

PREA Facility Audit Report: Final

Name of Facility: Clark County Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: 04/19/2024

Date Final Report Submitted: 09/29/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: DeShane Reed	Date of Signature: 09/29/2024

AUDITOR INFORMATION	
Auditor name:	Reed, DeShane
Email:	dreed@drbconsultinggroup.com
Start Date of On-Site Audit:	02/20/2024
End Date of On-Site Audit:	02/22/2024

FACILITY INFORMATION	
Facility name:	Clark County Juvenile Detention Center
Facility physical address:	651 North Pecos Road, Las Vegas, Nevada - 89101
Facility mailing address:	

Primary Contact

Name:	
Email Address:	
Telephone Number:	

Superintendent/Director/Administrator	
Name:	Michael Whelihan
Email Address:	michael.whelihan@clarkcountynv.gov
Telephone Number:	7024555210

Facility PREA Compliance Manager	
Name:	Fhila Gallegos
Email Address:	gallegfh@clarkcountynv.gov
Telephone Number:	O: 7024555436
Name:	Damien Storla
Email Address:	storlada@clarkcountynv.gov
Telephone Number:	O: (702) 455-5436

Facility Health Service Administrator On-Site	
Name:	Alex Rodriguez
Email Address:	rodriglu@clarkcountynv.gov
Telephone Number:	7024557954

Facility Characteristics	
Designed facility capacity:	384
Current population of facility:	187
Average daily population for the past 12 months:	166

Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	8-18
Facility security levels/resident custody levels:	High
Number of staff currently employed at the facility who may have contact with residents:	151
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	6
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

AGENCY INFORMATION

Name of agency:	Clark County Department of Juvenile Justice Services
Governing authority or parent agency (if applicable):	
Physical Address:	601 N. Pecos Rd., Las Vegas, Nevada - 89101
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Richard Nelson	Email Address:	NelsonRi@ClarkCountyNV.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-02-20
2. End date of the onsite portion of the audit:	2024-02-22

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	I contacted University Medical Center (UMC) to check to see if they provided SANE/SAFE for the community, as well as juvenile specific. At the time of this audit, CCJDC were in the works of developing an MOU with a Las Vegas Nevada based Rape Crisis Center.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	196
15. Average daily population for the past 12 months:	184
16. Number of inmate/resident/detainee housing units:	8
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	212
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	5
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	4

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>6</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>151</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>2</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>6</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>21</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>If "Other," describe:</p>	<p>I made certain to identify residents who would fit my targeted resident interviewee requirements.</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>I reviewed the master intake roster and medical screenings, which identifies resident geographic and gather targeted resident requirements.</p>

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	I reviewed the master intake roster and medical screenings, which identifies resident geographic and gather targeted resident requirements.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	11
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the master intake roster and medical screenings, which identifies resident medical and mental health disabilities.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the master intake roster and medical screenings, which identifies resident medical and mental health disabilities.</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the master intake roster and medical screenings, which identifies resident medical and mental health disabilities. I reviewed the master intake roster and PREA risk screenings, which identifies the gender identity of residents. Finally, I asked the randomly interviewed residents.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>20</p>

<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>4</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the master intake roster and medical screenings, which identifies resident medical and mental health disabilities. I reviewed the master intake roster and PREA risk screenings, which identifies the gender identity of residents. Finally, I asked the randomly interviewed residents.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>24</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>I also selected interviews based on specialized roles.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>12</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	5
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>I tested the Hotline #. I also contacted University Medical Center (UMC) to check to see if they provided SANE/SAFE for the community, as well as juvenile specific. At the time of this audit, CCJDC were in the works of developing an MOU with a Las Vegas Nevada based Rape Crisis Center.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>I requested my own random reviewing of documents while onsite, as well as requested copies of samples while onsite.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	1	0
Staff-on-inmate sexual abuse	2	0	2	0
Total	3	0	3	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	18	0	15	0
Staff-on-inmate sexual harassment	3	0	3	0
Total	21	0	18	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	1	1	0
Staff-on-inmate sexual abuse	0	1	0	0
Total	0	2	1	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	2	12	4
Staff-on-inmate sexual harassment	0	3	0	0
Total	0	5	12	4

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

2

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>9</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>8</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed pre-audit documents submitted through the Online Auditing System (OAS) to determine compliance for Standard 115.311. Clark County Juvenile Detention Center (CCJDC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 as evidence of compliance with PREA Standard 115.311. CCJDC’s Personnel Directive Policy P024 updated on October 23, 2023, contains their zero-tolerance and approach to preventing, detecting, and responding to sexual abuse/sexual harassment.</p> <p>CCJDC policy and has the necessary language to align with PREA Standard 115.311. This PREA auditor also observed and interacted with the CCJDC PREA Coordinator and the CCJDC PREA Compliance Manager. This PREA Auditor interviewed the PREA Coordinator and Compliance Manager. Both shared that they were supported and were allotted enough time and authority to effectively engage in their roles.</p> <p>This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.311.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via OAS, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.312. Clark County Juvenile Detention Center (CCJDC) agency leadership reported that they do not contract with other entities for the confinement of residents. CCJDC also did not submit any contractual agreements. This auditor also reviewed the daily rosters during the onsite audit. All residents placed in CCJDC were Clark County jurisdiction residents who were confined at the CCJDC by the Clark County DJJS Juvenile Court.</p> <p>This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.312.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via OAS, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.313. Clark County Juvenile Detention Center (CCJDC) submitted their DJJS Juvenile Detention Center Staffing Plan as evidence of compliance with PREA Standard 115.313. Additionally, CCJDC's Personnel Directive Policy P024 (updated on October 23, 2023) has the necessary language to align with PREA Standard 115.313.</p> <p>While onsite, this auditor interviewed CCDJJS's PREA Coordinator and CCJDC's PREA Compliance Manager, and CCJDC's Detention Manager. All shared that CCJDC need to work a Staffing Plan which better aligns with the sub standards within PREA Standard 115.313. Additionally, while on site, CCJDC was unable to furnish a completed Staffing Plan, and one was not submitted in the Online Auditing System (OAS). CCJDC submitted evidence of documented staffing reports (staffing rosters) via the OAS. The reports captured staff shift posts to specific units which showed adequate coverage, however, these reports are not substitutes for a Staffing Plan which aligns with 115.313 (a) (1-11).</p> <p>Additionally, while onsite, this auditor also reviewed random documented unannounced rounds by supervisory staff. This auditor interviewed a random selection of direct supervision, intermediate, and upper supervisory staff. Each shared that supervisory staff make multiple unannounced rounds during each shift. During this auditor's interview with CCJDC's PCM/Assistant Detention Manager and</p>

	<p>Detention Manager, each shared that supervisory staff are responsible for making multiple unannounced rounds each shift. They further shared, these unannounced rounds are random and without prior notification to staff. This auditor reviewed a random selection of 10 dates in logbooks within 6 different housing units. Each date reviewed within each logbook had at least 3-4 supervisory rounds documented.</p> <p>This auditor recommended that CCJDC develop a Staffing Plan which assesses and ensures adequate staffing and supervision to protect residents from sexual abuse. This Staffing Plan's components should align with 115.313 (a) (1-11). This auditor also recommended that CCJDC establish a consistent annual Staffing Plan review or when an incident occurs that may require an adjustment to the staffing plan. This PREA auditor concluded that CCJDC was not in compliance with PREA Standard 115.313. Corrective Action was required.</p> <p>During CCJDC's Corrective Action Period (CAP), this auditor conducted a meeting and engaged in a series of email correspondence with Clark County's PREA Coordinator and CCJDC's PREA Compliance Team. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, DADC submitted in OAS a revised/updated "Staffing Plan" (CY 2025), which aligns with 115.313 (a) (1-11). Finally, CCJDC's Staffing Plan was submitted, reviewed and approved by Clark County's Department of Juvenile Justice Services (DJJS) Director.</p> <p>This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.313.</p>
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115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>This PREA Auditor reviewed pre-audit documents submitted via OAS, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.315. CCJDC submitted their new PREA Training as evidence of compliance with PREA Standard 115.315. Training documents contained the necessary language to align with PREA Standard 115.315. Clark County Juvenile Detention Center (CCJDC) also submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 updated on (October 23, 2023) as evidence of compliance with PREA Standard 115.315. Excerpts from CCJDC's Personnel Directive Policy P024 states, <i>"Cross-gender pat searches will be conducted in exigent circumstances only. In the event a cross-gender pat search is conducted, staff members are to document the incident and notify a Supervisor. Cross-gender strip searches are prohibited.</i></p> <p><i>Staff, contractors, interns and volunteers are required to announce their presence when entering a housing unit designated for the opposite gender. Staff will</i></p>

announce the presence of visitors of the opposite sex when they enter housing units for visitation. Residents will shower, change clothing and perform bodily functions without non-medical staff of the opposite gender viewing said activities, unless exigent circumstances arise or when such viewing is incidental to routine room checks. Should cross-gender viewing of residents engaged in these activities occur, the incident must be documented in the unit log and a supervisor must be notified."

While onsite this PREA auditor interviewed 12 random security/supervisory staff. Each understood the policy on cross-gender searches and viewing. Additionally, when this auditor interviewed each of the 12 security/supervisory staff and asked, "How does CCJDC handle transgender/intersex residents?" Each of the 10 out the 12 interviewed staff responded, "Let the transgender/intersex decide which gender of staff to search them." The 2 staff who responded differently, stated, "Notify their supervisor for direction." Additionally, CCJDC interviewed security staff knew the meaning of the "red cross-gender bell" that is mounted outside each resident housing unit. Each understood that the bell is used to let the residents know when an opposite gender staff is entering their housing unit.

This auditor also informally interviewed random security staff on various housing units, asking them to demonstrate their practice related to ensuring resident privacy when showering, changing clothing, and using the toilet. There was a consensus in their responses, sharing that 1 resident at a time is allowed in the shower and shower curtains provides privacy. They also shared that residents are required to get dressed before exiting their shower location. Finally, this auditor reviewed logbooks on 6 random housing units. Each documented resident movement on units and any relevant concerns/issues related to PREA.

This auditor interviewed 21 CCJDC residents. Each resident verified that they are only searched by staff of the same gender. The same interviewed residents also shared that they are allowed to shower, perform bodily functions, and get dressed without being viewed by staff. However, only 1 out of 21 interviewed residents knew the meaning of the "red cross-gender announcement doorbell." Most interviewed residents thought the "red cross-gender doorbell" was a notification that CCJDC visitors are entering. Other interviewed residents thought the "red cross-gender doorbell" was just to let everyone know staff is entering the housing unit.

This auditor recommended that CCJDC conduct a refresher education training to all residents, ensuring that each resident is aware of the meaning of the "red cross-gender doorbell." This auditor also recommended that this information be added to the PREA orientation and education conducted for residents on intake units E6 (boys) and E5 (girls). Lastly, this auditor recommended that this information be placed within in the resident pamphlet/handbook to ensure that residents can reference information. This PREA auditor concluded that CCJDC was not in compliance with PREA Standard 115.315. Corrective Action was required.

