in place that covers this standard and the mental health and medical staff seem well versed in the issues of the residents. Ensuring documentation is in place to track this standards requirement will assist in confirming follow-through and timelines, for a zero-tolerance culture.

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.382 - Access to emergency medical and mental health services</p> <p>Policy/Procedure/Paperwork: DJJS PREA Policy states:</p> <ol style="list-style-type: none"> <li>1. Page 16, "All reported victims of sexual abuse will receive immediate access to emergency medical treatment and crisis intervention services as determined by medical and mental health practitioners, according to their professional judgment." "Medical and mental health secondary materials, documenting the timeliness of emergency medical treatment and crisis intervention is kept in medical and mental health files" (a)</li> <li>2. Page 17 of the SMYC PREA policy states, "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. (c)</li> <li>3. page 13, states, "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. (d)</li> <li>4. 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. (P13)</li> <li>5. 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) p14</li> <li>6. First Responders will: Secure the scene and preserve evidence, including blocking off the area the alleged incident occurred, collecting evidence and requesting the alleged victim and alleged perpetrator do nothing to damage potential evidence (i.e. change clothes, brush teeth, take a shower, eat or drink, use the restroom). Separate the alleged victim and the alleged perpetrator so that they do not have any contact. Notify medical and/or mental health staff. Notify The Rape Crisis Center at 702-366-1640, as necessary and/or requested. P14/15</li> </ol> <p>Practice:</p> <ol style="list-style-type: none"> <li>1. There have been zero allegations of sexual abuse at Spring Mountain Youth Camp.</li> <li>2. Resident victims of sexual abuse are taken to University Medical Center (UMC,) as currently it is the only hospital with SAFE/SANE personnel. Nellis Air Force Base is stepping in to provide the community with SAFE and SANE professionals.</li> <li>3. Medical and Mental Health professionals at SMYC determine what services and needs the resident needs, including an exam, advocate, and follow-up services. They make these decisions in a timely manner so resident can get unimpeded access to emergency and crisis services needed.</li> </ol>

4. Medical and Mental Health maintains notes documenting decisions and services provided or referred to, in locked files (clinical files)
5. Staff first responders follow policy and protect the victim and immediately notify mental health and medical providers.
6. SMYC provides services to the youth victim. Services are provided at no cost to the resident.

No sexual abuse reports have been received or reported at SMYC.

**Culture:**

The zero-tolerance culture at SMYC is enhanced by medical and mental health practitioners who are trained and aware of their responsibilities, and required responses, in a sexual abuse allegation.

115.383	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers Save &amp; Continue</p> <p>Policy/Procedure/Paperwork:</p> <p>DJJS PREA policy states:</p> <ol style="list-style-type: none"> <li>1. a--Page 13 of SMYC PREA Policy states, "The Department will ensure any victim of sexual abuse in any DJJS facility receives medical and mental health evaluation and treatment, as appropriate"</li> <li>2. b, c--Page 13 of SMYC PREA Policy states, "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."</li> <li>3. d, e--Page 13 of PREA policy " 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. "(SMYC is an all-boys facility; however, DJJS does have a detention facility that has females, so agency policy covers both.)</li> <li>4. f--page 13 of PREA Policy, "Resident victims of sexual abuse will be offered testing for sexually transmitted infections (STI) as medically appropriate"</li> </ol> <p>Practice:</p> <p>There have been zero incidents of sexual abuse reported at SMYC. Interviews confirmed staff knowledge and understanding of actions needed, if a sexual abuse allegation/incident occurs. This includes:</p> <ol style="list-style-type: none"> <li>1. Medical and Mental Health evaluation on residents who report sexual abuse</li> <li>2. Determination of services needed and treatment for all residents victimized by sexual abuse</li> <li>3. Participation in treatment planning, follow-up services, and any referrals to the community, upon discharge from SMYC</li> <li>4. Services are provided at a higher level than services in the community due to availability and skill of mental health and medical practitioners at SMYC.</li> <li>5. Resident victims are offered tests for sexually transmitted disease, after a sexual abuse incident.</li> <li>6. Treatment is provided to the victim, even it the resident does not name the abuser or cooperated with the investigation</li> </ol> <p>Culture:</p> <p>At SMYC, the zero-tolerance culture is enhanced by medical and mental health professionals</p>

who are highly trained and knowledgeable. Interviews confirmed knowledge of their role, in a sexual abuse allegation, and providing services that exceed those in the community.