During CCJDC's Corrective Action Period (CAP), this auditor conducted a meeting and engaged in a series of email correspondence with Clark County's PREA Coordinator and CCJDC's PREA Compliance Team. The goal was to discuss the

	<p>recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, CCJDC submitted, in OAS, documentation that all CCJDC residents viewed the “PREA Orientation” video as a refresher. This video discusses resident’s rights, definitions of sexual abuse and sexual harassment, how to protect boundaries, how and who to report a PREA allegation, grievances, 3rd Party Reporting, the purpose of CCJDC’s “Red Doorbells” at housing unit entrances (for opposite gender announcements), PREA investigations, retaliation monitoring, and Victim Advocacy access through their MOU with “Signs of Hope.”</p> <p>This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.315.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed pre-audit documents submitted via OAS, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.316. CCJDC submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023) as evidence of compliance with PREA Standard 115.316. An excerpt from CCJDC’s Personnel Directive Policy P024 states, <i>“Every resident will participate in an orientation session and complete and sign a PREA orientation form during the intake process in Detention, Spring Mountain Youth Camp, and the Spring Mountain Residential Center. Both the staff and the resident must sign and date the form after the orientation process is complete. This form will be retained for each resident. Youthful residents, residents who have limited English proficiency, limited vision, intellectual challenges or other disabilities will be provided PREA information in a manner that allows them to understand DJJS’ zero tolerance policy for sexual abuse, sexual misconduct and sexual harassment, as well as how they can report sexual abuse/sexual misconduct/sexual harassment. Orientation materials are provided in English and Spanish. Language translation services are available through Clark County and DJJS currently contracts sign language interpreters to assist the hearing impaired. These available services are not restricted to the youth orientation purpose. Staff is prohibited from using residents as interpreters to communicate the Department’s PREA information, either by translating conversations or reading printed material, unless exigent circumstances arise. Should a resident be utilized to interpret, the circumstances must be documented in the unit log.”</i></p> <p>CCDJC’ s policy has the necessary language to align with PREA Standard 115.316 regarding accommodations for residents with disabilities and Limited English Proficient residents. While onsite, this auditor interviewed CCJDC’s PREA Compliance</p>

Manager and PREA Liaison/Investigator. Both stated the if CCJDC receives a resident whose language is outside of their ability to interpret, they contact the Government Center, who then identifies an appropriate interpreter/service to meet the need(s). Clark County Juvenile Detention Center's (CCJDC) Detention Manager also submitted an electronic statement saying, *"Besides English the main language that is spoken here is Spanish. The department has a plethora of employees that are both certified peace officers (security staff) and civilian staff that speak Spanish. For other languages the county can also acquire interpreters based on the need. This doesn't happen through our department (Department of Juvenile Justice Services), but it is something that Clark County can arrange based on a residents need whether that need is for the resident himself/herself or the resident's family members."*

Additionally, while onsite this auditor observed zero tolerance signage was primarily in English but did not see that same signage in Spanish. Moreover, in OAS, CCJDC reported that the PREA education videos are available in English, Spanish, audio and close captioned, but could not upload it due to file size. This auditor visited the intake unit and observed/confirmed that CCJDC's PREA Education video was offered in Spanish, English, and close captioned hearing-impaired residents.

Additionally, this PREA auditor interviewed the PREA Compliance Manager who reported that there is a county line that provides translation services called the "Phone Bank" Interpreters Office though it is not often utilized because CCJDC have four interpreters staff members, certified through the DJJS who provide translation services. Furthermore, this PREA auditor interviewed 24 randomly selected specialized, contracted, and security staff members. The staff shared that the use of other residents to translate in almost never used. Finally, the auditor reviewed staffing schedules and was able to identify an array of Spanish proficient staff.

This auditor recommended that CCJDC develop a written procedure for accessing translation services for staff, as well as provide staff training on the documented procedures. The written procedures should include 1) procedures for utilization of CCJDC certified staff translators, 2) procedures for utilization of Clark County's "Phone Bank" language translation services in case certified staff are unavailable and, 3) procedures for utilizing the Government Center's interpretation services and the contact person. Finally, this auditor recommended that the Spanish Postings be posted facility wide next to the facility's PREA-related English postings. This PREA auditor concluded that CCJDC was not in compliance with PREA Standard 115.316. Corrective Action was required.

During CCJDC's Corrective Action Period (CAP), this auditor conducted a meeting and engaged in a series of email correspondence with Clark County's PREA Coordinator and CCJDC's PREA Compliance Team. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, CCJDC submitted, in OAS, colorful "Interpretation Services" signage that has been posted in staff offices and staff working desks on each housing unit. The signage states, "Interpretation Services;" dial (702) 455-1878 or dial extension 1878 from any office; Hours of operation: Monday-Friday 7am to 5pm." Finally, CCJDC submitted their staff "PREA In-Person"

	<p>staff trainings” and “PREA Online Coursework” staff trainings” completed between May 1, 2024, through August 12, 2024.</p> <p>This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.316.</p>
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via OAS, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.317. CCJDC submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023) as evidence of compliance with PREA Standard 115.317. An excerpt from CCJDC’s Personnel Directive Policy P024 states, <i>“The Department requires every candidate for employment or promotion undergo and pass a complete background check, to include criminal history and any history of child abuse or neglect, prior to contact with youth. For candidates for employment, DJJS will make its best effort to contact all prior institutional employers for information on substantiated sexual abuse allegations or resignation pending investigation for sexual abuse allegations, consistent with Federal, State, and local law. The Department will forward all inquiries from other institutional employers regarding substantiated allegations of sexual abuse and/or sexual harassment against former employees to Clark County Human Resources. Clark County Human Resources will release said information upon verifying the requester is an institutional employer and receipt of a signed Release of Information from the employee.</i></p> <p><i>Any candidate for employment or promotion, contractor, intern or volunteer who has engaged in sexual abuse in an institutional setting, has been convicted of a sexual offense, or who has been civilly or administratively adjudicated of a sexual offense will not be considered for employment, promotion, contracted services, internship or volunteer opportunities.</i></p> <p><i>Substantiated incidents of sexual harassment will be taken into consideration when considering candidates for employment, promotion, contracted services, internships, or volunteer positions.</i></p> <p><i>Individuals seeking volunteer, intern and contractor positions with DJJS shall be subject to the same background check as listed above. Volunteers, interns and contractors shall submit to background checks at least once every five years and may also be required to submit to a background check at any time the DJJS director or designee obtains information that the volunteer, intern or contractor may have pending criminal charges, a criminal conviction, a substantiated report of abuse or neglect of a child, or is the subject of an investigation related to criminal charges or</i></p>

	<p><i>abuse or neglect of a child.”</i></p> <p>CCJDC’s PREA Policy P024 has the necessary language to align with PREA Standard 115.317 regarding the selection, screening, hiring, and promotion considerations of employees, as well as volunteer involvement with CCJDC. While on site, this PREA auditor interviewed Human Resource (HR) Legal Office Specialist and the Senior Legal Office Assistant, who allowed this auditor to review 17 randomly selected employee files to verify that they do conduct background checks at the time of hire, every 5 years or/and when a promotion occurs for all active staff members, volunteers, and contractors. The CCJDC’s Human Resources Employment Manager also submitted evidence that child abuse registries checks are conducted on prospective and active staff. The following background checks are utilized: Department of Motor Vehicles (DMV), UNITY (Child Abuse/Neglect), PREA, Fingerprints, and Shared Computer Operation for Protection and Enforcement (SCOPE). Finally, CCJDC’s HR Employment Manager showed random files of additional background check completed on employees who were promoted (prior to 5-year threshold).</p> <p>This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.317.</p>
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115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.318. Clark County Juvenile Detention Center (CCJDC) reported that they have not made any facility upgrades or expansions to the facility since August 20, 2012. This auditor interviewed CCJDC Detention Manager, PREA Coordinator, and PREA Compliance Manager, shared that cameras were added to various facility locations, and CCJDC considered protecting resident from sexual abuse were considered. CCJDC’s Detention Manager also shared that they would review camera placement this year and consider if modifications are needed. CCDJS’ PREA Coordinator showed this auditor invoice/receipt of camera purchases.</p> <p>This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.318.</p>

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

This PREA Auditor reviewed pre-audit documents submitted via OAS, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.321. CCJDC submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023) as evidence of compliance with PREA Standard 115.321. An excerpt from CCJDC's Personnel Directive Policy P024 states, *"The LVMPD or other applicable law enforcement jurisdiction and DFS will be contacted to initiate criminal and child abuse investigations, respectively, for allegations of sexual abuse and sexual misconduct within a DJJS facility. Law enforcement investigators shall adhere to the standard requirements for a criminal investigation and the uniform investigative policy used by law enforcement shall be developmentally appropriate for youth. Immediately upon receiving a report of an incident of sexual abuse or sexual misconduct on the part of a Department employee, the employee may be placed on administrative leave, prohibited from contact with residents and/or reassigned pending the results of the investigation.*

Contractors, interns and volunteers alleged to have committed sexual abuse or sexual misconduct will be prohibited from contact with residents and potentially prohibited from entering DJJS facilities.

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

The DJJS PSU will conduct administrative investigations for allegations of sexual harassment. Investigations will include gathering and preserving direct and other physical evidence, obtaining statements from alleged perpetrators, victims and witnesses, and a review of all other pertinent documents, files or official records which may be useful in determining the truth to the matter under investigation or in assessing the credibility of statements made by involved parties. The DJJS employee, contractor, intern or volunteer alleged to have committed sexual harassment may be placed on administrative leave, prohibited from contact with residents and/or reassigned pending the results of the investigation. In the event the initial review of the alleged sexual harassment allegation reveals possible criminal conduct, the administrative investigation will stop and the matter will be referred to LVMPD. Administrative investigations shall be conducted in an unbiased, objective manner, bearing in mind the rights of all parties concerned. Substantiation of administrative investigations will be based upon the standard of the preponderance of the evidence. All employees, contractors, interns and volunteers, including the accused, shall cooperate fully in an administrative investigation.

The refusal to cooperate during an administrative investigation or knowingly giving false or misleading information will be considered grounds for termination. Employees, contractors, interns and volunteers found to have committed sexual abuse or sexual misconduct on a resident will be terminated and notification will be

provided to any applicable licensing boards.

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

- A uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions shall be employed in conducting the investigation.*
- Residents who experience sexual abuse shall be provided access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).*
- Access shall be made to a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, DJJS shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member and shall document all efforts to secure services from rape crisis centers.*
- When requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.*

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

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

All allegations of sexual abuse, sexual misconduct, and sexual harassment shall be investigated, even when the alleged perpetrator or alleged victim has left DJJS custody or is no longer employed by the Department.”

CCJDC’s PREA Policy P024 has the necessary language to align with PREA Standard 115.321 regarding CCJDC’s efforts to provide victim advocacy to all alleged victims of sexual abuse, preservation of usable evidence, and the investigation protocol.

While onsite, this auditor interviewed a random selection of 12 CCJDC security staff. Each knew their responsibilities as a first responder if they were informed, notified, or observed sexual abuse/harassment of a resident. Five out of 12 security staff required some prompting to remember to preserve usable evidence (crime scene preservation). Additionally, this auditor interviewed CCJDC’s contracted Registered Nurse and Medical Assistant (Wellpath). Both shared that Forensic Examinations are

referred to *University Medical Center's Children's Hospital*. Both explained that they were specialized trained to respond to PREA Incidents at CCJDC. The three identified PREA Investigators interviewed reported that if an incident occurred and was an active crime scene, the *Las Vegas Metro Crime Scene Analyst* team would collect evidence.

CCDJJs' PREA Coordinator and PREA Liaison both shared during their interviews that CCJDC does not have a Memorandum of Understanding with a local Rape Crisis Center, nor do CCJDC have a specialized trained victim advocate on staff. This PREA auditor inquired about any further efforts been made by CCJDC to enter a Memorandum of Understanding (MOU) between CCJDC and the *Rape Crisis Center of Las Vegas* to serve as the central location for emotional support for victims. Both shared that, at this time, no further attempts were made to establish services.

This auditor recommended that CCJDC establish an MOU with the Rape Crisis Center of Las Vegas (or similar agency) to provide victim advocacy services and emotional support to CCJDC victims of sexual abuse. CCJDC could also identify a CCJDC staff to receive an approved victim advocacy training, to provide this service to CCJDC residents. This auditor also recommended that the current signage around the facility be updated with accurate information regarding victim advocacy services access available to resident victims (with contact information). Additionally, this auditor recommended that CCJDC provide refresher PREA Resident Education on the victim advocacy access available to CCJDC resident victims. Finally, this auditor recommended that all CCJDC staff receive refresher training in preserving usable evidence (crime scene preservation training). This PREA auditor concluded that CCJDC was not in compliance with PREA Standard 115.321. Corrective Action was required.

During CCJDC's Corrective Action Period (CAP), this auditor conducted meetings and engaged in a series of email correspondence with Clark County's PREA Coordinator and CCJDC's PREA Compliance Team. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, CCJDC submitted in OAS an executed Memorandum of Understanding with "Signs of Hope" and Clark County Department of Juvenile Justice Services (CCDJJS) (7/10/24). Additionally, CCJDC submitted English and Spanish versions of "Signs of Hope Signage & Rack Cards," which provides education/information to CCJDC residents about "Signs of Hope" and how to access victim advocacy and emotional support services. Finally, CCJDC submitted their "Sex Abuse Detection and Response" Power Point training (PPT). This 18-slide PPT discusses first responder duties, crime scene preservation for usable evidence, as well as coordinated responses of medical/mental health, victim advocacy, and investigators.

This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.321.

Auditor Overall Determination: Meets Standard

Auditor Discussion

This PREA Auditor reviewed pre-audit documents submitted via OAS, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.322. CCJDC submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023) as evidence of compliance with PREA Standard 115.322. An excerpt from CCJDC's Personnel Directive Policy P024 states, *"The LVMPD or other applicable law enforcement jurisdiction and DFS will be contacted to initiate criminal and child abuse investigations, respectively, for allegations of sexual abuse and sexual misconduct within a DJJS facility. Law enforcement investigators shall adhere to the standard requirements for a criminal investigation and the uniform investigative policy used by law enforcement shall be developmentally appropriate for youth. Immediately upon receiving a report of an incident of sexual abuse or sexual misconduct on the part of a Department employee, the employee may be placed on administrative leave, prohibited from contact with residents and/or reassigned pending the results of the investigation.*

Contractors, interns and volunteers alleged to have committed sexual abuse or sexual misconduct will be prohibited from contact with residents and potentially prohibited from entering DJJS facilities....

The DJJS Professional Standards Unit (PSU) will conduct administrative investigations for allegations of sexual harassment. Investigations will include gathering and preserving direct and other physical evidence, obtaining statements from alleged perpetrators, victims and witnesses, and a review of all other pertinent documents, files or official records which may be useful in determining the truth to the matter under investigation or in assessing the credibility of statements made by involved parties. The DJJS employee, contractor, intern or volunteer alleged to have committed sexual harassment may be placed on administrative leave, prohibited from contact with residents and/or reassigned pending the results of the investigation. In the event the initial review of the alleged sexual harassment allegation reveals possible criminal conduct, the administrative investigation will stop and the matter will be referred to LVMPD. Administrative investigations shall be conducted in an unbiased, objective manner, bearing in mind the rights of all parties concerned. Substantiation of administrative investigations will be based upon the standard of the preponderance of the evidence. All employees, contractors, interns and volunteers, including the accused, shall cooperate fully in an administrative investigation."

CCJDC's PREA Policy P024 has the necessary language to align with PREA Standard 115.322 regarding CCJDC's criminal and administrative investigation procedures.

While onsite, this auditor interviewed CCDJJS' PREA Coordinator and 2 CCJDC PREA Investigator. All 3 interviewed reported being specialized trained to conduct PREA-related institution investigations, as well as trained as Peace Officers with arresting authority. CCDJJS' PREA Coordinator submitted all three interviewed training

	<p>verification of being specialized trained to conduct investigations of sexual abuse/ harassment allegations within the CCJDC. CCJDC's evidence of receiving specialized training was submitted in OAS under PREA Standard 115.334.</p> <p>Additionally, CCDJJS'/CCJDC's PREA investigation team shared that they work closely with the <i>Las Vegas Metro Police Department (LVMPD)</i> regarding criminal sexual abuse investigations. Furthermore, each shared that allegations are initially investigated for criminal violations. If not criminal, the CCJDC specialized trained investigators investigate all administrative (non-criminal) PREA-Related allegations. Finally, the auditor reviewed a random selection of 11 completed investigations. All files were properly structured and contained all elements required in PREA Standard 115.371(b). This auditor also reviewed CCJDC's website which states their PREA No-Tolerance, reporting avenues, and investigations policy.</p> <p>This PREA auditor concludes this CCJDC is in compliance with PREA Standard 115.322.</p>
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via OAS, physical documentation review while onsite, as well observed institutional practice to determine compliance for Standard 115.331. CCJDC submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023) as evidence of compliance with PREA Standard 115.331. An excerpt from CCJDC's Personnel Directive Policy P024 states, <i>"In order to promote the Department's zero tolerance policy against sexual abuse, sexual misconduct and sexual harassment, continuous training is imperative. All staff, contractors, interns and volunteers who have direct contact with institutional youth will be required to complete PREA training before they are permitted to enter a DJJS institution and will receive refresher training annually.</i></p> <p><i>Staff, contractors, interns and volunteers will be trained to recognize the signs of sexual abuse and to understand their responsibility in the detection, prevention, and reporting of alleged sexual abuse. As part of the Department PREA training curriculum, emphasis will be placed on:</i></p> <ul style="list-style-type: none"> • <i>Knowing and enforcing rules involving sexual behavior;</i> • <i>The necessity of sight and sound supervision of residents to prevent sexual abuse, sexual misconduct and sexual harassment;</i> • <i>Maintaining professionalism at all times, including a work place free of sexual harassment; and</i> • <i>Treating any allegation of sexual abuse, sexual misconduct or sexual</i>

harassment seriously by following appropriate reporting procedures.

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

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

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

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

Department medical and mental health practitioners are required to complete specialized training on:

- *How to detect and assess signs of sexual abuse and sexual harassment;*
- *How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment;*
- *How and whom to report allegations or suspicions of sexual abuse and sexual harassment."*

CCJDC's PREA Policy P024 has the necessary language to align with PREA Standard 115.331 regarding CCJDC's staff training. While onsite, this auditor also reviewed the training Power Point (PPT) submitted by CCJDC, the training covered the topics identified in PREA Standard 115.331. This auditor also reviewed 24 randomly selected staff training records of interviewed staff. Each selected staff training records had either electronic documentation or training sign-in sheets/certificates. Additionally, the training records had comprehensive training evidence or annual refresher training. Finally, when this PREA auditor interviewed 24 randomly selected specialized and security staff members, each knew their responses when asked about their responding duties when they receive a report, receive information, or have suspicion of sexual abuse or sexual harassment.

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

	115.331.
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via OAS, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.332. CCJDC submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023), as evidence of compliance with PREA Standard 115.332. An excerpt from CCJDC’s Personnel Directive Policy P024 states, <i>“In order to promote the Department’s zero tolerance policy against sexual abuse, sexual misconduct and sexual harassment, continuous training is imperative. All staff, contractors, interns and volunteers who have direct contact with institutional youth will be required to complete PREA training before they are permitted to enter a DJJS institution and will receive refresher training annually.</i></p> <p><i>Staff, contractors, interns and volunteers will be trained to recognize the signs of sexual abuse and to understand their responsibility in the detection, prevention, and reporting of alleged sexual abuse. As part of the Department PREA training curriculum, emphasis will be placed on:</i></p> <ul style="list-style-type: none"> • <i>Knowing and enforcing rules involving sexual behavior;</i> • <i>The necessity of sight and sound supervision of residents to prevent sexual abuse, sexual misconduct and sexual harassment;</i> • <i>Maintaining professionalism at all times, including a work place free of sexual harassment; and</i> • <i>Treating any allegation of sexual abuse, sexual misconduct or sexual harassment seriously by following appropriate reporting procedures.</i> <p><i>Staff, contractors, interns and volunteers will be trained regarding warning signs that might indicate a resident has been sexually abused or is in fear of being sexually abused. Warning signs include, but are not limited to:</i></p> <ul style="list-style-type: none"> • <i>Isolating self from others;</i> • <i>Depression;</i> • <i>Major change in behavior, mood, and daily activities;</i> • <i>Lashing out at others;</i> • <i>Refusing to shower;</i> • <i>Suicidal thoughts or actions;</i> • <i>Seeking protective custody; and</i> • <i>Refusing to leave his or her room.</i>

	<p><i>Upon completion of the training, employees, contractors, interns and volunteers will acknowledge that the training included the content described above and affirm that they have never engaged in sexual abuse in an institutional setting, been convicted of a sexual offense, or have been civilly or administratively adjudicated of a sexual offense.</i></p> <p><i>Training records relating to volunteers, interns and contractors shall be maintained within the Division where the work is performed in accordance with Personnel Directive P014 Records Retention Schedule.</i></p> <p><i>Department medical and mental health practitioners are required to complete specialized training on:</i></p> <ul style="list-style-type: none"> <i>• How to detect and assess signs of sexual abuse and sexual harassment;</i> <i>• How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment;</i> <i>• How and whom to report allegations or suspicions of sexual abuse and sexual harassment.”</i> <p>CCJDC’s PREA Policy P024 has the necessary language to align with PREA Standard 115.332 regarding CCJDC’s volunteer and contractor training. This auditor also reviewed the training Power Point (PPT) submitted by CCJDC; the training covered the topics identified in PREA Standard 115.332. This auditor also reviewed 5 randomly selected contractor staff and found that the contractor or volunteer had evidence of PREA training based on their level of interaction with CCJDC residents. Finally, this PREA auditor interviewed 5 randomly selected contracted Clark County school district education staff. Each knew their responses when asked about their responding duties when they receive a report, receive information, or have suspicion of sexual abuse or sexual harassment.</p> <p>This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.332.</p>
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed pre-audit documents submitted via OAS, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.333. CCJDC submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023) as evidence of compliance with PREA Standard 115.333. After reviewing the submitted corresponding excerpt from CCJDC’s Personnel Directive Policy P024, CCJDC’s Policy P024 had the necessary language which aligned with PREA</p>

	<p>Standard 115.333.</p> <p>While onsite, a CCJDC Probation Officer on housing unit E6 walked this auditor through CCJDC’s Resident Orientation and Resident Comprehensive Education during intake. He shared that upon arrival for intake, residents are placed in housing unit E6 (males) or E5 (females) to receive their PREA resident Orientation by first reviewing CCJDC’s <i>“PREA Orientation Acknowledgement Form.”</i> Thereafter, while on the E6 or E5 housing unit the resident receives PREA Comprehensive Resident Education by viewing CCJDC’s PREA Education video (conducted on Sundays and Thursdays), then going over CCJDC’s <i>“PREA Intake Orientation Checklist.”</i> This auditor observed/confirmed that CCJDC’s PREA Orientation form are in English and Spanish. Additionally, their PREA Education Video was in English, Spanish, and Closed Caption versions (uses PRC videos). Additionally, while the residents are on their respective orientation housing units (E6 or E5), residents also receive their PREA Victimization and Risk Screening Assessment, then get assigned to their permanent housing unit.</p> <p>Finally, this auditor also interviewed 21 randomly selected CCJDC residents. Twenty-one of 21 residents were familiar with PREA, confirmed receiving PREA Orientation and PREA Comprehensive Education. Each could identify at least 3 avenues by which they could report if sexual abuse or harassment occurred.</p> <p>This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.333.</p>
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via OAS, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.334. CCJDC submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023), as evidence of compliance with PREA Standard 115.334. After reviewing the submitted corresponding excerpt from CCJDC’s Personnel Directive Policy P024, CCJDC’s Policy P024 had the necessary language which aligned with PREA Standard 115.334.</p> <p>While onsite, this PREA Auditor interviewed 3 CCJDC’s PREA Specialized Trained Investigators, who shared their roles and specialized training received above CCJDC’s general PREA Staff Training. CCDJJS’ PREA Coordinator submitted PREA specialized training verifications for each of the 3 interviewed investigators. This auditor confirmed specialized training uploaded in OAS. Finally, CCJDC’s investigation team works closely with the Las Vegas Metro Police Department (LVMPD) regarding criminal sexual abuse investigations. This CCJDC’s Policy P024</p>

	<p>related to specialized training investigation staff has the necessary language which aligned with PREA Standard 115.334.</p> <p>This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.334.</p>
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115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed pre-audit documents submitted via OAS, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.335. CCJDC submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023), as evidence of compliance with PREA Standard 115.335. An excerpt from CCJDC’s Personnel Directive Policy P024 states, <i>“In order to promote the Department’s zero tolerance policy against sexual abuse, sexual misconduct and sexual harassment, continuous training is imperative. All staff, contractors, interns and volunteers who have direct contact with institutional youth will be required to complete PREA training before they are permitted to enter a DJJS institution and will receive refresher training annually.</i></p> <p><i>Staff, contractors, interns and volunteers will be trained to recognize the signs of sexual abuse and to understand their responsibility in the detection, prevention, and reporting of alleged sexual abuse. As part of the Department PREA training curriculum, emphasis will be placed on:</i></p> <ul style="list-style-type: none"> • <i>Knowing and enforcing rules involving sexual behavior;</i> • <i>The necessity of sight and sound supervision of residents to prevent sexual abuse, sexual misconduct and sexual harassment;</i> • <i>Maintaining professionalism at all times, including a work place free of sexual harassment; and</i> • <i>Treating any allegation of sexual abuse, sexual misconduct or sexual harassment seriously by following appropriate reporting procedures.</i> <p><i>Staff, contractors, interns and volunteers will be trained regarding warning signs that might indicate a resident has been sexually abused or is in fear of being sexually abused. Warning signs include, but are not limited to:</i></p> <ul style="list-style-type: none"> • <i>Isolating self from others;</i> • <i>Depression;</i> • <i>Major change in behavior, mood, and daily activities;</i> • <i>Lashing out at others;</i>

- Refusing to shower;
- Suicidal thoughts or actions;
- Seeking protective custody; and
- Refusing to leave his or her room.