115.386	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.386 - Sexual abuse incident reviews</p> <p>Policy/Procedure/Paperwork:</p> <p>The DJJS PREA Policy states:</p> <ol style="list-style-type: none"> <li>1. 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 end of every sexual abuse investigation, including those allegations that were unsubstantiated. "page 14 (a)</li> <li>2. page 14, "The team will conduct a review within 30 days of the conclusion of the investigation." (b)</li> <li>3. "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" page 14 (c)</li> <li>4. --"The Incident Review Team will prepare a report with its findings and any recommendations for improvement to the Director or his or her designee." PREA Policy page 15</li> <li>5. The Incident Review Team will consider the following: <ol style="list-style-type: none"> <li>a. Whether the allegations or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse</li> <li>b. 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;</li> <li>c. Whether the area in the facility where the incident allegedly occurred has physical barriers that enable abuse;</li> <li>d. Whether staffing levels were adequate at the time of the alleged abuse;</li> <li>e. Whether monitoring technology requires augmentation to add to staff supervision.</li> </ol> </li> <li>6. "The Department shall implement the recommendations for improvement or document its reasons for not implementing the recommended changes." Page 15 (e)</li> </ol> <p>Practice:</p> <p>There have been zero allegations of sexual abuse at Spring Mountain Youth Camp. Staff have been trained, and interviews confirm, for the following practice:</p> <ol style="list-style-type: none"> <li>1. An incident review team, consisting of the PREA Coordinator (PC), PREA Compliance Manager (PCM), and at least one DJJS PREA Committee member, meets and conducts the sexual abuse incident review.</li> <li>2. This review is completed for every founded or unsubstantiated sexual abuse investigation and is completed within 30 days of the end of the investigation.</li> <li>3. Information is gathered from the investigation, and individuals involved in the sexual abuse incident (mental health, medical, investigator, supervisors, Probation officer)</li> </ol>

4. SMYC’s review team considers: if a change in policy or practice is needed; if the allegation was motivated by race, ethnicity, gender identity, LGBTI status-or perceived status, gang affiliation, or other group dynamics at SMYC; if the area, where the incident took place, has physical barriers that enabled the abuse; and, if staffing levels are adequate--for all shifts: monitoring technology is adequate.

After the review a report is generated, covering all the required areas of assessment and additional discussion brought up during the review--including the determinations made, and recommendations for changes or improvements. The final section of the report will include a place to document if the recommendations were completed, and if not, why not. This report is sent to the DJJS Director, Superintendent of SMYC, and the PCM/PC.

**Culture:**

Designated staff are well trained and understand their important participation in a sexual incident review. Interviews confirm this understanding and further demonstrate their knowledge and ability to be a part of this review process. In addition, their role in making recommended changes, to ensure safety for staff and residents at SMYC is taken seriously, and their follow-through to make SMYC safer is monitored by the team.

<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>Standard: 115.387 - Data collection</p> <p>Policy/Procedure/Paperwork:</p> <p>The DJJS PREA Policy states:</p> <ol style="list-style-type: none"> <li>1. “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—page’18 and 19 of PREA draft policy (a)</li> <li>2. --page 18 of the SMYC PREA Policy "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” (b)</li> <li>3. "The collected data must be sufficient to answer all questions on the most current “Survey of Sexual Violence” SMYC PREA Policy (c)</li> <li>4. “Upon request, the agency will provide data to the Department of Justice.” Page 19 (f)</li> </ol> <p>SMYC tracking Log included with audit documentation. Where any PREA incident or allegation will be tracked</p>

Practice:

1. SMYC has a logging form where they collect data from allegations of sexual abuse and track all required services and information.
2. DJJS PREA Coordinator reports, for SMYC, quarterly to the parent contracting agency (DCFS of Nevada) if they have had any incidents, or not, and all SSV information
3. SMYC keeps all collected data, from investigations, reports, and reviews. There have been zero allegations of sexual abuse.
4. SMYC does not contract for any other facilities
5. DJJS/SMYC maintains all required data, by this standard, and if the Department of Justice requests it, SMYC can and will provide it by the date requested.

There have been no reports of sexual abuse. During corrective action, SMYC attained a form to track all allegations of sexual abuse. They have not used it yet, but it is on hand if needed.

Culture:

SMYC has a format to collect and maintain data for every sexual abuse allegation that occurs at the facility. SMYC has not had an allegation of sexual abuse; however, is prepared with the tracking and reporting required by this standard. This reinforces the zero-tolerance culture of this facility.

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.388 - Data review for corrective action</p> <p>Policy/Procedure/Paperwork:</p> <p>DJJS PREA Policy states:</p> <p>1. "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" (a)</p> <p>Continued work needs to be done on the development of an annual report to review (b)</p> <p>Continued work needs to be completed on the development of a report of SMYC progress in addressing sexual abuse to review. (b2)</p> <p>Continued work needs to be done on completing the above report and making it available to the public, after agency head approval. (c1-3)</p> <p>DJJs PREA policy is still in draft form at the end of the corrective action period.</p> <p>Practice:</p> <p>Interviews indicate there is work to be done in this area. At the end of the corrective action period, SMYC continues to work on this standard towards compliance.</p> <p>Culture:</p> <p>This standard is still a work-in-progress at SMYC, at the end of the corrective action period.</p>