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

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

Department medical and mental health practitioners are required to complete specialized training on:

- How to detect and assess signs of sexual abuse and sexual harassment;
- How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment;
- How and whom to report allegations or suspicions of sexual abuse and sexual harassment.

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

CCJDC’s PREA Policy P024 has the necessary language to align with PREA Standard 115.335 regarding CCJDC’s medical and mental health staff specialized training.

This auditor also reviewed the training Power Point (PPT) submitted by CCJDC, which covered the topics identified in PREA Standard 115.335. This auditor also received the medical and mental health staff who completed specialized training files. Finally, when this auditor interviewed 2 medical contracted staff (Medical Assistant and Nurse Manager) and CCJDC’s Clinical Coordinator, there was consistency in their responses when asked about their roles in identifying, reporting, and responding to PREA-related incidents. Each knew their coordinated response related to PREA incidents within CCJDC.

This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.335.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard

Auditor Discussion

This PREA Auditor reviewed pre-audit documents submitted via OAS, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.341. CCJDC submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023), as evidence of compliance with PREA Standard 115.341. An excerpt from CCJDC's Personnel Directive Policy P024 states, *"Staff will complete a PREA Intake Screening Tool on all incoming residents within 24 hours of intake. The PREA Screening Tool will also be completed at 90 days in placement, either in detention or in Spring Mountain Youth Camp. Staff is required to administer the PREA Intake Screening Tool in a manner that is understandable to each resident, and seek the appropriate assistance when residents have a barrier to understanding. Staff will evaluate each resident specifically to determine the resident's vulnerability to sexual abuse as indicated by the following risk factors:*

- *Age;*
- *Physical stature;*
- *Intellectual or developmental disabilities;*
- *Level of emotional and cognitive development;*
- *Mental illness or mental disability;*
- *Physical disabilities;*
- *Current charges and offense history, including sexual offenses;*
- *First-time resident status;*
- *Past history of victimization;*
- *Self-reported identification as lesbian, gay, bisexual, transgender, questioning, or intersex (LGBTQI);*
- *The resident's own perception of vulnerability; and*
- *Any other specific information about the resident that may require an increase in supervision, additional safety precautions, or separation from certain residents.*

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

- *History of sexual abuse*
- *History of bullying*
- *Feelings of risk*
- *History of incarceration*
- *Staff observations such as youth build, physical disability, and mental health*

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

- *History of sexually aggressive behavior,*
- *History of violence, especially if related to a sex offense with the same*

- gender victim, and*
- Antisocial attitudes indicative of sexually aggressive behavior.*

The completed PREA Intake Screening Tool will be placed in the resident's file and will be available only on an as needed basis. In the event a resident is identified as a potential victim or perpetrator on the PREA Intake Screening Tool, a Supervisor must be notified. The PREA Intake Screening Tool, along with medical/mental health records, staff observations, information reported by other sources, or other information in the resident's file will be used to inform housing determinations."

CCJDC's PREA Policy P024 has the necessary language to align with PREA Standard 115.341 regarding CCJDC's initial screening for victimization and abusiveness. While onsite, a CCJDC Probation Officer on housing unit E6 walked this auditor through CCJDC's screening for sexual victimization and abusiveness during intake. The process is streamlined. Upon intake, residents are placed in housing unit E6 (males) or E5 (females) to receive their PREA resident orientation, education, and risk screening. This auditor reviewed a random sampling of 21 intake files to see if the screening tool was administered consistently and each component was therein.

Though this process is clear and cohesive, this auditor observed that residents who identify as having history of sexual victimization and/or sexual abusiveness on the screening tool do not meet CCJDC's scoring threshold to be identified as "high risk." Additionally, these same identified residents are not receiving automatic referrals for a mental health follow up with a mental health practitioner. This current scoring within CCJDC's PREA Risk Screening Tool leads to underscoring "high risk" residents, as well as impacting resident mental health referrals (115.381), and overall housing, programming, and bedding decisions (115.342). Finally, this auditor did not see any reassessments in the 21 intake files. This PREA Standard 115.341(a) also requires that reassessments be completed "periodically" throughout a resident's stay at CCJDC.

This auditor recommended that CCJDC recalibrate their tool so that residents who have a history of sexual victimization or sexual abusiveness automatically score at the threshold of being identified as a high-risk (which is a "9" according to CCJDC's tool). This auditor also recommended that all residents who are screened to have a history of sexual victimization and/or sexual abusiveness should be referred for a follow up meeting with a mental health practitioner. Finally, recalibrating the PREA risk screening tool would greatly reduce the likelihood that a resident with sexual victimization or sexual abusiveness histories gets housed, programmed, or bunked together as roommates. Finally, this auditor recommended CCJDC establish a frequency of conducting "periodic reassessments" with residents while at CCJDC, as well as providing documentation of these "periodic reassessments." This PREA auditor concluded that CCJDC was not in compliance with PREA Standard 115.341. Corrective action was required.

During CCJDC's Corrective Action Period (CAP), this auditor conducted meetings and engaged in a series of email correspondence with Clark County's PREA Coordinator

	<p>and CCJDC’s PREA Compliance Team. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, CCJDC submitted their updated/revised “PREA Intake Screening Tool,” which had a recalibrated scoring mechanism. This updated/revised “PREA Intake Screening Tool” scored residents who had history of sexual victimization and residents who had been charged with a sex offense at the threshold of being identified as “high risk.” Additionally, a recommendation/referral section has been added to the updated/revised PREA Intake Screening Tool,” which allows for documented referrals and recommendation. Question #8 states: <i>“HAVE YOU EVER BEEN THE VICTIM OF SEXUAL ABUSE? (***)IF THE YOUTH ANSWERS “YES”, THIS MUST BE FOLLOWED UP ON WITH LAS VEGAS METRO POLICE DEPT, DFS, MENTAL HEALTH TREATMENT TEAM, SUPERVISOR, AND ASSISTANT MANAGER WITHIN 24 HOURS. IF IT HAS ALREADY BEEN REPORTED, PROVIDE DATE REPORTED AND CASE NUMBER).”</i></p> <p>This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.341.</p>
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115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed pre-audit documents submitted via OAS, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.342. CCJDC submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.342. An excerpt from CCJDC’s Personnel Directive Policy P024 states, <i>“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.”</i></p> <p><i>Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. The Department shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services during any period of isolation. Residents in isolation shall receive daily visits from medical or mental health staff. Residents in isolation will also have access to other programs and work opportunities, to the extent possible.</i></p>

Lesbian, gay, bisexual, transgender, questioning or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status. Residents identifying as such shall not be considered to be predisposed to predatory behavior due solely to their identification or status. Housing determinations for transgender and intersex residents are to be made on a case-by-case basis, taking into consideration which setting would best ensure the resident's health and safety, as well as potential management or security problems. Placement and programming for transgender and intersex residents shall be reassessed on an ongoing basis as housing milieus change. A transgender or intersex resident's own views with respect to his or her own safety shall be taken into consideration when making housing decisions. Transgender and intersex residents will be provided the opportunity to shower separately from other residents. Staff is prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status."

CCJDC's PREA Policy P024 has the necessary language to align with PREA Standard 115.342 regarding CCJDC's initial screening for victimization and abusiveness. While onsite, a CCJDC Probation Officer on housing unit E6 walked this auditor through CCJDC's screening for sexual victimization and abusiveness during intake. The process is streamlined. Upon intake, residents are placed in housing unit E6 (males) or E5 (females) to receive their PREA resident orientation, education, and risk screening. This auditor reviewed a random sampling of 21 intake files to see if the screening tool was administered consistently and each component was therein.

Though this process is clear and cohesive, this auditor observed that residents who identify as having history of sexual victimization and/or sexual abusiveness on the screening tool do not meet CCJDC's scoring threshold to be identified as "high risk." Additionally, these same identified residents are not receiving automatic referrals for a mental health follow up with a mental health practitioner. This current scoring within CCJDC's PREA Risk Screening Tool leads to underscoring "high risk" residents, as well as impacting resident mental health referrals (115.381), and overall housing, programming, and bedding decisions (115.342). Finally, this auditor did not see any reassessments in the 21 intake files. This PREA Standard 115.341(a) also requires that reassessments be completed "periodically" throughout a resident's stay at CCJDC.

Additionally, this auditor interviewed 12 supervisory/security staff and asked this same question, "How are transgender intake and housing and program assignments determined?" Each staff shared in his/or her response (their own words) that transgender/intersex residents do not customarily get a roommate, their own view of the safety is considered when making housing and program decisions, they are allowed to shower at different times than other residents, and transgender/intersex residents are never isolated because of their sexual identity. Finally, there was a consensus from the 12 interviewed staff, that residents are programmed equally.

This auditor was unable to interview transgender/intersex residents, due to 0 being on the roster during the onsite visit.

	<p>This auditor recommended that CCJDC recalibrate their tool so that residents who have a history of sexual victimization or sexual abusiveness automatically score at the threshold of being identified as a high-risk (which is a “9” according to CCJDC’s tool). This auditor also recommended that all residents who are screened to have a history of sexual victimization and/or sexual abusiveness should be referred for a follow up meeting with a mental health practitioner. Finally, recalibrating the PREA risk screening tool would greatly reduce the likelihood that a resident with sexual victimization or sexual abusiveness histories gets housed, programmed, or bunked together as roommates. Finally, this auditor recommended CCJDC establish a frequency of conducting “periodic reassessments” with residents while at CCJDC, as well as providing documentation of these “periodic reassessments.” This PREA auditor concluded that CCJDC was not in compliance with PREA Standard 115.342. Corrective action was required.</p> <p>During CCJDC’s Corrective Action Period (CAP), this auditor conducted meetings and engaged in a series of email correspondence with Clark County’s PREA Coordinator and CCJDC’s PREA Compliance Team. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, CCJDC submitted their updated/revised “PREA Intake Screening Tool,” which had a recalibrated scoring mechanism. This updated/ revised “PREA Intake Screening Tool” scored residents who had history of sexual victimization and residents who had been charged with a sex offense at the threshold of being identified as “high risk.” Additionally, a recommendation, referral, and reassessment section has been added to the updated/revised PREA Intake Screening Tool,” which allows for documented referrals, recommendations, and reassessments. Question #8 states: <i>“HAVE YOU EVER BEEN THE VICTIM OF SEXUAL ABUSE? (***)IF THE YOUTH ANSWERS “YES”, THIS MUST BE FOLLOWED UP ON WITH Las Vegas Metro Police Dept, DFS, MENTAL HEALTH TREATMENT TEAM, SUPERVISOR, AND ASSISTANT MANAGER WITHIN 24 HOURS. IF IT HAS ALREADY BEEN REPORTED, PROVIDE DATE REPORTED AND CASE NUMBER).”</i></p> <p>This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.342.</p>
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed pre-audit documents submitted via OAS, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.351. CCJDC submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023), as evidence of compliance with PREA Standard 115.351. CCJDC submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as</p>

evidence of compliance with PREA Standard 115.351. After reviewing the submitted corresponding excerpt from CCJDC's Personnel Directive Policy P024, CCJDC's Policy P024 had the necessary language which aligned with PREA Standard 115.351.

CCJDC's PREA Policy P024 has the necessary language to align with PREA Standard 115.351 regarding CCJDC's avenues for residents to report sexual abuse/harassment. While on site, this auditor tested the PREA phones to ensure that hotline number was functioning. This auditor spoke with a hotline worker and verified the process in handling allegations of sexual abuse or sexual harassment. This auditor interviewed CCJDC's Intake Probation Officer on E6, who went over the content reviewed with residents during PREA Orientation which entailed multiple ways to report. This information is also captured in CCJDC PREA pamphlet and handbook given to each resident during intake. Additionally, this auditor interviewed 21 randomly selected CCJDC residents. Twenty-one of 21 residents knew at least 3 ways to report, however only 7 of 21 residents knew that they could report through a third party. This auditor also observed that reporting signage and grievance box signs throughout CCJDC were solely in English. There were 0 signage or grievance boxes in Spanish.

This auditor recommended that CCJDC provide documented refresher education to all residents regarding their access to third-party reporting, clarifying that they can tell a family member, clergy, a friend, legal counsel, or anyone outside the facility. Additionally, this auditor recommended that CCJDC PREA signage throughout the facility, as well as grievance boxes should be in Spanish to ensure equal PREA access. This PREA auditor concluded that CCJDC was not in compliance with PREA Standard 115.351. Corrective Action was required.

During CCJDC's Corrective Action Period (CAP), this auditor conducted meetings and engaged in a series of email correspondence with Clark County's PREA Coordinator and CCJDC's PREA Compliance Team. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, CCJDC submitted a copy of their resident "PREA Orientation" video (English and Spanish Versions). CCJDC also submitted, in OAS, documentation that all CCJDC residents viewed the "PREA Orientation" video as a refresher. This video discusses resident's rights, definitions of sexual abuse and sexual harassment, how to protect boundaries, how and who to report a PREA allegation, grievances, 3rd Party Reporting, the purpose of CCJDC's "Red Doorbells" at housing unit entrances (for opposite gender announcements), PREA investigations, retaliation monitoring, and Victim Advocacy access through their MOU with "Signs of Hope." Finally, CCJDC submitted the English and Spanish versions of their "Signs of Hope Signage & Rack Cards," which provides education/reporting information to CCJDC residents.

This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.351.

Auditor Overall Determination: Meets Standard

Auditor Discussion

This PREA Auditor reviewed pre-audit documents submitted via OAS, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.352. CCJDC submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023), as evidence of compliance with PREA Standard 115.352. CCJDC submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.352. After reviewing the submitted corresponding excerpt from CCJDC's Personnel Directive Policy P024, CCJDC's Policy P024 had the necessary language which aligned with PREA Standard 115.352.

While on site, this auditor interviewed the Grievance Officer (Office Manager) who oversees the process within CCJDC. She reported that residents do utilize the grievance box to report, as she is responsible for retrieving grievances. Furthermore, she shared that grievances are checked at least once daily on the weekdays (excluding weekends). Upon receipt, the grievance officer shared that she reviews the grievances, then emails and disseminates them to the Probation Supervisors (who supervises the respective housing unit) to address resident concerns. CCJDC's Grievance Officer further shared that emergency grievances (PREA grievances) were not submitted to the investigation team directly, rather placed in the investigator's mailbox. This delay could cause a lack of timeliness in responding promptly to a PREA allegations.

This auditor recommended an adjustment to CCJDC's standard operating procedure when handling emergency PREA grievances. It was recommended that a check box for sexual abuse or sexual harassment be added to the current "Grievance Form" to assist the Grievance Officer in identifying what needs an immediate notification to the investigation team. It is also recommended that once a PREA grievance is received by the Grievance Officer the report be immediately scanned and emailed to the PREA Investigation team, as well as the CCJDC supervisor on duty for prompt response and initiation of an investigation. This PREA auditor concluded that CCJDC is not in compliance with PREA Standard 115.352. Corrective Action was required.

During CCJDC's Corrective Action Period (CAP), this auditor conducted meetings and engaged in a series of email correspondence with Clark County's PREA Coordinator and CCJDC's PREA Compliance Team. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, CCJDC changed the name of their original "Grievance Form." CCJDC submitted a copy of their updated/revised "Youth Grievance and PREA Form." This updated/revised "Youth Grievance and PREA Form" had an added section which stated, "Check box if related to PREA (Sexual Abuse or Sexual Harassment)." This checked box prompts the grievance collector/reviewer to immediately forward/scan the form to the on-duty supervisor and PREA Investigations team.

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

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115.353	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed electronic documentation which accompanied CCJDC’s Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.353. Clark County Juvenile Detention Center (CCJDC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 as policy evidence of compliance with PREA Standard 115.353. CCJDC’s policy states, <i>“Access shall be made to a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, DJJS shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member and shall document all efforts to secure services from rape crisis centers.</i></p> <p><i>When requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.”</i></p> <p>CCJDC’s PREA Policy P024 has the necessary language to align with PREA Standard 115.353 regarding CCJDC’s efforts to provide outside victim advocacy services to all alleged victims of sexual abuse. While onsite, this auditor interviewed CCJDC’s contracted Registered Nurse and Medical Assistant (Wellpath). Both shared that Forensic Examinations are referred to University Medical Center’s Children’s Hospital and they provide follow-up. Both explained that they were specialized trained to respond to PREA Incidents at CCJDC.</p> <p>This PREA auditor interviewed CCDJJS’ PREA Coordinator and CCJDC’s PREA Liaison. This auditor asked both if any further efforts been made by CCJDC to enter a Memorandum of Understanding (MOU) between CCJDC and the Rape Crisis Center of Las Vegas (RCCLV). Both shared, <i>“At this time, no further attempts were made to establish victim advocacy services.”</i> RCCLV serves as the central location for emotional support for victims in Clark County.</p> <p>This auditor recommended that CCJDC establish an MOU with the Rape Crisis Center of Las Vegas (or similar agency) to provide victim advocacy services and emotional support to CCJDC victims of sexual abuse. CCJDC could also identify a CCJDC staff to receive an approved victim advocacy training, to provide this service to CCJDC</p>

residents. This auditor also recommended that the current signage around the facility be updated with accurate information regarding victim advocacy services access available to resident victims (with contact information). Additionally, this auditor recommended that CCJDC provide refresher PREA Resident Education on the victim advocacy access available to CCJDC resident victims. Finally, this auditor recommended that all CCJDC staff receive refresher training in preserving usable evidence (crime scene preservation training). This PREA auditor concluded that CCJDC was not in compliance with PREA Standard 115.353. Corrective Action was required.

During CCJDC’s Corrective Action Period (CAP), this auditor conducted meetings and engaged in a series of email correspondence with Clark County’s PREA Coordinator and CCJDC’s PREA Compliance Team. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, CCJDC submitted in OAS an executed Memorandum of Understanding with “Signs of Hope” and Clark County Department of Juvenile Justice Services (CCDJJS) (7/10/24). Additionally, CCJDC submitted English and Spanish versions of “Signs of Hope Signage & Rack Cards,” which provides education/information to CCJDC residents about “Signs of Hope” and how to access victim advocacy and emotional support services. CCJDC also submitted their “Sex Abuse Detection and Response” Power Point training (PPT). This 18-slide PPT discusses first responder duties, crime scene preservation for usable evidence, as well as coordinated responses of medical/mental health, victim advocacy, and investigators.

CCJDC also submitted a copy of their resident “PREA Orientation” video (English and Spanish Versions). CCJDC also submitted, in OAS, documentation that all CCJDC residents viewed the “PREA Orientation” video as a refresher. This video discusses resident’s rights, definitions of sexual abuse and sexual harassment, how to protect boundaries, how and who to report a PREA allegation, grievances, 3rd Party Reporting, the purpose of CCJDC’s “Red Doorbells” at housing unit entrances (for opposite gender announcements), PREA investigations, retaliation monitoring, and Victim Advocacy access through their MOU with “Signs of Hope.” Finally, CCJDC submitted the English and Spanish versions of their “Signs of Hope Signage & Rack Cards,” which provides education/reporting information to CCJDC residents.

This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.353.

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed pre-audit documents submitted via OAS, physical

documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.354. CCJDC submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023), as evidence of compliance with PREA Standard 115.354. CCJDC's *PREA Policy P024* has the necessary language to align with PREA Standard 115.354 regarding CCJDC's third-party reports of sexual abuse/harassment.

During this auditor's interview with the Intake Probation Officer on E6, he reported that the CCJDC orients new residents during the intake process regarding various ways of reporting by going through each reporting avenues. Residents are also given the "*End the Silence*" pamphlets which have various avenues listed. Lastly, this auditor observed colorful signage within the permanent housing units with reporting avenues listed therein. Finally, CCJDC submitted a link to their PREA Section of their website, which educates the public about reporting PREA-related incidents on behalf of a resident (Link). https://www.clarkcountynv.gov/government/departments/juvenile_justice_services/prison_rape_elimination_act_of_2003/index.php

This auditor interviewed 21 residents while onsite and inquired about reporting avenues. Though signage is posted in prominent locations, pamphlets are provided during the "Resident Orientation," and information is shared during the intake process, only 7 out of 21 residents knew that third-party reporting (to family, attorney, clergy, etc.) was available to them if they experienced sexual abuse or harassment.

This auditor recommended that CCJDC provide documented refresher education to all residents regarding their access to third-party reporting, clarifying that they can tell a family member, clergy, a friend, legal counsel, or anyone outside the facility. Additionally, this auditor recommended that CCJDC's PREA signage throughout the facility, as well as grievance boxes should be in English and Spanish to ensure equal PREA access. This PREA auditor concluded that CCJDC was not in compliance with PREA Standard 115.354. Corrective Action was required.

During CCJDC's Corrective Action Period (CAP), this auditor conducted meetings and engaged in a series of email correspondence with Clark County's PREA Coordinator and CCJDC's PREA Compliance Team. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, CCJDC submitted a copy of their resident "PREA Orientation" video (English and Spanish Versions). CCJDC also submitted, in OAS, documentation that all CCJDC residents viewed the "PREA Orientation" video as a refresher. This video discusses resident's rights, definitions of sexual abuse and sexual harassment, how to protect boundaries, how and who to report a PREA allegation, grievances, 3rd Party Reporting, the purpose of CCJDC's "Red Doorbells" at housing unit entrances (for opposite gender announcements), PREA investigations, retaliation monitoring, and Victim Advocacy access through their MOU with "Signs of Hope." Finally, CCJDC submitted the English and Spanish versions of their "Signs of Hope Signage & Rack Cards," which provides education/reporting information to CCJDC residents.

	This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.354.
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115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed electronic documentation which accompanied CCJDC’s Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.361. Clark County Juvenile Detention Center (CCJDC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023), as evidence of compliance with PREA Standard 115.361. An excerpt from CCJDC’s Personnel Directive Policy P024 states, <i>“Staff, contractors, interns and volunteers are required to report any knowledge or suspicion that a resident has been the victim of sexual abuse or sexual misconduct, both by way of this policy and the mandated reporter requirements of the State of Nevada under Nevada Revised Statutes 432B.220. Staff, contractors, interns or volunteers that witness resident-on-resident or staff-on-resident sexual abuse/sexual misconduct must respond immediately.</i></p> <p><i>Staff, contractors, interns and volunteers who receive information that a resident has been the victim of sexual abuse/sexual misconduct in a time period exceeding 24 hours from the time of the report shall contact LVMPD at 702-795-3111, as well as the DFS Hotline at 702-455- 5379. Access to the reported location of the abuse must be restricted and attempts should be made to preserve any potential physical evidence. All other steps should be followed as described above.</i></p> <p><i>Staff, contractors, interns and volunteers are required to report any knowledge or suspicion that a resident has been the victim of sexual harassment/abuse to the Professional Standards Unit (PSU), local law enforcement, and a supervisor or other administrator. Initial observations and preliminary information of the scene and events must be documented and forwarded to the Professional Standards Unit (PSU), local law enforcement, and a Supervisor or other administrator. DJJS employees will not conduct interviews, a preliminary investigation, or have a judgement of probability as part of an investigation before referring them to the Professional Standards Unit (PSU) and local law enforcement.”</i></p> <p>CCJDC’s Personnel Directive Policy P024 aligns with PREA Standard 115.361. While on site, this auditor interviewed 24 randomly selected CCJDC specialized staff and security staff, as well as 5 randomly selected contracted staff. All interviewed shared their responsibilities to report suspicion, information received, or reported allegations of sexual abuse or sexual harassment. They also knew that they are mandated reporters and are trained to carry out the state’s child abuse reporting</p>