115.389	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>Standard: 115.389 - Data storage, publication, and destruction</p> <p>Policy/Procedure/Paperwork:</p> <p>DJJS PREA policy states:</p> <ol style="list-style-type: none"> <li>1. “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” -PREA policy, page 15 (new draft policy page 19) (a)</li> <li>2. SMYC continues to work on a redacted PREA annual report, at the end of the corrective action period.</li> </ol> <p>Practice:</p> <ol style="list-style-type: none"> <li>1. All PREA reports, case records, investigative reports, youth information, case disposition, mental health and medical records are retained for at least 10 years.</li> <li>2. SMYC continues to work on an annual PREA report, with aggregated sexual abuse data and progress on PREA compliance,</li> </ol> <p>Culture:</p> <p>At the end of the corrective action period, the yearly PREA report is still a work in progress and not instilled in the culture of SMYC. Even with no incidents, completing a yearly assessment of compliance and progress will ensure continued awareness and assessment, creating another layer of assessment and safety to the zero-tolerance culture of SMYC.</p> <p>Ingrained in the zero-tolerance culture is secure retention of all PREA records and reports for at least 10 years.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>a--This is the first audit this facility has completed</p> <p>b--This facility did not meet the first three year deadline to be audited. It is now in the middle of an audit and will need the next audit within the 2019-22 audit period.</p> <p>h--This auditor had full access to all area of the facility</p> <p>m--This auditor requested and is being provided all documentation requested during the period of this audit.</p> <p>n--This auditors information was posted in all areas of the housing units. Interviews confirmed that residents and staff were aware of the ability to privately contact this auditor. Notice of audit was posted for two months before this auditors site visit, and staff and residents were aware of the ability to contact this auditor confidentiality.</p> <p>Corrective Action: Complete this audit and become compliant in the 6 month corrective action period to be compliant with this standard.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p>Corrective Action: Publish the audit final summary report on the agency website within 90 days of the completion of corrective action period.</p>

## Appendix: Provision Findings

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

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

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

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

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

<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	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?	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?	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?	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?	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?	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?	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?	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?	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)?	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?	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?	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?	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?	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?	no

<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	no
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	no

115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	na
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	na
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	na
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	na
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	no

115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	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?	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?	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?	no

115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	na
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	na
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities )	na

115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes

115.315 (d)	<b>Limits to cross-gender viewing and searches</b>	
	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?	no
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes

115.315 (e)	<b>Limits to cross-gender viewing and searches</b>	
	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?	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?	no

115.315 (f)	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

	aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	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
	Does the agency ensure that written materials are provided in formats or	yes

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
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<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</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?	no
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	yes

115.317 (a)	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes

115.317 (b)	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

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



115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na

<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</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

<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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. )	na

115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	no
	Has the agency documented its efforts to secure services from rape crisis centers?	no

115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	no
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	no

115.321 (f)	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	no

115.321 (h)	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	no

115.322 (a)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	<p>If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))</p>	yes

115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	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
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	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
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	no

115.331 (b)	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	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?	no

115.331 (c)	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.332 (a)	<b>Volunteer and contractor training</b>	
	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?	no

<b>115.332 (b)</b>	<b>Volunteer and contractor training</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)?	no

<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	no

<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

<b>115.333 (b)</b>	<b>Resident education</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
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes



<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes

<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes

<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

<b>115.333 (f)</b>	<b>Resident education</b>	
	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?	no

<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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).)	na

<b>115.334 (b)</b>	<b>Specialized training: Investigations</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).)	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).)	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).)	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).)	na

<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	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).)	na

115.335 (a)	<b>Specialized training: Medical and mental health care</b>	
	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?	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?	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?	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?	no

115.335 (b)	<b>Specialized training: Medical and mental health care</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.)	no

115.335 (c)	<b>Specialized training: Medical and mental health care</b>	
	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?	no

115.335 (d)	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?	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?	no

<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	no

<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	no

115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes

115.341 (e)	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.342 (a)	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

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

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

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

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

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

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



<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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

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

<b>115.351 (b)</b>	<b>Resident reporting</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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes

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

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

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

<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</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.)	na
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na

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

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

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

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

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

115.353 (a)	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	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?	no
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	no

115.353 (b)	<b>Resident access to outside confidential support services and legal representation</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?	no

115.353 (c)	<b>Resident access to outside confidential support services and legal representation</b>	
	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?	no
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	no

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

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

<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	no

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

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

115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	no

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



<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	no

<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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

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

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

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

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

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

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

115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	no

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

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

115.367 (b)	<b>Agency protection against retaliation</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

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

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

<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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

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

<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</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

<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	no

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

<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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?	no

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

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

<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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

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

<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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

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

<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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

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

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

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



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

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

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

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

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

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

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

115.377 (b)	<b>Corrective action for contractors and volunteers</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

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

115.378 (b)	<b>Interventions and disciplinary sanctions for residents</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
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes

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

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

<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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?	no

<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</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?	no

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

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

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

115.382 (b)	<b>Access to emergency medical and mental health services</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
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.382 (c)	<b>Access to emergency medical and mental health services</b>	
	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

<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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

<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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

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

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

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

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

<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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

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

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

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

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



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

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

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

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

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

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

<b>115.388 (a) Data review for corrective action</b>		
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	no

<b>115.388 (b) Data review for corrective action</b>		
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	no

<b>115.388 (c) Data review for corrective action</b>		
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	no

<b>115.388 (d) Data review for corrective action</b>		
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	no

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

<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	no

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

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

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. (N/A before August 20, 2016.)	yes

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.	no

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

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

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

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

<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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 only 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.)	no