	<p>guidelines. The specialized staff were able to clearly share their coordinated response in case there was a sexual abuse allegation. Finally, this auditor interviewed 21 randomly selected CCJDC residents. Twenty of 21 interviewed residents stated that they feel safe at CCJDC (with the 1 resident stating he felt safe sometimes) and feel comfortable reporting any sexual abuse or harassment incidents to staff.</p> <p>This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.361.</p>
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115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.362. Clark County Juvenile Detention Center (CCJDC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023), as evidence of compliance with PREA Standard 115.362. An excerpt from CCJDC's Personnel Directive Policy P024 states, <i>"If it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action is required to protect that resident. The Professional Standards Unit (PSU), local law enforcement, and a supervisor or other administrator must be notified, and the appropriate housing changes must be made to ensure the safety of the targeted youth.</i></p> <p><i>Staff members are not to investigate the alleged offense however, their initial observations and preliminary information of the scene and events can be critical to the investigation. Staff members must be prepared to be good witnesses as to what they saw or heard. The Professional Standards Unit (PSU), local law enforcement, the Supervisor or other administrator advised of the alleged abuse will report the alleged sexual abuse/sexual misconduct to the Division Manager. The Division Manager or designee is required to contact the victim's parent/ guardian, legal counsel and, if applicable, caseworker. The Division Manager will also report the incident to the Director or his or her designee. Information regarding sexual abuse or sexual misconduct incidents is to be considered confidential and only individuals with direct involvement in or oversight responsibilities to the incident are privileged to the information."</i></p> <p>CCJDC's Personnel Directive Policy P024 aligns with PREA Standard 115.362. While onsite, this auditor interviewed 24 randomly selected CCJDC specialized staff and security staff. All shared that they are trained to carry out CCJDC's PREA response protocols if they learn that a resident poses a risk of sexual abuse abuse/ harassment. They were able to share their coordinated response in case there was</p>

	<p>such an allegation, including the state’s child abuse reporting guidelines. Twenty of 21 interviewed residents stated that they feel safe at CCJDC (with the 1 resident stating he felt safe sometimes) and feel comfortable talking with staff of any sexual abuse or sexual harassment.</p> <p>This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.362.</p>
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115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed electronic documentation which accompanied CCJDC’s Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.363. Clark County Juvenile Detention Center (CCJDC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023), as evidence of compliance with PREA Standard 115.363. An excerpt from CCJDC’s Personnel Directive Policy P024 states, <i>“In the event a resident reports prior victimization at another custodial facility, the DJJS Director or his/her designee will notify the head of the facility where the alleged abuse occurred, as well as the appropriate law enforcement jurisdiction where the reported abuse occurred, within 24 hours of receiving the report of sexual abuse. All notifications will be documented.”</i></p> <p>CCJDC’s Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.363 regarding notifying other confinement facilities upon receiving an allegation that a resident was sexually abused/harassed while confined at another facility. While onsite, this auditor interviewed CCJDC’s Detention Manager (facility head), CCDJJS’ PREA Coordinator, CCJDC’s PREA Compliance Manager (asst. facility head), and a CCJDC PREA Investigator. They reported that currently either the CCDJJS’ PREA Coordinator or CCJDC’s PREA Investigator sends out notification to other confined facilities if an allegation of abuse/harassment. This auditor informed both the Detention Manager and the PREA Compliance Manager/Asst. Detention Manager that they are responsible for communicating to the other facility head of all resident allegations of sexual abuse from a previous facility. Both the Detention Manager and the PREA Compliance Manager/Asst. Detention Manager also stated that there were no occurrences which required facility to facility correspondence. Additionally, CCDJJS’ PREA Coordinator, CCJDC’s Detention Manager, PREA Compliance Manager/Asst. Detention Manager could not provide an example <i>“Notification Letter Template”</i> used if/when CCJDC will need to correspond with other confinement facilities.</p> <p>This auditor recommended that CCJDC’s Detention Manager develop a “Facility-to-</p>

	<p>Facility Notification Letter Template” to use to send when reporting a resident’s report of sexual abuse from a previous facility. This template would also provide documentation that CCJDC’s facility head has a responding protocol of reporting to another facility. This reporting template report should be addressed to the facility head and sent by CCJDC’s Detention Manager/designee within the allotted 72-hour timeframe per PREA Standard 115.363. This PREA auditor concluded that CCJDC was not in compliance with PREA Standard 115.363. Corrective Action was required.</p> <p>During CCJDC’s Corrective Action Period (CAP), this auditor conducted meetings and engaged in a series of email correspondence with Clark County’s PREA Coordinator and CCJDC’s PREA Compliance Team. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, CCJDC submitted their newly developed “Facility Head-to-Facility Head Notification” template letter which states,</p> <p>Dear ,</p> <p>We are contacting you in accordance with the Prison Rape Elimination Act (PREA) Standard 115.363 which states “upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency”.</p> <p>On , we became aware of the following allegation.</p> <p>Please contact me at with any questions.</p> <p>Sincerely,</p> <p>Additionally, CCJDC’s Facility Superintendent and PREA Compliance Manager/ Assistant Superintendent shared that they have not had an instance where a CCJDC resident reported being sexually abused at a previous facility.</p> <p>This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.363.</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed electronic documentation which accompanied CCJDC’s Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.364. Clark County Juvenile Detention Center (CCJDC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023),</p>

as evidence of compliance with PREA Standard 115.364. An excerpt from CCJDC's Personnel Directive Policy P024 states, "Staff, contractors, interns and volunteers are required to report any knowledge or suspicion that a resident has been the victim of sexual abuse or sexual misconduct, both by way of this policy and the mandated reporter requirements of the State of Nevada under Nevada Revised Statutes 432B.220. Staff, contractors, interns or volunteers that witness resident-on-resident or staff-on-resident sexual abuse/sexual misconduct must respond immediately by doing the following:

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

Staff, contractors, interns and volunteers who receive information that a resident has been the victim of sexual abuse/sexual misconduct in a time period exceeding 24 hours from the time of the report shall contact LVMPD at 702-795-3111, as well as the DFS Hotline at 702-455- 5379. Access to the reported location of the abuse must be restricted and attempts should be made to preserve any potential physical evidence. All other steps should be followed as described above.

If it is learned that a resident is subject to a substantial risk of imminent sexual abuse, immediate action is required to protect that resident. The Professional Standards Unit (PSU), local law enforcement, and a Supervisor or other administrator must be notified, and the appropriate housing changes must be made to ensure the safety of the targeted youth.

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

The Department imposes no time limit on when a resident can submit a report alleging sexual abuse in a DJJS facility."

	<p>CCJDC's <i>Personnel Directive Policy P024</i> has the necessary language to align with PREA Standard 115.364 regarding first responder duties. While on site, this auditor also interviewed a random selection of 24 CCJDC's specialized staff and security staff, as well as 5 contracted staff. Each knew their responsibilities if first to be informed, notified, or observe sexual abuse/sexual harassment of a resident. This auditor also reviewed and received a copy of CCJDC's training power point slideshow in which all staff, contractors, and volunteers are trained. The training power point contained "First Responder Duty" procedures. The auditor also interviewed 21 randomly selected residents. Each shared that they felt comfortable informing staff of any PREA-related incident.</p> <p>This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.364.</p>
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115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.365. Clark County Juvenile Detention Center (CCJDC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023), as evidence of compliance with PREA Standard 115.365. CCJDC's <i>Personnel Directive Policy P024</i> "Coordinated Response" section (pages 14-17) has the necessary language to align with PREA Standard 115.365 regarding CCJDC's coordinated response when allegations of sexual abuse are reported.</p> <p>While onsite, this auditor interviewed 24 randomly selected CCJDC's security and specialized staff. When this auditor asked each, "What is your role if a resident was sexually abused/assaulted while you were on shift or on your housing unit/classroom?" Each interviewed staff's response was aligned with their coordinated response training according to their specific role, as well as enacting the state's child abuse reporting guidelines. Additionally, all shared that they received training to carry out CCJDC's coordinated response protocols if they are informed, notified, or observe sexual abuse/sexual harassment of a resident. This auditor interviewed a random selection of 21 CCJDC residents. Twenty of 21 interviewed residents stated that they felt safe at CCJDC and felt comfortable notifying any staff of any sexual abuse or harassment. The one resident that replied "no" stated that he felt safe "sometimes."</p> <p>This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.365.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	<p data-bbox="280 237 983 271">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 315 564 349">Auditor Discussion</p> <p data-bbox="280 394 1465 842">This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire. This auditor reviewed the collective bargaining agreement between the Juvenile Justice Probation Officers Association (JJPOA), Juvenile Justice Supervisor Association (JJSA) and the Nevada Association of Public Safety Officers (NAPSO). This agreement does not limit Clark County's Department of Juvenile Justice Services (DJJS) from removing an abuser from contact with a victim pending the outcome of an investigation or a determination of whether/what disciplinary action is warranted. An excerpt from DJJS Policy states, <i>"DJJS may reassign a peace officer temporarily or permanently without his/her consent during or pursuant to an investigation conducted pursuant to this section or when there is a hearing relating to such an investigation that is pending."</i></p> <p data-bbox="280 887 1442 954">While on site, this auditor interviewed CCJDC's Detention Manager, who explained that all of their contracts align with PREA Standard 115.366.</p> <p data-bbox="280 999 1369 1066">This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.366.</p>

115.367	Agency protection against retaliation
	<p data-bbox="280 1276 983 1310">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 1355 564 1388">Auditor Discussion</p> <p data-bbox="280 1433 1474 1713">This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.367. Clark County Juvenile Detention Center (CCJDC) submitted their <i>"DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024"</i> (updated October 23, 2023), as evidence of compliance with PREA Standard 115.367. CCJDC's Personnel Directive Policy P024 language aligns with PREA Standard 115.367.</p> <p data-bbox="280 1758 1474 2072">While onsite, this auditor conducted interviews with CCDJJS' PREA Coordinator and CCJDC's PREA Investigator regarding retaliation monitoring. Both shared that retaliation monitoring documentation has not been consistent. This auditor observed that an excel tracking form is used to track monitoring contact. This excel tracking form even documented that retaliation monitoring was conducted, however there was no actual retaliation monitoring form present, as evidence of compliance, in the 11 randomly selected files reviewed while on site. Due to CCJDC not having a retaliation monitoring form in each file, CCJDC could not be deemed compliant with</p>

	<p>PREA Standard 115.367. Furthermore, due to there not being retaliation forms in the file, it cannot be determined if a face-to-face visit was conducted and verified through a resident’s signature.</p> <p>This auditor recommended that CCJDC develop a “<i>Retaliation Monitoring</i>” form to document resident retaliation checks, allow for adequate documentation, and evidence of monitoring checks being conducted. This auditor also recommended that CCJDC’s documented retaliation monitoring be established and consistent in practice over a period, before compliance can be determined. This PREA auditor concluded that CCJDC was not in compliance with PREA Standard 115.367. Corrective Action was required.</p> <p>During CCJDC’s Corrective Action Period (CAP), this auditor conducted meetings and engaged in a series of email correspondence with Clark County’s PREA Coordinator and CCJDC’s PREA Compliance Team. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, CCJDC submitted their newly developed “<i>Retaliation Monitoring</i>” form. CCJDC also submitted copies of completed “<i>Retaliation Monitoring</i>” forms for their 5 most recent PREA Investigations, since CCJDC’s PREA Interim Report, showing evidence of consistency in practice.</p> <p>This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.367.</p>
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115.368	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed electronic documentation which accompanied CCJDC’s Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.368. Clark County Juvenile Detention Center (CCJDC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023), as evidence of compliance with PREA Standard 115.368 (via 115.342 requirements). An excerpt from CCJDC’s Personnel Directive Policy P024 states, “<i>Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. The Department shall not deny residents daily large-muscle exercise and any legally required educational programming or special education services during any period of isolation. Residents in isolation shall receive daily visits from medical or mental health staff. Residents in isolation will also have access to other programs and work opportunities, to the extent possible.</i>”</p> <p>CCJDC’s Personnel Directive Policy P024 has the necessary language to align with</p>

	<p>PREA Standard 115.368 regarding CCJDC’s use of protective custody for residents who report/allege sexual abuse/harassment. While on site, this PREA auditor interviewed a random selection 12 security staff regarding the protection of residents who report/allege sexual abuse/sexual harassment. Each security staff reported that reporting residents are either separated and/or programming adjusted to ensure the resident’s safety. This auditor confirmed housing assignments and adjustments. Finally, this auditor interviewed a random selection of 21 CCJDC residents. Twenty of 21 interviewed residents stated that residents who report sexual abuse are not isolated or restricted programming. There was also a consensus of interviewed residents who shared that they felt safe at CCJDC, staff are quick to respond, and make adjustment if resident incidents or reports are shared with them.</p> <p>This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.368.</p>
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed electronic documentation which accompanied CCJDC’s Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.371. Clark County Juvenile Detention Center (CCJDC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023), as evidence of compliance with PREA Standard 115.371 (via 115.334 requirements).</p> <p>CCJDC’s <i>Personnel Directive Policy P024</i> has the necessary language which aligned with PREA Standard 115.371. While onsite, this auditor interviewed 3 CCJDC PREA Investigators. They shared the investigative process, that it begins immediately, and is done objectively when an allegation is brought to their attention. They further shared that they are thorough in their investigative process ensuring that witnesses are interviewed, statements are made, video evidence, grievances, mail, photos, and all related evidence are reviewed, and stated that investigations continue even if the resident is released from the facility. This auditor reviewed 11 randomly selected investigation files which had the components and content to align to with requirements to make a sound investigative determination.</p> <p>This PREA auditor concluded that CCJDC is in compliance with PREA Standard 115.371.</p>

115.372	Evidentiary standard for administrative investigations
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.372. Clark County Juvenile Detention Center (CCJDC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023), as evidence of compliance with PREA Standard 115.372. Excerpts from CCJDC's Personnel Directive Policy P024 states, <i>"Administrative investigations shall be conducted in an unbiased, objective manner, bearing in mind the rights of all parties concerned. Substantiation of administrative investigations will be based upon the standard of the preponderance of the evidence."</i></p> <p>CCJDC's Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.372 regarding CCJDC's use of preponderance of evidence standards. While onsite, this auditor interviewed 3 CCJDC PREA Investigators. They shared the investigative process, that begins immediately, and is done objectively when an allegation is brought to their attention. They further shared that they are thorough in their investigative process ensuring that witnesses are interviewed, statements are made, video evidence, grievances, mail, photos, and all related evidence are reviewed, and stated that investigations continue even if the resident is released from the facility. They shared that they use preponderance of evidence as the determination. This auditor also reviewed 11 random investigation files, which had the appropriate preponderance of evidence in its conclusion (substantiated, unsubstantiated, and unfounded).</p> <p>This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.372.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.373. Clark County Juvenile Detention Center (CCJDC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.373. CCJDC's Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.373 regarding CCJDC's reporting outcomes of investigation to the victim.</p> <p>While onsite, this auditor interviewed 3 CCJDC PREA Investigators. They shared the</p>

	<p>investigative process, that begins immediately, and is done objectively when an allegation is brought to their attention. They further shared that they are thorough in their investigative process ensuring that witnesses are interviewed, statements are made, video evidence, grievances, mail, photos, and all related evidence are reviewed, and stated that investigations continue even if the resident is released from the facility. They also shared that at the completion of investigations the outcomes are reported to the victim resident. When this auditor reviewed the 11 random investigative files, there was documentation that the residents were notified. Nine of the 11 files were sexual harassment cases and notification to a resident was not applicable.</p> <p>This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.373.</p>
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115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.376. Clark County Juvenile Detention Center (CCJDC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023), as evidence of compliance with PREA Standard 115.376. Excerpts from CCJDC's Personnel Directive Policy P024 states, <i>"The DJJS PSU will conduct administrative investigations for allegations of sexual harassment. Investigations will include gathering and preserving direct and other physical evidence, obtaining statements from alleged perpetrators, victims and witnesses, and a review of all other pertinent documents, files or official records which may be useful in determining the truth to the matter under investigation or in assessing the credibility of statements made by involved parties. The DJJS employee, contractor, intern or volunteer alleged to have committed sexual harassment may be placed on administrative leave, prohibited from contact with residents and/or reassigned pending the results of the investigation. In the event the initial review of the alleged sexual harassment allegation reveals possible criminal conduct, the administrative investigation will stop and the matter will be referred to LVMPD. Administrative investigations shall be conducted in an unbiased, objective manner, bearing in mind the rights of all parties concerned. Substantiation of administrative investigations will be based upon the standard of the preponderance of the evidence. All employees, contractors, interns and volunteers, including the accused, shall cooperate fully in an administrative investigation.</i></p> <p><i>The refusal to cooperate during an administrative investigation or knowingly giving false or misleading information will be considered grounds for termination.</i></p>

	<p><i>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.”</i></p> <p>CCJDC’s <i>Personnel Directive Policy P024</i> has the necessary language to align with PREA Standard 115.376 regarding CCJDC’s disciplinary standards for staff substantiated in PREA criminal and administrative investigations. While on site, this PREA auditor also reviewed the 11 random PREA Investigative files. This auditor also interviewed the 3 CCJDC PREA Investigators, who explained that they seek prosecution for all criminal PREA-related investigations, as well as recommend termination. Additionally, while on-site this PREA auditor interviewed CCDJJS’ Human Resources staff, who shared the agency’s protocol on substantiated sexual abuse investigations and showed their policy related to disciplinary actions for staff substantiated for sexual abuse (which adheres to PREA Standard 115.376).</p> <p>This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.376.</p>
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115.377	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed electronic documentation which accompanied CCJDC’s Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.377. Clark County Juvenile Detention Center (CCJDC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.377. Excerpts from CCJDC’s Personnel Directive Policy P024 states, <i>“The DJJS PSU will conduct administrative investigations for allegations of sexual harassment. Investigations will include gathering and preserving direct and other physical evidence, obtaining statements from alleged perpetrators, victims and witnesses, and a review of all other pertinent documents, files or official records which may be useful in determining the truth to the matter under investigation or in assessing the credibility of statements made by involved parties. The DJJS employee, contractor, intern or volunteer alleged to have committed sexual harassment may be placed on administrative leave, prohibited from contact with residents and/or reassigned pending the results of the investigation. In the event the initial review of the alleged sexual harassment allegation reveals possible criminal conduct, the administrative investigation will stop and the matter will be referred to LVMPD. Administrative investigations shall be conducted in an unbiased, objective manner, bearing in mind the rights of all parties concerned. Substantiation of administrative investigations will be based upon the standard of the preponderance of the evidence. All employees, contractors, interns and volunteers, including the accused, shall cooperate fully in an administrative investigation.</i></p>

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

CCJDC’s *Personnel Directive Policy P024* has the necessary language to align with PREA Standard 115.377 regarding CCJDC’s disciplinary standards for contractors and volunteers substantiated in PREA criminal and administrative investigations. This PREA auditor also reviewed the 11 random PREA Investigative files. This auditor also interviewed the 3 CCJDC’s PREA Investigators who explained that they seek prosecution for all criminal PREA-related investigations, as well as recommending termination. Additionally, while on-site this PREA auditor interviewed CCDJJS’ Human Resources staff, who shared the agency’s protocol on substantiated sexual abuse investigations. CCJDC’s HR representative also showed their policy related to disciplinary actions for contractors and volunteers substantiated for sexual abuse (which adheres to PREA Standard 115.377), as well as notification to their governing regulatory bodies.

This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.377.

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed electronic documentation which accompanied CCJDC’s Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.378. Clark County Juvenile Detention Center (CCJDC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023), as evidence of compliance with PREA Standard 115.378. CCJDC’s <i>Personnel Directive Policy P024</i> had the necessary language to align with PREA Standard 115.378 regarding CCJDC’s disciplinary sanction continuum following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>While on site, this auditor interviewed CCJDC’s Detention Manager and PREA Compliance Manager/Asst. Detention Manager. When asked about interventions and disciplinary actions for residents who engage in sexual assault/harassment, each shared the administrative disciplinary procedures prior to sanctioning that is within the behavioral management “C.A.S.E. Program.” This auditor also interviewed a random selection of 21 CCJDC residents. Each interviewed understood the “C.A.S.E.</p>

	<p><i>Program's</i>" sanction for sexual-related incidents. They also shared that they knew their rights and the disciplinary process when someone commits a sexual assault or harassment. Each also knew that additional criminal charges could occur. Finally, 20 of 21 interviewed residents stated that they felt safe and felt comfortable notifying any staff of any instances of sexual abuse or sexual harassment.</p> <p>This PREA auditor concluded that CCJDC is in compliance with PREA Standard 115.378.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.381. Clark County Juvenile Detention Center (CCJDC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023), as evidence of compliance with PREA Standard 115.381. Excerpts from CCJDC's Personnel Directive Policy P024 states, <i>"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.</i></p> <p><i>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.</i></p> <p><i>All reported victims of sexual abuse will receive immediate access to emergency medical treatment and crisis intervention services as determined by medical and mental health practitioners, according to their professional judgment. Resident victims of sexual abuse shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All medical and mental health treatment will be provided to the victim resident without financial cost to the resident or his/her parent/guardian and regardless of the victim's level of cooperation in the investigation.</i></p> <p><i>Any use of segregated housing to protect a resident who reported sexual abuse victimization must be conducted in accordance with the Resident Housing section of this policy.</i></p> <p><i>The Department will ensure any victim of sexual abuse in any DJJS facility receives medical and mental health evaluation and treatment, as appropriate. Treatment shall include follow- up services, treatment plans, and referrals for continued care as necessary following their release or transfer to another facility. Any services</i></p>

provided by or through DJJS will be consistent with community levels of care. Resident victims of sexual abuse will be offered testing for sexually transmitted infections (STI) as medically appropriate. Female victims of sexual abuse while incarcerated will be offered pregnancy tests, when appropriate. Should pregnancy result from the sexual abuse, victims will be provided comprehensive information regarding all lawful pregnancy-related medical services in a timely manner.

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

CCJDC’s Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.381 regarding CCJDC’s medical and mental health screenings and follow-ups. While on site, this auditor interviewed CCJDC’s Clinical Supervisor and 1 contracted therapist. Both shared that they are trained to carry out any follow-up meetings within 14-days for residents who screened being previously victimized. However, they are not receiving referrals from the PREA Risk Screener (or whoever is the responsible party). Currently, the CCJDC has 8 contracted therapists as well as clinical supervisors who respond to referrals. Though CCJDC’s PREA Risk Screening process is clear and cohesive, this auditor observed that residents who identify as having history of sexual victimization and/or sexual abusiveness on the screening tool do not meet CCJDC’s scoring threshold to be identified as “*high risk.*” Additionally, these same identified residents are not being referred for a mental health follow up with a mental health practitioner.

This auditor recommended that CCJDC recalibrate their tool so that residents who have a history of sexual victimization or sexual abusiveness automatically score at the threshold of being identified as a high-risk (which is a “9” according to CCJDC’s tool). This auditor also recommended that all residents who are screened to have a history of sexual victimization and/or sexual abusiveness be referred for a follow up meeting with a mental health practitioner. Finally, this auditor recommended that CCJDC’s Clinical Supervisor and mental health therapist team document 14-day follow-ups, with specific notation that the reason for seeing the referred resident is because of the PREA Risk Screening. This PREA auditor concluded that CCJDC was not in compliance with PREA Standard 115.381. Corrective action was required.

During CCJDC’s Corrective Action Period (CAP), this auditor conducted meetings and engaged in a series of email correspondence with Clark County’s PREA Coordinator and CCJDC’s PREA Compliance Team. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, CCJDC submitted their updated/revised “PREA Intake Screening Tool,” which had a recalibrated scoring mechanism. This updated/revised “*PREA Intake Screening Tool*” scored residents who had history of sexual victimization and residents who had been charged with a sex offense at the threshold of being identified as “*high risk.*” Additionally, a recommendation/referral

	<p>section has been added to the updated/revised "PREA Intake Screening Tool," which allows for documented referrals and recommendation. Question #8 states: "HAVE YOU EVER BEEN THE VICTIM OF SEXUAL ABUSE? (**IF THE YOUTH ANSWERS "YES", THIS MUST BE FOLLOWED UP ON WITH Las Vegas Metro Police Dept, DFS, MENTAL HEALTH TREATMENT TEAM, SUPERVISOR, AND ASSISTANT MANAGER WITHIN 24 HOURS. IF IT HAS ALREADY BEEN REPORTED, PROVIDE DATE REPORTED AND CASE NUMBER)."</p> <p>This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.381.</p>
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.382. Clark County Juvenile Detention Center (CCJDC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. (updated October 23, 2023) as evidence of compliance with PREA Standard 115.382. Excerpts from CCJDC's Personnel Directive Policy P024 states, "All reported victims of sexual abuse will receive immediate access to emergency medical treatment and crisis intervention services as determined by medical and mental health practitioners, according to their professional judgment. Resident victims of sexual abuse shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All medical and mental health treatment will be provided to the victim resident without financial cost to the resident or his/her parent/guardian and regardless of the victim's level of cooperation in the investigation.</p> <p>Any use of segregated housing to protect a resident who reported sexual abuse victimization must be conducted in accordance with the Resident Housing section of this policy.</p> <p>The Department will ensure any victim of sexual abuse in any DJJS facility receives medical and mental health evaluation and treatment, as appropriate. Treatment shall include follow-up services, treatment plans, and referrals for continued care as necessary following their release or transfer to another facility. Any services provided by or through DJJS will be consistent with community levels of care. Resident victims of sexual abuse will be offered testing for sexually transmitted infections (STI) as medically appropriate. Female victims of sexual abuse while incarcerated will be offered pregnancy tests, when appropriate. Should pregnancy result from the sexual abuse, victims will be provided comprehensive information</p>

regarding all lawful pregnancy-related medical services in a timely manner.

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

CCJDC's *Personnel Directive Policy P024* has the necessary language to align with PREA Standard 115.383 regarding ongoing medical and mental health services for resident victims and perpetrators. While onsite, this auditor also individually interviewed 1 CCJDC's Mental Health/Clinical Supervisor and 2 CCJDC's contracted Medical Services Staff. Both shared that they are trained and credentialed to carry out their respective mental health and medical services. CCJDC's Clinical Supervisor shared that his team responds immediately to crisis concerns, as they have 24/7 on call rotations. Medical staff check and triage sick call requests three times per day. Additionally, they reported that the supervising doctor and nurse practitioner provide follow up services on Wednesday and Friday (reviewed calendar for the month) and remain there until all patients have been seen. Finally, they shared there is a collaborative relationship with the *Rape Crisis Center of Las Vegas (RCCLV)* for external support and they follow any discharge recommendations set for by the *University Medical Children's Hospital* for any victim of sexual abuse.

This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.382.

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.383. Clark County Juvenile Detention Center (CCJDC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023) as evidence of compliance with PREA Standard 115.383. Excerpts from CCJDC's Personnel Directive Policy P024 states, <i>“All reported victims of sexual abuse will receive immediate access to emergency medical treatment and crisis intervention services as determined by medical and mental health practitioners, according to their professional judgment. Resident victims of sexual abuse shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All medical and</i></p>

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

The Department will ensure any victim of sexual abuse in any DJJS facility receives medical and mental health evaluation and treatment, as appropriate. Treatment shall include follow-up services, treatment plans, and referrals for continued care as necessary following their release or transfer to another facility. Any services provided by or through DJJS will be consistent with community levels of care. Resident victims of sexual abuse will be offered testing for sexually transmitted infections (STI) as medically appropriate. Female victims of sexual abuse while incarcerated will be offered pregnancy tests, when appropriate. Should pregnancy result from the sexual abuse, victims will be provided comprehensive information regarding all lawful pregnancy-related medical services in a timely manner.

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

CCJDC's Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.383 regarding ongoing medical and mental health services for resident victims and perpetrators. While onsite, this auditor interviewed 1 CCJDC Mental Health/Clinical Supervisor and 2 CCJDC contracted Medical Services Staff. Both shared that they are trained to carry out mental health and medical services. The Mental health supervisor reported immediate responsiveness to crisis concerns. Medical staff check and triage sick call requests three times per day. Additionally, they report that the supervising doctor and nurse practitioner provide follow up services on Wednesday and Friday and remain there until all patients have been seen. This auditor reviewed the medical services follow-up calendar for the doctor and nurse practitioner. Finally, they shared there is a collaborative relationship with the Rape Crisis Center of Las Vegas (RCCLV) for external support and ongoing mental health services. They also use University Medical Children's Hospital for any follow-up beyond their scope of services. Finally, both interviewed staff shared that the services provided to the residents are "above and beyond" the community level of care.

This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.383.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.386. Clark County Juvenile Detention Center (CCJDC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 (updated October 23, 2023) as evidence of compliance with PREA Standard 115.386. Excerpts from CCJDC's Personnel Directive Policy P024 states, *"The Incident Review Team, comprised of the PREA Coordinator, the PREA Compliance Manager (s), and at least one PREA Committee member for the Department will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including those allegations that were unsubstantiated. The team will conduct a review within 30 days of the conclusion of the investigation. They will seek input from first responder staff, investigators, and involved medical/mental health personnel.*

The Incident Review Team will consider the following:

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

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

CCJDC's Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.386 regarding sexual abuse incident reviews. CCJDC also submitted copies of their completed DJJS PREA Sexual Abuse Incident Review Forms. CCJDC uses these specific forms to document their team meetings and the minutes, as evidence of incident review meeting occurring consistently after sexual abuse incidents. While onsite, this auditor reviewed all PREA investigations conducted in 2023. This auditor reviewed 11 randomly selected investigation files. Nine of 11 files were investigated for sexual harassment. There were 2 of 11 files which were investigated for sexual abuse. The 2 sexual abuse investigated files contained all the required content, evidentiary documentation, preponderance of evidence, notifications, as well as sexual abuse incident review documentation within 30 days of the conclusion of the investigation.

This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.386.

115.387	Data collection
	<p data-bbox="280 188 981 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1481 875">This PREA Auditor reviewed electronic documentation which accompanied CCJDC's Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.387. Clark County Juvenile Detention Center (CCJDC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.387. Excerpts from CCJDC's Personnel Directive Policy P024, (updated October 23, 2023), states, <i>"The agency will collect accurate uniform data for every allegation of sexual abuse at facilities under its direct control, using a standardized instrument and set of definitions. The collected data must be sufficient to answer all questions on the most current "Survey of Sexual Violence" conducted by the Department of Justice and said data shall be aggregated at least annually. The agency will also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of residents.</i></p> <p data-bbox="280 913 1453 1196"><i>All case records associated with claims of sexual abuse, including incident reports, investigative reports, youth information, case disposition, medical and counseling evaluation findings, and recommendation for post-release treatment and/or counseling will be retained in accordance with the PREA record retention schedule. Said data will be reviewed by the agency in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and procedures.</i></p> <p data-bbox="280 1234 1481 1395"><i>The agency will prepare an annual report of its findings and corrective actions for each facility based on the collected sexual abuse data. The annual report will be posted for publication on the agency website and provided to appropriate legislative oversight committees (See Appendix A).</i></p> <p data-bbox="280 1433 1326 1469"><i>Upon request, the agency will provide data to the Department of Justice."</i></p> <p data-bbox="280 1507 1481 2042">CCJDC's Personnel Directive Policy P024 (updated October 23, 2023), has the necessary language to align with PREA Standard 115.387 regarding CCJDC's PREA-Related Data Collection. While onsite, this auditor also interviewed CCJDC's Detention Manager and PREA Compliance Manager/Asst. Detention Manager. Both shared that CCJDC tracks all PREA allegations/investigations. This auditor was also able to review how PREA-related data is collected and documented in CCJDC's data collection system. CCJDC also submitted their Clark County Department of Juvenile Justice Services Prison Rape Elimination Act (PREA) Annual Report (from 2018, 2019, 2022). Each report recapped their annual PREA incidents data prevention/intervention strategies, and corrective actions taken to prevent such instances from occurring/reoccurring (interventions such as staffing plan adjustments, staff training, additional reporting avenues, MOU with external victim advocacy partners, etc.).</p> <p data-bbox="280 2080 1374 2116">This PREA auditor concludes that CCJDC is in compliance with PREA Standard</p>

	115.387.
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed electronic documentation which accompanied CCJDC’s Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.388. Clark County Juvenile Detention Center (CCJDC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.388. Excerpts from CCJDC’s Personnel Directive Policy P024, (updated October 23, 2023), states, <i>“The agency will collect accurate uniform data for every allegation of sexual abuse at facilities under its direct control, using a standardized instrument and set of definitions. The collected data must be sufficient to answer all questions on the most current “Survey of Sexual Violence” conducted by the Department of Justice and said data shall be aggregated at least annually. The agency will also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of residents.</i></p> <p><i>All case records associated with claims of sexual abuse, including incident reports, investigative reports, youth information, case disposition, medical and counseling evaluation findings, and recommendation for post-release treatment and/or counseling will be retained in accordance with the PREA record retention schedule. Said data will be reviewed by the agency in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and procedures.</i></p> <p><i>The agency will prepare an annual report of its findings and corrective actions for each facility based on the collected sexual abuse data. The annual report will be posted for publication on the agency website and provided to appropriate legislative oversight committees (See Appendix A).</i></p> <p><i>Upon request, the agency will provide data to the Department of Justice.”</i></p> <p>CCJDC’s Personnel Directive Policy P024 (updated October 23, 2023), has the necessary language to align with PREA Standard 115.388 regarding CCJDC’s Data Review for Corrective Action. While onsite, this auditor also interviewed CCJDC’s Detention Manager and PREA Compliance Manager. This auditor was also able to review how PREA-related data is collected and documented in CCJDC’s data collection system. This auditor was also able to review Clark County Department of Juvenile Justice Services Prison Rape Elimination Act (PREA) Annual Report (from 2018, 2019, 2022). Each report recapped their annual PREA incidents data prevention/intervention strategies, and corrective actions taken to prevent such instances from occurring/reoccurring (interventions such as staffing plan</p>

	<p>adjustments, staff training, additional reporting avenues, MOU with external victim advocacy partners, etc.).</p> <p>This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.388.</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed electronic documentation which accompanied CCJDC’s Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.389. Clark County Juvenile Detention Center (CCJDC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.389. Excerpts from CCJDC’s Personnel Directive Policy P024 (updated October 23, 2023) states, <i>“The agency will collect accurate uniform data for every allegation of sexual abuse at facilities under its direct control, using a standardized instrument and set of definitions. The collected data must be sufficient to answer all questions on the most current “Survey of Sexual Violence” conducted by the Department of Justice and said data shall be aggregated at least annually. The agency will also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of residents.</i></p> <p><i>All case records associated with claims of sexual abuse, including incident reports, investigative reports, youth information, case disposition, medical and counseling evaluation findings, and recommendation for post-release treatment and/or counseling will be retained in accordance with the PREA record retention schedule. Said data will be reviewed by the agency in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and procedures.</i></p> <p><i>The agency will prepare an annual report of its findings and corrective actions for each facility based on the collected sexual abuse data. The annual report will be posted for publication on the agency website and provided to appropriate legislative oversight committees (See Appendix A).</i></p> <p><i>DJJS will make all aggregated sexual abuse data, from Detention and Spring Mountain Youth Camp readily available to the public at least annually through the Clark County website (https://www.clarkcountynv.gov/government/departments/juvenile_justice_services/prison_rape_elimination_act_of_2003/index.php).</i></p> <p><i>Before making aggregated sexual abuse data publicly available, DJJS will remove all personal identifiers. DJJS will maintain sexual abuse data collected for at least 10 years after the date of its initial collection unless Federal, State, or local law</i></p>

requires otherwise.

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

CCJDC’s *Personnel Directive Policy P024* (updated October 23, 2023), has the necessary language to align with PREA Standard 115.389 regarding CCJDC’s data storage, publication and destruction. While on site this auditor interviewed CCDJJS’ PREA Coordinator, CCJDC’s Detention Manager and PREA Compliance Manager/Asst. Detention Manager who shared that PREA-related data collected remain for at least 10 years. This auditor was also able to review how PREA-related data is collected and stored, as well as destroyed through CCJDC’s data collection system. CCJDC also submitted their Clark County Department of Juvenile Justice Services Prison Rape Elimination Act (PREA) Annual Report (from 2018, 2019, 2022). Each report recapped their annual PREA incidents data prevention/intervention strategies, and corrective actions taken to prevent such instances from occurring/reoccurring.

This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.389.

115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed electronic documentation which accompanied Clark County Juvenile Detention Center’s (CCJDC) Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.401. Clark County Juvenile Detention Center (CCJDC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.401. Excerpts from CCJDC’s Personnel Directive Policy P024 states, <i>"The DJJS Director or designee (PREA Coordinator) will certify that the agency is in full compliance or has established an action plan to enable full compliance with PREA standards based on the results from audits conducted by an independent auditor in compliance with Section 115.401 of the Department of Justice PREA Standards."</i></p> <p>Additionally, CCJDC is required to have a PREA audit every three years, after the conclusion of their first PREA Audit on April 21, 2021. The auditor had access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents. The auditor was permitted to conduct private interviews with inmates, residents, and detainees. The CCJDC residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>This PREA auditor concludes that CCJDC is in compliance with PREA Standard 115.401.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	There was a PREA Final Audit Reports issued in the past three years for Clark County Juvenile Detention Center (CCJDC). The date of the previous PREA Final Report on 4/21/21, and has been published on Clark County Department of Juvenile Justice Services (CCDJJS) website.

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	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?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	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 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:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	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	yes

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

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

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

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	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?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

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

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such 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: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371	Criminal and administrative agency investigations	

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

	does not provide a basis for terminating an investigation?	
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	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?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

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

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

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

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

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes