

# PREA Facility Audit Report: Final

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

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 04/24/2022

**Date Final Report Submitted:** 11/04/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> DeShane Reed	<b>Date of Signature:</b> 11/04/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Reed, DeShane
<b>Email:</b>	drbconsultinggroup@gmail.com
<b>Start Date of On-Site Audit:</b>	02/16/2022
<b>End Date of On-Site Audit:</b>	02/18/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Spring Mountain Youth Camp
<b>Facility physical address:</b>	2400 Angel Peak Place, Las Vegas, Nevada - 89124
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Benjamin Mattingly
<b>Email Address:</b>	benjamin.mattingly@clarkcountynv.gov
<b>Telephone Number:</b>	7024190446

Superintendent/Director/Administrator	
<b>Name:</b>	Cesar Lemos
<b>Email Address:</b>	LEMOSCG@ClarkCountyNV.gov
<b>Telephone Number:</b>	7024555555

Facility PREA Compliance Manager	
<b>Name:</b>	Tina Kohl
<b>Email Address:</b>	kohltm@clarkcountynv.gov
<b>Telephone Number:</b>	

Facility Health Service Administrator On-Site	
<b>Name:</b>	Well Path
<b>Email Address:</b>	none
<b>Telephone Number:</b>	7024554857

Facility Characteristics	
<b>Designed facility capacity:</b>	100
<b>Current population of facility:</b>	52
<b>Average daily population for the past 12 months:</b>	62
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	12-18
<b>Facility security levels/resident custody levels:</b>	not secure Juvenile Facility
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	47
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	2
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

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

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

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Richard Nelson	<b>Email Address:</b>	NelsonRi@ClarkCountyNV.gov

SUMMARY OF AUDIT FINDINGS	
<p>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.</p> <p>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.</p>	
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:	2022-02-16
2. End date of the onsite portion of the audit:	2022-02-18

### 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 type="radio"/> Yes <input checked="" type="radio"/> No
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## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	100
15. Average daily population for the past 12 months:	62
16. Number of inmate/resident/detainee housing units:	5
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:	59
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:	1
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:	0
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:	1
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:	0
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:	0
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:	1
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:	0
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):	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
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:	47
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:	0
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:	2
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:	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	26

<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</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Reviewed demographics on the SMYC resident roster.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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):</p>	<p>No text provided.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>3</p>
<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>	
<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:</p>	<p>1</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>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:</p>	<p>1</p>
<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>This auditor corroborated with the CCDJJS's PREA Compliance Monitor and SYMC Program Manager to identify residents who meet PREA's targeted interview selections.</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>This auditor corroborated with the CCDJJS's PREA Compliance Monitor and SYMC Program Manager to identify residents who meet PREA's targeted interview selections.</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>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>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).</b></p>	<p>This auditor corroborated with the CCDJJS's PREA Compliance Monitor and SYMC Program Manager to identify residents who meet PREA's targeted interview selections.</p>
<p><b>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:</b></p>	<p>1</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>This auditor corroborated with the CCDJJS's PREA Compliance Monitor and SYMC Program Manager to identify residents who meet PREA's targeted interview selections.</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>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).</b></p>	<p>This auditor corroborated with the CCDJJS's PREA Compliance Monitor and SYMC Program Manager to identify residents who meet PREA's targeted interview selections.</p>
<p><b>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:</b></p>	<p>1</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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<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.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	This facility is an open program and does not have segregation housing.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	25
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes  <input type="radio"/> No
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):	No text provided.

### Specialized Staff, Volunteers, and Contractor Interviews

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.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	10
76. Were you able to interview the Agency Head?	<input type="radio"/> Yes <input checked="" type="radio"/> No
a. Explain why it was not possible to interview the Agency Head:	I was able to interview the Agency Head's designee.
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)

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input type="checkbox"/> First responders, both security and non-security staff</p> <p><input type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other</p>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the total number of CONTRACTORS who were interviewed:</b></p>	<p>6</p>

<p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Security/detention</p> <p><input checked="" type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>No text provided.</p>

## 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.

<p><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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### Was the site review an active, inquiring process that included the following:

<p><b>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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>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)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>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).</b></p>	<p>No text provided.</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.

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?

- Yes  
 No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

No text provided.

## 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	1	1	1
Staff-on-inmate sexual abuse	0	0	0	0
<b>Total</b>	1	1	1	1

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	1	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
<b>Total</b>	1	0	1	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
<b>Inmate-on-inmate sexual abuse</b>	1	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	1	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	1	0	1	1
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	1	0	1	1

**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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	1	1
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	1	1

**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:	4
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE 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 inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2

<p>107. Did your selection of <b>SEXUAL HARASSMENT</b> investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</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 sexual harassment investigation files)</p>
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**Inmate-on-inmate sexual harassment investigation files**

<p>108. Enter the total number of <b>INMATE-ON-INMATE SEXUAL HARASSMENT</b> investigation files reviewed/sampled:</p>	<p>2</p>
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<p>109. Did your sample of <b>INMATE-ON-INMATE SEXUAL HARASSMENT</b> 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>
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<p>110. Did your sample of <b>INMATE-ON-INMATE SEXUAL HARASSMENT</b> 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>
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**Staff-on-inmate sexual harassment investigation files**

<p>111. Enter the total number of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files reviewed/sampled:</p>	<p>0</p>
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<p>112. Did your sample of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>113. Did your sample of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>
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**SUPPORT STAFF INFORMATION**

**DOJ-certified PREA Auditors Support Staff**

<p>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.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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**Non-certified Support Staff**

<p>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.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
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**AUDITING ARRANGEMENTS AND COMPENSATION**

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.311	<p><b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed pre-audit documents submitted via electronic source to determine compliance for Standard 115.311. Clark County Spring Mountain Youth Camp Center (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 as evidence of compliance with PREA Standard 115.311. Clark County Spring Mountain Youth Camp's (SMYC) Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.311.</p> <p>This PREA auditor also observed and interviewed CCDJJS PREA Coordinator and the Clark County Spring Mountain Youth Camp's (SMYC) PREA Compliance Manager. Clark County Spring Mountain Youth Camp's (SMYC) PREA Compliance Manager informed this auditor that, due to her other supervisory duties, she didn't feel like she had enough time to coordinate the facility's efforts to comply with the PREA standards. Clark County Spring Mountain Youth Camp's (SMYC) PREA Compliance Manager shared that she could use additional support and time to be more effective in her role.</p> <p>This PREA auditor recommended that Clark County Spring Mountain Youth Camp's (SMYC) Manager and CCDJJS's PREA Coordinator assist Clark County Spring Mountain Youth Camp's (SMYC) current PREA Compliance Manager in balancing her current Supervisory duties and PREA Compliance Manager duties; to allow her to be more effective and efficient in implementing PREA standards throughout SMYC. This auditor also recommended that SMYC assess their current PREA Compliance Manager's overall duties, to identify if she is their best personnel to carry out Clark County Spring Mountain Youth Camp's (SMYC) PREA efforts and her PREA Compliance Manager duties. This auditor concluded that SMYC was not in compliance with PREA Standard 115.311. A CORRECTIVE ACTION was recommended.</p> <p>During Clark County Spring Mountain Youth Camp's (SMYC) Corrective Action period, SMYC replaced their previous PREA Compliance Manager with another veteran supervisory staff to serve as PREA Compliance Manager. During this auditor's return site visit to SMYC on 10/14/22, their current PREA Compliance Manager informed this auditor that he had enough time and effectively and efficiently perform his staff role and PREA Compliance Manager role. Additionally, in random informal interviews with staff, this could readily identify their PREA Compliance Manager and his role/impact on the knowledge of PREA. Finally, Clark County's DJJS PREA Compliance Monitor informed this auditor that "SMYC's PREA Compliance Manager has been instrumental in helping to get different aspects of the Corrective Action Plan (CAP) rolled out. He has also taught many of the in-person comprehensive PREA staff trainings, so that staff can see him in the role as the PREA Compliance Manager.</p> <p>After this auditor's return on-site visit and review of SMYC's adjustments to their PREA Compliance Manager personnel, increased awareness of PREA on SMYC's campus, and consistency in practice to align with PREA Standard 115.311, SMYC is in compliance with PREA Standard 115.311.</p>
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<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.312. Clark County Spring Mountain Youth Camp (SMYC) reported that they do not contract with other entities for the confinement of residents. SMYC also did not submit any contractual agreements. This auditor also reviewed the rosters during the onsite audit. All residents placed in SMYC were Clark County jurisdiction residents which would be confined at SMYC by the "Clark County DJJS Juvenile Court."</p> <p>This PREA auditor concludes that SMYC is in compliance with PREA Standard 115.312.</p>

115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1474 595">This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.313. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Spring Mountain Youth Camp Staffing Plan and their DJJS PREA Directives (P024) as evidence of compliance with PREA Standard 115.313. Clark County Spring Mountain Youth Camp's (SMYC) Staffing Plan consisted of their physical plant components, identifying which areas are operational and not in operation, staffing supervision based on non-secured resident/staff ratio, identified video monitoring, blind spots areas of isolation, and plan in instances where staffing is out of ratio/inadequate. Additionally, newly assigned staff must receive 160 hours of training in their first 30-days. New staff must work with a veteran staff for 2-weeks and not left alone with residents until they received training in Sight and Sound Supervision and PREA Training. SMYC also submitted their staffing chart, which identified teaching staff in their weekday staffing ratio.</p> <p data-bbox="242 629 1474 920">Though this auditor concludes that Clark County Spring Mountain Youth Camp's (SMYC) Staffing Plan has the necessary language to align with PREA Standard 115.313, this auditor observed on multiple occasion where there were no staff supervising the youth as they moved about from one program area to another. Based on interviews with all staff, they are to be at posts and periodically rotate from program area to program area to visually observe residents (i.e. classrooms, gym, cafeteria, recreation yard, dormitory, etc.). However, this auditor did not observe any random rotation of staff to provide the necessary sight and sound supervision to prevent a PREA-related incident amongst residents. When I asked for evidence that this even occurring as a practice/consistently, no one could provide any documented evidence. I asked the same of supervisors, frequenting locations where residents are located. None could provide evidence that supervisors make rounds to provide the necessary supervisory support to prevent a PREA-related incident.</p> <p data-bbox="242 954 1461 1077">This auditor recommended that SMYC develop a system of documenting when rounds are conducted by sight and sound supervision staff, as well as with supervisory staff. This is very helpful during incident reviews, as well as pinpointing areas where supervision is compromised or could improve. This PREA auditor concluded that SMYC was not in compliance with PREA standard 115.313.</p> <p data-bbox="242 1111 1485 1339">During Clark County Spring Mountain Youth Camp's (SMYC) Corrective Action period, SMYC submitted photo verification of adjustments made to their supervisory rounds. SMYC submitted randomly selected photos of supervisory rounds throughout daily shifts (from May 2022 through August 2022). Additionally, this auditor conducted a return onsite visit to SMYC on 10/14/22. This auditor interviewed 5 randomly supervisory staff on duty. Each verified that supervisory rounds are a part of their daily protocols. Finally, this auditor reviewed SMYC logbooks to visually verify that supervisory rounds are consistently being conducted. There was sufficient documentation in the logbooks between May 2022 through October 12, 2022, that supervisory rounds are a part of SMYC's practice.</p> <p data-bbox="242 1373 1485 1462">After this auditor's review of SMYC's adjustments to their supervisory rounds protocols and practice, to align with their policy, and their consistency in practice to align with PREA Standard 115.313, this auditor concludes that SMYC is in compliance with PREA Standard 115.313.</p>

115.315	<b>Limits to cross-gender viewing and searches</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1465 499">This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.315. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 as evidence of compliance with PREA Standard 115.315. Excerpts from Clark County Spring Mountain Youth Camp's (SMYC) Personnel Directive Policy P024 states, "Cross-gender pat searches will be conducted in exigent circumstances only. In the event a cross-gender pat search is conducted; staff members are to document the incident and notify a supervisor. Cross-gender strip searches are prohibited.</p> <p data-bbox="242 528 1485 723">Staff, contractors, interns, and volunteers are required to announce their presence when entering a housing unit designated for the opposite gender. Staff will announce the presence of visitors of the opposite sex when they enter housing units for visitation. Residents will shower, change clothing, and perform bodily functions without non-medical staff of the opposite gender viewing said activities, unless exigent circumstances arise or when such viewing is incidental to routine room checks. Should cross-gender viewing of residents engaged in these activities occur, the incident must be documented in the unit log and a supervisor must be notified."</p> <p data-bbox="242 752 1490 1048">While onsite this PREA auditor interviewed 17 SMYC residents. Each resident verified that they are rarely searched, only searched when contraband is in possession of a resident(s). Additionally, any searches are by the same gender. This auditor also asked the random selection of residents if have adequate privacy when showering, changing clothing, and using the toilet. There was a consensus in their responses that they had adequate privacy. Interviewed residents also shared that they are allowed to shower, perform bodily functions, and get dressed without being viewed by staff. During the onsite audit, this auditor observed a rolling barrier that each resident can roll in front of them while using the toilet or showering. Also, there's a rule on each housing unit that only 1 person is allowed in the shower/toilet area at a time. This auditor also interviewed a random selection direct supervision, supervisory, teaching, and support staff. Each understood the policy on cross-gender searches and viewing.</p> <p data-bbox="242 1077 1469 1205">This auditor also asked the random selection of 17 residents if staff of the opposite gender announce when entering their housing unit. 15/17 responded that staff of opposite gender do not announce when entering the housing units. This auditor also observed a red doorbell outside each housing unit which said "PREA Cross-Gender Notification. Ring Prior to Entry." When this auditor asked its purpose, only 1 randomly interviewed staff knew it purpose and 0 residents knew its purpose.</p> <p data-bbox="242 1234 1465 1361">This auditor recommended that SMYC conduct trainings with focus on the purpose of their "red doorbell" when it rings, as well as comprehensive PREA Education with residents which includes the purpose of cross-gender notifications and the purpose of the "red doorbell" outside of each housing unit. This PREA auditor concluded this SMYC was not in compliance with PREA standard 115.315.</p> <p data-bbox="242 1391 1485 1787">During Clark County Spring Mountain Youth Camp's (SMYC) Corrective Action period, SMYC submitted sign-in sheets as evidence of conducting in-person comprehensive PREA refresher trainings for all their staff (7/13/22, 8/11/22, 8/24/22, and 8/29/22). SMYC also submitted their Power Point training curriculum, which entailed comprehensive training material regarding staff roles to prevent sexual abuse/sexual harassment, staff reporting responsibilities, and staff coordinated response duties related to the PREA reporting or other acquired knowledge of sexual abuse/sexual harassment. The training curriculum also detailed resident rights to be free from sexual abuse/sexual harassment without retaliation. These trainings also entailed SMYC's PREA training facilitator (SMYC's PREA Compliance Manager and CCDJJS's PREA Compliance Monitor) explaining the purpose and importance of the "red doorbells" (outside of each housing unit). The current signage on SMYC's "red doorbell" states, "PREA Cross-Gender Notification. Ring Prior to Entry." Finally, this auditor conducted a return onsite visit to SMYC on 10/14/22. This auditor interviewed 5 randomly selected staff on duty and 8 randomly selected residents. Each could clearly explain to this auditor the purpose of the "red doorbell" and how it relates to their resident rights and their staff roles.</p> <p data-bbox="242 1816 1465 1912">After this auditor's review of SMYC's adjustments to their training curriculum, conducting of all staff their in-person training, and their consistency in practice to align with PREA Standard 115.315, this auditor concludes that SMYC is in compliance with PREA Standard 115.315.</p>

115.316	<p data-bbox="231 71 1508 1223"><b>Residents with disabilities and residents who are limited English proficient</b></p> <p data-bbox="231 145 1508 190"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="231 212 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 268 1508 840">This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.316. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.316. An excerpt from CCJDC’s Personnel Directive Policy P024 states, “Every resident will participate in an orientation session and complete and sign a PREA orientation form during the intake process in Detention, Spring Mountain Youth Camp, and the Spring Mountain Residential Center. Both the staff and the resident must sign and date the form after the orientation process is complete. This form will be retained for each resident. Youthful residents, residents who have limited English proficiency, limited vision, intellectual challenges or other disabilities will be provided PREA information in a manner that allows them to understand DJJS’ zero tolerance policy for sexual abuse, sexual misconduct and sexual harassment, as well as how they can report sexual abuse/sexual misconduct/sexual harassment. Orientation materials are provided in English and Spanish. Language translation services are available through Clark County and DJJS currently contracts sign language interpreters to assist the hearing impaired. These available services are not restricted to the youth orientation purpose. Staff is prohibited from using residents as interpreters to communicate the Department’s PREA information, either by translating conversations or reading printed material, unless exigent circumstances arise. Should a resident be utilized to interpret, the circumstances must be documented in the unit log. “SMYC’s policy has the necessary language to align with PREA Standard 115.316 regarding accommodations for residents with disabilities and Limited English Proficient residents.</p> <p data-bbox="231 862 1508 963">Furthermore, in an interview with SMYC’s PREA Coordinator and PREA Liaison/Investigator, both stated that if CCJDC receives a resident whose language is outside of their ability to interpret, they contact the Clark County Government Center, who then identifies an appropriate interpreter/service to meet the need(s).</p> <p data-bbox="231 985 1508 1153">Additionally, this PREA auditor interviewed 20 various staff members. More than 30% of the interviewed were proficient in Spanish. The staff also shared that most LEP residents are assigned to Spanish-proficient staff. The staff also shared that the use of other residents to translate is never used, unless no translator is available and the circumstance requires a translator. Finally, the auditor reviewed staffing plan/schedules and was able to identify an array of opposite gender and Spanish proficient staff.</p> <p data-bbox="231 1176 1508 1209">This PREA auditor concludes this SMYC is in compliance with PREA standard 115.316.</p>
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115.317	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 206 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 663">This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.317. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.317. An excerpt from SMYC’s Personnel Directive Policy P024 states, “The Department requires every candidate for employment or promotion undergo and pass a complete background check, to include criminal history and any history of child abuse or neglect, prior to contact with youth. For candidates for employment, DJJS will make its best effort to contact all prior institutional employers for information on substantiated sexual abuse allegations or resignation pending investigation for sexual abuse allegations, consistent with Federal, State, and local law. The Department will forward all inquiries from other institutional employers regarding substantiated allegations of sexual abuse and/or sexual harassment against former employees to Clark County Human Resources. Clark County Human Resources will release said information upon verifying the requester is an institutional employer and receipt of a signed Release of Information from the employee.</p> <p data-bbox="242 696 1469 786">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.</p> <p data-bbox="242 819 1477 880">Substantiated incidents of sexual harassment will be taken into consideration when considering candidates for employment, promotion, contracted services, internships, or volunteer positions.</p> <p data-bbox="242 913 1461 974">Individuals seeking volunteer, intern and contractor positions with DJJS shall be subject to the same background check as listed</p> <p data-bbox="242 1008 1485 1193">above. Volunteers, interns and contractors shall submit to background checks at least once every five years and may also be required to submit to a background check at any time the DJJS director or designee obtains information that the volunteer, intern or contractor may have pending criminal charges, a criminal conviction, a substantiated report of abuse or neglect of a child, or is the subject of an investigation related to criminal charges or abuse or neglect of a child.” SMYC’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 SMYC.</p> <p data-bbox="242 1227 1493 1413">This PREA auditor interviewed Clark County’s Human Resource (HR) Legal Office Specialist, who allowed this auditor to review random employee files to verify that they do conduct background checks every 5 years on active SYMC staff members (SCOPE). Additionally, ark County’s Human Resources Legal Office Specialist submitted evidence that child abuse registries checks (UNITY) are conducted on prospective and active staff. Finally, Clark County’s HR Legal Office Specialist showed random files of additional background check completed on employees who were promoted (prior to 5-year threshold), as well as checks for employees who lived out-of-state within the last 5 years.</p> <p data-bbox="242 1447 1126 1476">This PREA auditor concludes that SMYC is in compliance with PREA Standard 115.317.</p>

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.318. Clark County Spring Mountain Youth Camp (SMYC) reported that they have made any facility upgrades or expansions to the facility since August 20, 2012. This auditor interviewed SMYC's Campus Manager, PREA Coordinator, and PREA Compliance Manager, who shared that no upgrades of additional cameras has been added to SMYC since August 20, 2012.</p> <p>This PREA auditor concludes that SMYC is in compliance with PREA Standard 115.318.</p>

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1476 598">This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.321. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024, as evidence of compliance with PREA Standard 115.321. An excerpt from SMYC'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.</p> <p data-bbox="240 629 1449 687">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.</p> <p data-bbox="240 719 1492 813">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.</p> <p data-bbox="240 844 1492 1205">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.</p> <p data-bbox="240 1236 1492 1330">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.</p> <p data-bbox="240 1361 1444 1456">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:</p> <ul data-bbox="240 1487 1476 1951" style="list-style-type: none"> <li data-bbox="240 1487 1428 1545">· 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.</li> <li data-bbox="240 1576 1476 1671">· 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).</li> <li data-bbox="240 1702 1460 1827">· 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.</li> <li data-bbox="240 1859 1452 1951">· 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.</li> </ul> <p data-bbox="240 1982 1412 2040">Investigators assigned to PREA investigations must complete specialized training in conducting such investigations in confinement settings.</p> <p data-bbox="240 2072 1380 2130">Files related to PREA investigations shall be maintained separate from other investigations of alleged misconduct. Investigative files are digitally retained indefinitely.</p>

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.”

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

This PREA auditor received an email correspondence where Clark County PREA Liaison and PREA Coordinator made 2 attempts to enter a Memorandum of Understanding (MOU) between Clark County facilities and the Rape Crisis Center of Las Vegas (dated 6/23/2020). Clark County’s Rape Crisis Center serves as the central location for emotional support for victims. This auditor also interviewed SMYC’s contracted Lead Mental Health Clinician and Clark County’s Health Services Manager (Wellpath). Both shared that Forensic Examinations are referred to University Medical Center’s Children’s Hospital. Both also shared that they received specialized training in responding to PREA Incidents. Both clinicians were familiar with the impending MOU collaboration with the Rape Crisis Center of Las Vegas. Finally, this auditor interviewed 17 residents, who all shared that mental health staff are responsive when residents are in crisis. This auditor reviewed SMYC’s on-call 24 hour rotation of mental health clinician available for crisis intervention.

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

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1474 598">This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.322. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.322. An excerpt from SMYC’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.</p> <p data-bbox="242 629 1449 687">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....</p> <p data-bbox="242 719 1485 1081">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.</p> <p data-bbox="242 1113 1485 1476">SMYC’s PREA Policy P024 has the necessary language to align with PREA Standard 115.322 regarding SMYC’s criminal and administrative investigation procedures. This auditor also interviewed Clark County DJJS’s PREA Coordinator and PREA Liaison, who serves as Clark County DJJS’s Investigation Team. Both submitted evidence of being specialized trained to conduct PREA-related institution investigations Both also explained that Las Vegas Metropolitan Police Department (LVMPD) are responsible for investigating all criminal sex crimes for Clark County DJJS facilities. Each allegation is initially investigated for criminal violations. If not criminal, the Clark County DJJS specialized trained investigators investigates all administrative (non-criminal) PREA-Related allegations. This auditor reviewed 4 random investigation files of allegations of sexual abuse/harassment within the past 12 months (1 substantiated, 2 unfounded and 1 pending). Each file was organized from initial incident, interviews, evidence compiled, video review, to findings summary with outcome. Finally, this auditor reviewed Clarks County DJJS’s website which states their PREA No-Tolerance policy, reporting avenues, and investigations protocols.</p> <p data-bbox="242 1507 1075 1534">This PREA auditor concludes SMYC is in compliance with PREA standard 115.322.</p>

115.331

**Employee training**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

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

*Knowing and enforcing rules involving sexual behavior;*

*The necessity of sight and sound supervision of residents to prevent sexual abuse, sexual misconduct and sexual harassment;*

*Maintaining professionalism at all times, including a work place free of sexual harassment; and*

*Treating any allegation of sexual abuse, sexual misconduct or sexual harassment seriously by following appropriate reporting procedures.*

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

*Isolating self from others;*

*Depression;*

*Major change in behavior, mood, and daily activities;*

*Lashing out at others;*

*Refusing to shower;*

*Suicidal thoughts or actions;*

*Seeking protective custody; and*

*Refusing to leave his or her room.*

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

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

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

*How to detect and assess signs of sexual abuse and sexual harassment;*

*How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment;*

*How and whom to report allegations or suspicions of sexual abuse and sexual harassment."*

Clark County Spring Mountain Youth Camp's (SMYC) PREA Policy P024 has the necessary language to align with PREA Standard 115.331 regarding Clark County Spring Mountain Youth Camp's (SMYC) staff training. This auditor also reviewed the training Power Point (PPT) submitted by SMYC. The training covered the topics identified in PREA Standard 115.331. This auditor also reviewed several random staff files (19) and found that staff either had evidence of receiving comprehensive PREA training and still being in their first year of employment or they had a computerized refresher training

annually thereafter. However, when this auditor interviewed 14 staff who have direct contact with resident daily, only 2/14 staff could clearly share the purpose of PREA, how PREA relates to the overall facility, their role, coordinated response, who the PREA Compliance Manager and PREA Investigators, as well as strategies SMYC are employing to keep residents safe from sexual abuse and sexual harassment. When this auditor asked, "How can staff be up to date on their refresher trainings however, unable to recite and respond when asked related question to their role?" Many staff shared that refresher trainings are not effective. Staff receive computer training and only have time to complete the required trainings while they are supervising residents in the milieu. This constant distraction causes their focus on the training material to get less attention, due to sight and sound supervision requirements.

This auditor recommended that SMYC conduct a facility wide comprehensive PREA training for their staff, which allows for open discussion, scenarios, and Q & A. This auditor also recommended that staff are allowed time to receive refresher training in an environment free from other duties and distractions, to allow for staff to gain more confidence in their knowledge and vigilant actions related to PREA. This PREA auditor concluded SMYC was not in compliance with PREA standard 115.331. A CORRECTIVE ACTION was required.

During Clark County Spring Mountain Youth Camp's (SMYC) Corrective Action period, SMYC submitted sign-in sheets as evidence of conducting in-person comprehensive PREA refresher trainings for all their staff (7/13/22, 8/11/22, 8/24/22, and 8/29/22). SMYC also submitted their Power Point training curriculum, which entailed comprehensive training material regarding staff roles to prevent sexual abuse/sexual harassment, staff reporting responsibilities, and staff coordinated response duties related to the PREA reporting or other acquired knowledge of sexual abuse/sexual harassment. The training curriculum also detailed resident rights to be free from sexual abuse/sexual harassment without retaliation. These trainings were facilitated by SMYC's PREA Compliance Manager and CCDJJS's PREA Compliance Monitor. Finally, this auditor conducted a return onsite visit to SMYC on 10/14/22. This auditor interviewed 5 randomly selected staff on duty and 8 randomly selected residents. Each could clearly explain to this auditor the purpose of the "red doorbell" and how it relates to their resident rights and their staff roles.

After this auditor's review of SMYC's adjustments to their training curriculum, conducting of all staff their in-person training, and their consistency in practice to align with PREA Standard 115.331, this auditor concludes that SMYC is in compliance with PREA Standard 115.331.

115.332	<b>Volunteer and contractor training</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

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

*Knowing and enforcing rules involving sexual behavior;*

*The necessity of sight and sound supervision of residents to prevent sexual abuse, sexual misconduct and sexual harassment;*

*Maintaining professionalism at all times, including a work place free of sexual harassment; and*

*Treating any allegation of sexual abuse, sexual misconduct or sexual harassment seriously by following appropriate reporting procedures.*

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

*Isolating self from others;*

*Depression;*

*Major change in behavior, mood, and daily activities;*

*Lashing out at others;*

*Refusing to shower;*

*Suicidal thoughts or actions;*

*Seeking protective custody; and*

*Refusing to leave his or her room.*

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

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

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

*How to detect and assess signs of sexual abuse and sexual harassment;*

*How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment;*

*How and whom to report allegations or suspicions of sexual abuse and sexual harassment."*

SMYC's PREA Policy P024 has the necessary language to align with PREA Standard 115.332 regarding SMYC's volunteer and contractor training. This auditor also reviewed the training Power Point (PPT) submitted by SMYC; the training covered the topics identified in PREA Standard 115.332. When this auditor interviewed 2 contracted mental health/medical staff members and 5 education contracted staff, there was a consistency in their responses when asked about their roles in identifying, reporting, and responding to PREA-related incidents. This auditor also reviewed the SMYC's contractor files (5) and found that each interviewed contractor had evidence of PREA training based on their level of interaction with SMYC residents. Finally, this auditor was able to verify that 4/5 contractors received the full and specialized PREA training.

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.332. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.333. An excerpt from Clark County Spring Mountain Youth Camp's (SMYC) Personnel Directive Policy P024 states, *"Every resident will participate in an orientation session and complete and sign a PREA orientation form during the intake process in Detention, Spring Mountain Youth Camp, and the Spring Mountain Residential Center. Both the staff and the resident must sign and date the form after the orientation process is complete. This form will be retained for each resident. Youthful residents, residents who have limited English proficiency, limited vision, intellectual challenges, or other disabilities will be provided PREA information in a manner that allows them to understand DJJS' zero tolerance policy for sexual abuse, sexual misconduct and sexual harassment, as well as how they can report sexual abuse/sexual misconduct/sexual harassment. Orientation materials are provided in English and Spanish. Language translation services are available through Clark County and DJJS currently contracts sign language interpreters to assist the hearing impaired. These available services are not restricted to the youth orientation purpose. Staff is prohibited from using residents as interpreters to communicate the Department's PREA information, either by translating conversations or reading printed material, unless exigent circumstances arise.*

*Should a resident be utilized to interpret, the circumstances must be documented in the unit log."*

Though Clark County Spring Mountain Youth Camp's (SMYC) Policy P024 has language which aligns with PREA Standard 115.333, there are still inconsistencies in facility practice. While onsite, a SMYC staff walked this auditor through Clark County Spring Mountain Youth Camp's (SMYC) Resident Education (Orientation) during intake. The process is streamlined. Upon intake, residents are placed in housing unit to receive their PREA resident orientation through verbal orientation, video orientation, and then signs off. While the residents are on their respective housing units, the same orienting staff administers the victimization and abusiveness risk screening assessment. Based on the screening assessment, residents are placed on another housing unit -OR- placed in a high visibility location on their housing unit (directly in staff's line of sight). Each housing unit's resident sleeping locations is open bay (no rooms or doors).

Though SMYC has a streamlined orientation process, there were inconsistent areas. Not all residents shared, during interviews, that they received the PREA pamphlet in which SMYC stated that residents receive as a part of orientation. Additionally, SMYC was not consistently providing comprehensive orientation to residents within 10 days of their intake. According to SMYC staff, a comprehensive PREA video was played multiple times a week on each housing unit. However, during random interviews with residents, only 3/17 recalled the contents of the video. When this auditor interviewed random direct supervision staff, staff shared that the video was not played in a structured fashion or at a set time. The video was played while residents were engaged in other activities on the housing unit. Therefore, many residents did not know many of the important aspects of PREA related to their rights, how to use the PREA hotline phone, what the "red doorbell" posted outside of their residential housing units meant, and the availability of outside confidential resources to victims of sexual assault.

This PREA auditor recommended that each SMYC resident receives a PREA-related pamphlet, and this consistency is established at all intake orientations. Additionally, this auditor recommended that SMYC conduct a facility wide PREA Comprehensive Resident Orientation to make all current resident informed of Clark County Spring Mountain Youth Camp's (SMYC) no tolerance and their rights to be free from sexual abuse/harassment, avenues to report, how to report, the roles of staff, available resources. Clark County Spring Mountain Youth Camp's (SMYC) comprehensive resident education video should be played at a consistent structured time and date, with residents signing off that they viewed the video each time. There should also be available time after the video for residents to ask related questions to the facilitating staff member. This PREA auditor concluded that SMYC was not in compliance with PREA Standard 115.333. A CORRECTIVE ACTION was required.

During Clark County Spring Mountain Youth Camp's (SMYC) Corrective Action period, SMYC's PREA Compliance Manager, printed out PREA Orientation pamphlets and gave them to all current SMYC residents in camp. SMYC's PREA Compliance Manager also submitted confidential "back shot pictures" of randomly selected residents holding their PREA Orientation Pamphlet. According to SMYC's PREA Compliance Manager and CCDJJS's PREA Monitor, all new residents will receive a PREA Pamphlet upon intake going forward. Additionally, SMYC's Comprehensive PREA Education video is now shown at structured times each Thursday throughout each resident housing unit. The end of the video encourages SMYC residents to ask related questions. SMYC also submitted photo evidence of a logbook with PREA Education video/time documented. Supervising staff record the Comprehensive PREA Education video and timeframe in its housing unit's logbook. This auditor also reviewed the PREA education video and observed that SMYC has updated information, which now educates the resident about the "red PREA doorbells" outside of their housing units.

Finally, this auditor conducted a return onsite visit to SMYC on 10/14/22. This auditor interviewed 4 randomly selected staff on duty, SMYC's PREA Compliance manager, and 9 randomly selected residents. Each confirmed that SMYC are playing the PREA Education video to residents each Thursday and allowing time for resident to ask questions. This auditor reviewed logbooks in each of the housing units and identified a consistency in documentation of the dates of weekly PREA Education video and the times. This auditor also spoke informally to additional randomly selected resident, asking them if they received the PREA Orientation Pamphlet? Each resident confirmed they did. could clearly explain to this auditor the purpose of the "red doorbell" and how it relates to their resident rights and their staff roles.

After this auditor's review of SMYC's adjustments to their PREA Resident Orientation and PREA Resident Comprehensive Education process, curriculum, documentation, and their consistency in practice to align with PREA Standard 115.333, this auditor concludes that SMYC is in compliance with PREA Standard 115.333.

115.334	<p><b>Specialized training: Investigations</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.334. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.334. An excerpt from Clark County Spring Mountain Youth Camp's (SMYC) Personnel Directive Policy P024 states, <i>"Investigators assigned to PREA investigations must complete specialized training in conducting such investigations in confinement settings.</i></p> <p><i>This PREA Auditor interviewed Clark County DJJS PREA Investigators, who both submitted training verification of being specialized training to conduct sexual abuse/harassment administrative allegations within juvenile institutions. Both works closely with Las Vegas Metro Police Department (LVMPD) regarding criminal sexual abuse investigations. Though Clark County DJJS PREA Investigator's practice is in place and their investigators are specialized trained, their PREA policy P024 doesn't align with PREA Standard 115.334.</i></p> <p><i>This auditor recommended that SMYC adjust their policy language to align with PREA Standard 115.334. This PREA auditor concluded that SMYC was not in compliance with PREA standard 115.334. A CORRECTIVE ACTION was required.</i></p> <p><i>During Clark County Spring Mountain Youth Camp's (SMYC) Corrective Action period, this auditor verified that SMYC made the necessary adjustments to their policy to include language, which now states, "Investigators assigned to PREA investigations must complete specialized training in conducting such investigations in confinement settings. In addition to the general training provided to all employees, DJJS will ensure that its investigators have received training in conducting sexual abuse investigations in confinement settings.</i></p> <p><i>The specialized training will include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</i></p> <p><i>DJJS will maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations."</i></p> <p>SMYC's adjusted policy aligns with PREA Standard 115.334 and their current specialized training practice. After this auditor's review of SMYC's adjustments to their PREA Policy (P024) regarding to specialized training for PREA investigators, submittal of specialized training certificates, and their consistency in practice to align with PREA Standard 115.334, this auditor concludes that SMYC is in compliance with PREA Standard 115.334.</p>
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**115.335 Specialized training: Medical and mental health care**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

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

*Knowing and enforcing rules involving sexual behavior;*

*The necessity of sight and sound supervision of residents to prevent sexual abuse, sexual misconduct and sexual harassment;*

*Maintaining professionalism at all times, including a work place free of sexual harassment; and*

*Treating any allegation of sexual abuse, sexual misconduct or sexual harassment seriously by following appropriate reporting procedures.*

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

*Isolating self from others;*

*Depression;*

*Major change in behavior, mood, and daily activities;*

*Lashing out at others;*

*Refusing to shower;*

*Suicidal thoughts or actions;*

*Seeking protective custody; and*

*Refusing to leave his or her room.*

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

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

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

*How to detect and assess signs of sexual abuse and sexual harassment;*

*How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment;*

*How and whom to report allegations or suspicions of sexual abuse and sexual harassment.*

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

SMYC's PREA Policy P024 has the necessary language to align with PREA Standard 115.335 regarding SMYC's medical and mental health staff specialized training. This auditor also reviewed the training Power Point (PPT) submitted by SMYC,

the training covered the topics identified in PREA Standard 115.335. This auditor also received the medical and mental health staff completed specialized training files. Finally, when this auditor interviewed Clark County's DJJS contracted Health Services Administrator (HSA) contracted and SMYC's Lead Mental Health Clinician, 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 role related to PREA incidents within SMYC.

This PREA auditor concludes SMYC 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 electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.341. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.341. An excerpt from Clark County Spring Mountain Youth Camp's (SMYC) 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."

Clark County Spring Mountain Youth Camp's (SMYC) PREA Policy P024 has the necessary language to align with PREA

Standard 115.341 regarding Clark County Spring Mountain Youth Camp's (SMYC) initial screening for victimization and abusiveness. Additionally, while onsite, this auditor interviewed one of Clark County Spring Mountain Youth Camp's (SMYC) Intake staff members, who verbally walked this auditor through Clark County Spring Mountain Youth Camp's (SMYC) intake process. This process included resident handbook review, rules and regulations, resident handbook, PREA orientation (Review of PREA rights and rules form, PREA pamphlet review, and PREA video viewing), and screening for sexual victimization and abusiveness (115.341). This auditor also reviewed a sampling of 9 intake files to see if the screening tool were administered and placed in the resident's file. This auditor found completed screening tools in each filed requested to be pulled.

Clark County Spring Mountain Youth Camp's (SMYC) resident intake/orientation process is streamlined. Upon intake, residents are placed in their housing unit to receive their PREA resident orientation through verbal orientation, video orientation, and then signs off. While the residents are on their respective housing units, the same orienting staff administers their Screening Tool for Identification of Sexual Aggression and Vulnerability. Based on the screening assessment score, residents are placed on another housing unit -OR- placed in a high visibility location on their housing unit (directly in staff's line of sight). Each housing unit's resident sleeping locations is open bay (no rooms or doors).

This PREA auditor reviewed Clark County Spring Mountain Youth Camp's (SMYC) initial intake Screening Tool for Identification of Sexual Aggression and Vulnerability. The form asks similar questions, which are aligned with PREA Standard 115.341. However, the screening tool did not consider in its determination a resident's identification as LGBTQI. Clark County Spring Mountain Youth Camp's (SMYC) question on their screening tool states, "Do you identify as any of the following (please check): Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Other, or None." This is an important question regarding assessing a resident's vulnerability or aggression within the population. SMYC is an "all-male" facility, and a status of LGBTQI should impact how a member of the LGBTQI community is housed, shower, hygiene, and programmed, if needed (taking into consideration the youth's own feelings of safety).

Additionally, this auditor did not see a "Recommendation" section on Clark County Spring Mountain Youth Camp's (SMYC) PREA Intake Screening Tool, for the intake staff or supervisor to recommend the safest housing and programming options for each resident (based on screening results). Also, Clark County Spring Mountain Youth Camp's (SMYC) PREA Intake Screening Tool does not have a "Referral to Medical/Mental Health for Follow Up" section for those residents who's screening points identify them as "potential victims" or "potential aggressors."

This auditor recommended that SMYC adjust their PREA Intake Screening Tool to reflect a clear consideration of any youth who identify as LGBTQI. Additionally, SMYC should add a "Recommendation" and a "Referral to Medical/Mental Health for Follow Up." Sections to the end of the form. Without clear consideration for those who identify an LGBTQI, proper recommendations, and follow-up referrals to the appropriate medical/mental health practitioners, Clark County Spring Mountain Youth Camp's (SMYC) PREA Intake Screening Tool does not align with all the considerations required and identified in PREA Standard 115.341. This PREA auditor concluded that SMYC was not in compliance with PREA standard 115.341. A CORRECTIVE ACTION was required.

During Clark County Spring Mountain Youth Camp's (SMYC) Corrective Action period, SMYC submitted their updated Screening Tool for Identification of Sexual Aggression and Vulnerability (identified to SMYC as "CCDJJS PREA Intake Screening Tool") as evidence of compliance with PREA Standard 115.341. Their revised PREA screening tool entailed checkboxes so that the screening staff can document that/when medical and mental health have been notified. There is also a section that allows staff to make housing recommendations, based on the outcomes of the screening tool. Finally, SMYC's screening tool allows staff to mark the resident's identified sexual orientation and consider such when recommending resident housing and program placement.

Finally, this auditor conducted a return onsite visit to SMYC on 10/14/22. This auditor interviewed 4 staff who administers SMYC's PREA screening tool. Each could clearly explain how they use this screening to recommend housing and program assignments, as well as refer "potential victims" and "potential aggressors" to mental health/medical. Finally, this auditor reviewed the files of the 4 most recent resident intake files, to view their PREA screening tools. All screening tools were present and completed in its entirety. Two of the four reviewed files were properly referred to mental health. This auditor also followed up with mental health to review their progress notes/documentation showing that these 4 residents were seen within 14 days of the administering of PREA screening tool. Both mental health files had documentation/progress notes that a follow-up occurred.

After this auditor's review of SMYC's adjustments to their "PREA Intake Screening Tool" review of randomly selected files with recommendations and follow-ups, and consistency in practice to align with PREA Standard 115.341, this auditor concludes that SMYC is in compliance with PREA Standard 115.341.

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 566">This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.342. Clark County Spring Mountain Youth Camp (SMYC) 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 Clark County Spring Mountain Youth Camp's (SMYC) 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 data-bbox="242 595 1485 656"><i>Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other</i></p> <p data-bbox="242 685 1474 813"><i>06residents 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 data-bbox="242 842 1485 1171"><i>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 view with respect to his or her own safety shall be taken into consideration when making housing decisions. Transgender and intersex residents will be provided the opportunity to shower separately from other residents. Staff is prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status."</i></p> <p data-bbox="242 1200 1485 1496">Clark County Spring Mountain Youth Camp's (SMYC) PREA Policy P024 has the necessary language to align with PREA Standard 115.342 regarding Clark County Spring Mountain Youth Camp's (SMYC) initial screening for victimization and abusiveness informing resident's housing and programming decisions. Additionally, while onsite, this auditor interviewed one of Clark County Spring Mountain Youth Camp's (SMYC) Intake staff members, who verbally walked this auditor through Clark County Spring Mountain Youth Camp's (SMYC) intake process. This process included resident handbook review, rules and regulations, resident handbook, PREA orientation (Review of PREA rights and rules form, PREA pamphlet review, and PREA video viewing), and screening for sexual victimization and abusiveness (115.341). This auditor also reviewed a sampling of 9 intake files to see if the screening tool were administered and placed in the resident's file. This auditor found completed screening tools in each filed requested to be pulled.</p> <p data-bbox="242 1525 1485 1720">Clark County Spring Mountain Youth Camp's (SMYC) resident intake/orientation process seemed streamlined. Upon intake, residents are placed in their housing unit to receive their PREA resident orientation through verbal orientation, video orientation, and then signs off. While the residents are on their respective housing units, the same orienting staff administers their Screening Tool for Identification of Sexual Aggression and Vulnerability. Based on the screening assessment score, residents are placed on another housing unit -OR- placed in a high visibility location on their housing unit (directly in staff's line of sight). Each housing unit's resident sleeping locations is open bay (no rooms or doors).</p> <p data-bbox="242 1749 1485 2011">This PREA auditor reviewed Clark County Spring Mountain Youth Camp's (SMYC) initial intake Screening Tool for Identification of Sexual Aggression and Vulnerability. The form asks similar questions, which are aligned with PREA Standard 115.341. However, the screening tool did not consider in its determination a resident's identification as LGBTQI. Clark County Spring Mountain Youth Camp's (SMYC) question on their screening tool states, "Do you identify as any of the following (please check): Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, Other, or None." This is an important question regarding assessing a resident's vulnerability or aggression within the population. SMYC is an "all-male" facility, and a status of LGBTQI should impact how a member of the LGBTQI community is housed, shower, hygiene, and programmed, if needed (taking into consideration the youth's own feelings of safety).</p> <p data-bbox="242 2040 1485 2134">Additionally, this auditor did not see a "Recommendation" section on Clark County Spring Mountain Youth Camp's (SMYC) PREA Intake Screening Tool, for the intake staff or supervisor to recommend the safest housing and programming options for each resident (based on screening results). Also, Clark County Spring Mountain Youth Camp's (SMYC) PREA Intake</p>

Screening Tool does not have a "Referral to Medical/Mental Health for Follow Up" section for those residents who's screening points identify them as "potential victims" or "potential aggressors."

This auditor recommended that SMYC adjust their PREA Intake Screening Tool to reflect a clear consideration of any youth who identify as LGBTQI. Additionally, SMYC should add a "Recommendation" and a "Referral to Medical/Mental Health for Follow Up." Sections to the end of the form. Without clear consideration for those who identify an LGBTQI, proper recommendations, and follow-up referrals to the appropriate medical/mental health practitioners, Clark County Spring Mountain Youth Camp's (SMYC) PREA Intake Screening Tool does not align with all the considerations required and identified in PREA Standard 115.341 and 115.342. This PREA auditor concluded that SMYC was not in compliance with PREA standard 115.342. A CORRECTIVE ACTION was required.

During Clark County Spring Mountain Youth Camp's (SMYC) Corrective Action period, SMYC submitted their updated Screening Tool for Identification of Sexual Aggression and Vulnerability (identified to SMYC as "CCDJJS PREA Intake Screening Tool") as evidence of compliance with PREA Standard 115.341 and 115.342. Their revised PREA screening tool entailed checkboxes so that the screening staff can document that/when medical and mental health have been notified. There is also a section that allows staff to make housing recommendations, based on the outcomes of the screening tool. Finally, SMYC's screening tool allows staff to mark the resident's identified sexual orientation and consider such when recommending resident housing and program placement.

Finally, this auditor conducted a return onsite visit to SMYC on 10/14/22. This auditor interviewed 4 staff who administers SMYC's PREA screening tool. Each could clearly explain how they use this screening to recommend housing and program assignments, as well as refer "potential victims" and "potential aggressors" to mental health/medical. Finally, this auditor reviewed the files of the 4 most recent resident intake files, to view their PREA screening tools. All screening tools were present and completed in its entirety. Two of the four reviewed files were properly referred to mental health. This auditor also followed up with mental health to review their progress notes/documentation showing that these 4 residents were seen within 14 days of the administering of PREA screening tool. Both mental health files had documentation/progress notes that a follow-up occurred.

After this auditor's review of SMYC's adjustments to their "PREA Intake Screening Tool" review of randomly selected files with recommendations and follow-ups, and consistency in practice to align with PREA Standard 115.342, this auditor concludes that SMYC is in compliance with PREA Standard 115.342.

115.351	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.351. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.351. An excerpt from SMYC's Personnel Directive Policy P024 states, <i>"It is the responsibility of DJJS to ensure that all residents are aware of the ways they can report sexual abuse, sexual misconduct, or sexual harassment. Residents can report by:</i></p> <p><i>Direct report – Residents can verbally report to any DJJS staff member, contractor, intern or volunteer.</i></p> <ul style="list-style-type: none"> <li>· <i>Grievance Line – Residents can make a report by using the telephone dedicated for grievances. Calls from these telephones are received by the Department of Family Services (DFS) Hotline, who will forward all reports of sexual abuse, sexual misconduct or sexual harassment to DJJS and law enforcement as appropriate.</i></li> <li>· <i>Youth Grievance Box – Residents can submit a report in writing and place it in the Youth Grievance Box. The contents of the Youth Grievance Box will be collected a minimum of every three (3) days by the Supervisor designated by the Detention and Spring Mountain Youth Camp Managers. A grievance that alludes to unwanted touching, comments or gestures of a sexual nature or written correspondence of a sexual nature will be removed from the grievance process and handled as an abuse report. The information from the grievance will be documented in an Incident Report and forwarded for investigation in accordance with the steps outlined in the Staff Reporting and Response to Sexual Abuse and Sexual Misconduct section of this Policy.</i></li> <li>· <i>Report to outside parties – Residents can make a report to a third party, such as a parent, attorney, caseworker or clergy. A resident can make the report to a third-party face to face, by telephone or through mail correspondence.</i></li> </ul> <p><i>Department staff is required to accept reports of sexual abuse or sexual harassment of residents from outside parties, such as parents, attorneys, caseworkers or clergy, outside parties may submit reports in writing, telephonically or in person. Upon receipt of an outside party report, staff is required to complete an Incident Report and forward the information for investigation in accordance with the steps outlined in the Staff Reporting and Response to Sexual Abuse and Sexual Misconduct section of this Policy. Outside parties may also make reports to the DFS Hotline at 702-399-0081."</i></p> <p>SMYC's PREA Policy P024 has the necessary language to align with PREA Standard 115.351 regarding SMYC's avenues for residents to report sexual abuse/harassment. This auditor interviewed 17 SMYC residents. All residents knew of at least 2 ways to report a PREA-related incident at SMYC. 13 of the 17 interviewed residents knew of 3 or more ways to report a PREA-related incident. This auditor also interviewed 21 security and support staff. Each could share multiple ways residents have reported PREA-related incidents at SMYC. Additionally, while onsite, this auditor interviewed one of SMYC's Intake staff members, who verbally walked this auditor through SMYC's intake process. This process included resident handbook review, rules, regulations, the multiple reporting avenues at SMYC.</p> <p>This PREA auditor concludes SMYC is in compliance with PREA standard 115.351.</p>

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1484 566">This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.351. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act Administrative Directive A057 as evidence of compliance with PREA Standard 115.352. Clark County Spring Mountain Youth Camp's (SMYC) PREA Directive A057 has the necessary language to align with PREA Standard 115.352 regarding Clark County Spring Mountain Youth Camp's (SMYC) administrative remedies procedures (grievances) for residents to report sexual abuse/harassment. This auditor interviewed 17 SMYC residents from various housing units. Each resident could point out the location, the purpose of the grievance box on their housing unit, and how to complete a grievance form. All residents also knew that they could submit grievances regarding sexual abuse/harassment reporting, and there was no time limit to investigating such reports.</p> <p data-bbox="242 595 1493 824">This auditor also interviewed Clark County Spring Mountain Youth Camp's (SMYC) "administrative grievance team" (2 front desk administrative assistants and Clark County Spring Mountain Youth Camp's (SMYC) Campus Manager, who are the sole responsible parties for retrieving grievances. When this auditor asked each of them about the timeline allotted to their "specific housing unit supervisory staff" to respond to the grievances and/or resolve the grievances, the "administrative grievance team" did not have a set time limit established. This means that a resident's grievance could be lingering unresolved for weeks to months without follow up. Finally, grievances were only retrieved twice weekly from the grievance boxes.</p> <p data-bbox="242 853 1490 1048">This auditor recommended that a "time retrieved" stamp be placed on each grievance once retrieved from the grievance boxes. Additionally, grievances should be collected daily, to ensure any serious grievances are caught in enough time to properly investigate. Finally, this auditor recommended that a "documented time-limit" be placed on resolving resident grievances. This will allow residents to know the outcomes and better trust in Clark County Spring Mountain Youth Camp's (SMYC) grievance process. This PREA auditor concluded that SMYC was not in compliance with PREA standard 115.352. A CORRECTIVE ACTION was required.</p> <p data-bbox="242 1077 1490 1240">During Clark County Spring Mountain Youth Camp's (SMYC) Corrective Action period, SMYC submitted collected grievances for the months of May, June, July, and August 2022 as evidence that grievances are collected daily (Monday through Friday) excluding weekends and holidays. Grievances are also stamped with a "Received" and the "Date" the grievances are collected. Furthermore, grievances are signed/dated when the supervisor investigates and completes the grievance. The resident also signs (either accepting/not accepting the outcome).</p> <p data-bbox="242 1270 1469 1464">Finally, this auditor conducted a return onsite visit to SMYC on 10/14/22. This auditor interviewed 4 randomly selected staff on duty and 9 randomly selected residents. Each could clearly explain to grievance process and the responsiveness of the supervisors investigating the grievances. Each of the 9 residents stated the SMYC is more responsive to their grievances since they are collecting them more often. SMYC's grievance team were interviewed. Each shared that this process runs smoother, provide clearer tracking, and the residents seem to trust this process of addressing incidents of unfair/unequal treatment. Finally, SMYC submitted their updated grievance policy, which aligns with their adjusted grievance procedures.</p> <p data-bbox="242 1494 1490 1554">After this auditor's review of SMYC's adjustments to their grievance procedures and their consistency in practice to align with PREA Standard 115.352, this auditor concludes that SMYC is in compliance with PREA Standard 115.352.</p>

115.353	<p><b>Resident access to outside confidential support services and legal representation</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed electronic documentation which accompanied Clark County Spring Mountain Youth Camp’s (SMYC) Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.353. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 as policy evidence of compliance with PREA Standard 115.353. SMYC’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>SMYC’s PREA Policy P024 has the necessary language to align with PREA Standard 115.353 regarding SMYC’s efforts to provide outside victim advocacy services to all alleged victims of sexual abuse. This PREA auditor reviewed emails where SMYC made a 2nd attempt to enter a Memorandum of Understanding (MOU) between Clark County DJJS facilities and the Rape Crisis Center of Las Vegas (dated 6/23/2020 and sometime in 2021). Clark County’s Rape Crisis Center serves as the central location for emotional support for victims. This auditor also interviewed SMYC’s contracted Health Services Administrator (Wellpath) and their contracted Mental Health Counseling staff (Community Counseling Center). Both shared that they were familiar with the MOU collaboration attempts with Clark County DJJS and the Rape Crisis Center of Las Vegas (RCCLV). The contracted Community Counseling Center has a mental health hotline established for crisis/critical mental health issues (702) 491-3156. This hotline is another optional access to an outside resource in place for SMYC.</p> <p>This auditor also interviewed 17 SMYC residents who shared that though they have not used their access to outside access resources, they knew about the crisis hotline available if they need immediate access to someone outside of SMYC. SMYC interviewed residents also concurred that SMYC provides residents with confidential access to their attorneys, and parent/legal guardians.</p> <p>This PREA auditor concludes SMYC is in compliance with PREA standard 115.353.</p>
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115.354	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 591">This PREA Auditor reviewed pre-audit documents submitted via electronic source, physical documentation review while onsite, as well as observed institutional practice to determine compliance for Standard 115.354. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.354. An excerpt from SMYC’s Personnel Directive Policy P024 states, <i>“Department staff is required to accept reports of sexual abuse or sexual harassment of residents from outside parties, such as parents, attorneys, caseworkers or clergy, outside parties may submit reports in writing, telephonically or in person. Upon receipt of an outside party report, staff is required to complete an Incident Report and forward the information for investigation in accordance with the steps outlined in the Staff Reporting and Response to Sexual Abuse and Sexual Misconduct section of this Policy. Outside parties may also make reports to the DFS Hotline at 702-399-0081.”</i></p> <p data-bbox="229 591 1509 837">SMYC’s PREA Policy P024 has the necessary language to align with PREA Standard 115.354 regarding SMYC’s third-party reports of sexual abuse/harassment. This auditor interviewed 17 randomly selected SMYC residents. All residents knew of at least 2 ways to report a PREA-related incident at SMYC. 15 of the 17 interviewed residents knew of 3 or more ways to report a PREA-related incident. Each of the 17 residents knew that they “could tell” a parent, guardian, caseworker, or attorney who then can report on their behalf. Additionally, while onsite, this auditor interviewed one of SMYC’s Intake staff members, who verbally walked this auditor through SMYC’s intake process. This process included resident handbook review, rules, regulations, the multiple reporting avenues, 3rd party reporting at SMYC.</p> <p data-bbox="229 837 1509 896">This PREA auditor concludes SMYC is in compliance with PREA standard 115.354.</p>

115.361	<p><b>Staff and agency reporting duties</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed electronic documentation which accompanied Clark County Spring Mountain Youth Camp’s (SMYC) Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.361. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.361. An excerpt from SMYC’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>SMYC’s Personnel Directive Policy P024 aligns with PREA Standard 115.361. This auditor also interviewed SMYC’s supervisory staff, PREA Compliance Manager, SMYC’s Campus Program Manager Mental Health and Medical contracted practitioners, who shared that they are trained to carry out SMYC’s PREA reporting protocols and follows the state child abuse reporting guidelines. 21 randomly selected SMYC staff were interviewed and able to share their specific role in SMYC’s coordinated response in case there was a sexual abuse allegation. The 17 randomly selected interviewed residents stated that they feel safe at SMYC and feel comfortable notifying any staff of any sexual abuse or harassment.</p> <p>This PREA auditor concludes SMYC is in compliance with PREA standard 115.361.</p>
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115.362	<p><b>Agency protection duties</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed electronic documentation which accompanied Clark County Spring Mountain Youth Camp's (SMYC) Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.362. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.362. An excerpt from SMYC'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>SMYC's Personnel Directive Policy P024 aligns with PREA Standard 115.362. This auditor also interviewed 21 randomly selected SMYC security staff, education staff, support staff, contracted mental health and medical practitioners. All shared that they are trained to carry out SMYC's PREA response protocols if they learn that a resident poses a risk of sexual abuse abuse/harassment. Some examples of responses to imminent risk responses were: change housing location, continuous line of sight supervision, adjust sleeping and showering locations for better supervision, and increased communication with the youth to ensure feeling of safety. Additionally, interviewed staff were able to share their specific role's coordinated response in case there was such an allegation, including their mandatory reporting requirements the state's child abuse reporting entity. The 17 randomly interviewed residents stated that they felt safe at SMYC and felt comfortable notifying any staff of any sexual abuse or harassment.</p> <p>This PREA auditor concludes SMYC is in compliance with PREA standard 115.362.</p>
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115.363	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 555">This PREA Auditor reviewed electronic documentation which accompanied Clark County Spring Mountain Youth Camp's (SMYC) Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.363. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.363. An excerpt from SMYC'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 data-bbox="229 555 1509 882">SMYC's Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.363 regarding notifying other confinement facilities upon receiving an allegation that a resident was sexually abused/harassed while confined at another facility. This auditor also interviewed SMYC's Campus Program Manager (facility head), who shared that SMYC does actively practice reporting and responding to other confined facilities. He further stated that SMYC attempts to notify the other confinement facility immediately (within 24 hours). This auditor also interviewed the PREA Compliance Manager, who informed that all facility-to-facility correspondence is documented in the resident's file. SMYC's Program Manager and PREA Compliance Manager stated that no occurrences which required facility to facility correspondence. However, SMYC's compliance team did submit example letters used if/when SMYC will need to correspond with other facilities.</p> <p data-bbox="229 882 1509 929">This PREA auditor concludes SMYC is in compliance with PREA standard 115.363.</p>

115.364

**Staff first responder duties**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

This PREA Auditor reviewed electronic documentation which accompanied Clark County Spring Mountain Youth Camp's (SMYC) Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.364. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.364. An excerpt from Clark County Spring Mountain Youth Camp's (SMYC) 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."*

Clark County Spring Mountain Youth Camp's (SMYC) Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.364 regarding first responder duties. However, when this auditor interviewed 14 staff who have direct contact with residents daily, only 2/14 staff could clearly share the purpose of PREA, how PREA relates to the overall facility, who are the PREA Compliance Manager and PREA Investigators, as well as strategies SMYC are employing to keep residents safe from sexual abuse and sexual harassment. Each staff did know their immediate reporting role in the coordinated response when a PREA-related incident is reported to them,

During interviewing, this auditor asked, "How can staff be up to date on their refresher trainings however, they unable to recite and respond when asked related question to their role?" Many staff shared that refresher trainings were not effective because staff receive computer training and only have time to complete the required trainings while they're supervising residents in the milieu. This constant distraction caused their focus on the training material to get less attention, due to sight and sound supervision requirements.

This auditor recommended that SMYC conduct a facility wide comprehensive PREA training for their staff, which allows for open discussion, scenarios, and Q & A about tools for protecting vulnerable youth, 1st responder duties, preserving usable evidence, and Clark County Spring Mountain Youth Camp's (SMYC) overall coordinated response plan. This auditor also recommended that SMYC staff are allowed time to receive refresher training in an environment free from other duties and distractions, to allow for staff to gain more confidence in their knowledge and vigilant actions related to PREA. This PREA auditor concluded that SMYC was not in compliance with PREA standard 115.364. A CORRECTIVE ACTION was required.

During Clark County Spring Mountain Youth Camp's (SMYC) Corrective Action period, SMYC submitted sign-in sheets as evidence of conducting in-person comprehensive PREA refresher trainings for all their staff (7/13/22, 8/11/22, 8/24/22, and 8/29/22). SMYC also submitted their Power Point training curriculum, which entailed comprehensive training material regarding staff roles to prevent sexual abuse/sexual harassment, staff reporting responsibilities, and staff coordinated response duties related to the PREA reporting or other acquired knowledge of sexual abuse/sexual harassment. The training curriculum also detailed resident rights to be free from sexual abuse/sexual harassment without retaliation. These trainings were facilitated by SMYC's PREA Compliance Manager and CCDJJS's PREA Compliance Monitor. Finally, this auditor conducted a return onsite visit to SMYC on 10/14/22. This auditor interviewed 4 randomly selected staff on duty. Each staff could clearly share PREA's purpose, how it relates to their roles, and their responsibilities is the gain knowledge or if sexual abuse/sexual harassment is reported to them.

After this auditor's review of SMYC's adjustments to their training curriculum, conducting of all staff their in-person training, and their consistency in practice to align with PREA Standard 115.364, this auditor concludes that SMYC is in compliance with PREA Standard 115.364.

115.365	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1481 528">This PREA Auditor reviewed electronic documentation which accompanied Clark County Spring Mountain Youth Camp's (SMYC) Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.365. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 as evidence of compliance with PREA Standard 115.365. SMYC's Personnel Directive Policy P024 "<i>coordinated response</i>" section (pages 13-14) has the necessary language to align with PREA Standard 115.365 regarding SMYC's coordinated response when allegations of sexual abuse are reported. This auditor reviewed SMYC's Coordinated Response Plan/Roadmap. It was specific to each responder's role and reporting procedures.</p> <p data-bbox="244 562 1474 752">This auditor also interviewed 21 randomly selected SMYC security and support staff, which included SMYC's Program Manager, PREA Investigators, direct supervision, supervisory, education, and contracted mental health and medical contracted practitioners. All shared that they are trained to carry out SMYC's PREA response protocols if they are informed, notified, or observe sexual abuse/harassment of a resident. They were able to share their specific coordinated response in case there was a sexual abuse allegation, including the state's child abuse reporting guidelines. The 17 interviewed residents stated that they felt safe at SMYC and felt comfortable notifying any staff of any sexual abuse or harassment.</p> <p data-bbox="244 786 1075 813">This PREA auditor concludes SMYC is in compliance with PREA standard 115.365.</p>

115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1493 566">This PREA Auditor reviewed electronic documentation which accompanied Clark County Spring Mountain Youth Camp's (SMYC) Pre-Audit Questionnaire. This auditor reviewed 2 collective bargaining agreements between <b>1) Clark County Department of Juvenile Justice Services (DJJS) and the Juvenile Justice Probation Officers Association (JJPOA-NAPSO)</b> and the <b>2) Juvenile Justice Supervisor Association of the Nevada Association of Public Safety Officers (JJSA-NAPSO)</b>. These agreements do 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="240 595 1485 656">While on site, this auditor interviewed Clark County DJJS PREA Coordinator, who explained that all of their current contracts do align and their future will align with PREA Standard 115.366.</p> <p data-bbox="240 685 1118 712">This PREA auditor concludes that SMYC is in compliance with PREA standard 115.366.</p>

115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 734">This PREA Auditor reviewed electronic documentation which accompanied Clark County Spring Mountain Youth Camp's (SMYC) Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.367. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.367. An excerpt from SMYC's Personnel Directive Policy P024 states, <i>"Retaliation against residents, employees, or other parties for reporting sexual abuse, sexual misconduct or sexual harassment will not be tolerated. Employees, contractors, interns or volunteers who retaliate against residents or other employees for reporting sexual abuse, sexual misconduct or sexual harassment may face disciplinary action, up to and including termination. Residents and staff who experience or become aware of retaliation for reporting sexual abuse, sexual misconduct or sexual harassment are required to immediately report such retaliation or any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation to the facility PREA Compliance Manager. The PREA Compliance Manager must monitor for retaliation for a minimum of 90 days after the sexual abuse, sexual misconduct or sexual harassment incident is reported and respond immediately to any reported retaliation from residents or staff. Changes in housing or work assignments may be utilized to separate parties and protect against retaliation."</i></p> <p data-bbox="240 763 1474 925">SMYC's <i>Personnel Directive Policy P024</i> language aligns with PREA Standard 115.367. This auditor reviewed files of SMYC's last 4 PREA investigation files (2 active, 1 unsubstantiated, 1 unfounded) and found all the necessary investigation components in order in the file (i.e. incident reports, witness reports, video footage time stamps, retaliation forms completed and properly documented, findings summary and preponderance of evidence conclusions). The PREA facility liaison, who also serve as one of DJJS investigators, conducts, documents, and tracks retaliation monitoring for SMYC.</p> <p data-bbox="240 954 1075 983">This PREA auditor concludes SMYC is in compliance with PREA standard 115.367.</p>

115.368	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 600">This PREA Auditor reviewed electronic documentation which accompanied Clark County Spring Mountain Youth Camp's (SMYC) Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.368. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.368 (via 115.342 requirements). An excerpt from SMYC'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 data-bbox="242 629 1485 958">SMYC's <i>Personnel Directive Policy P024</i> has the necessary language to align with PREA Standard 115.368 regarding SMYC's procedures for residents who report/allege sexual abuse/harassment (SMYC is an Open Campus/Open Dorm Housing and do not isolate residents). This PREA auditor interviewed 14 randomly selected security staff regarding the protection of residents who report/allege sexual abuse/harassment. Each security staff reported that reporting residents may be either separated and/or programming adjusted to ensure the resident's safety. This auditor confirmed housing assignments and program adjustment statements with SMYC's Program Manager and PREA Compliance Manager. Finally, the 17 randomly selected residents interviewed confirmed that they are moved to a different housing unit (not a segregated housing unit) or their program is adjusted to keep alleged/investigated youth and/or staff separated. Each youth stated that they felt safe at SMYC and staff are quick to respond and make adjustment if resident incidents or reports are shared with them.</p> <p data-bbox="242 987 1075 1014">This PREA auditor concludes SMYC is in compliance with PREA standard 115.368.</p>

**115.371 Criminal and administrative agency investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

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

*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...*

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

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

This auditor interviewed CCDJJS PREA Investigator and PREA Coordinator/PREA Investigator, reviewed 6 randomly selected PREA Investigation files. The investigation files were in order with all the necessary documentation/components within. CCDJJS’ investigation packets included the following: initial incident report, video footage with timestamps, reporting individual’s and witness interviews, medical information, retaliation monitoring form, as well as preponderance of evidence conclusion and letter to reporting individual of investigation outcome. Finally, this auditor reviewed CCDJJS PREA Investigator’s specialized training certificates and they were up to date.

Though Clark County Spring Mountain Youth Camp’s (SMYC) practice is in place and Clark County Spring Mountain Youth Camp’s (SMYC) Personnel Directive Policy P024 had some language which aligns with PREA Standards 115.371, the necessary language needed to align with the requirements of PREA Standard 115.334 were not met. Because PREA Standards 115.334 and 115.371 are directly related, this auditor could not deem Clark County Spring Mountain Youth Camp’s (SMYC) policy language of 115.371 compliant when SMYC policy language in 115.334 is non-compliant.

This auditor recommended that SMYC adjust their Personnel Directive Policy P024 language to align with PREA Standard 115.334. An example excerpts from PREA Standard 115.334 states, *“(a) In addition to the general training provided to all employees pursuant to § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.*

*b. Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.*

c. *The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.*

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

During Clark County Spring Mountain Youth Camp's (SMYC) Corrective Action period, SMYC submitted their revised Personnel Directive Policy P024 (Investigations Section; Page 12), which aligns with PREA Standard 115.334 and 115.371. Additionally, this auditor conducted a return onsite visit to SMYC on 10/14/22. This auditor interviewed one of CCDJJS's PREA Investigators. He showed this auditor the physical copy of CCDJJS's Investigations section of their policy. Finally, CCDJJS's PREA Investigator submitted his certificate of completing PREA Specialized Investigations Training on 4/21/22, namely "Advanced Criminal Investigations."

After this auditor's review of SMYC's adjustments to their revised investigations policy, submittal of specialized training certificate, and their demonstration of consistency in practice to align with PREA Standard 115.371, this auditor concludes that SMYC is in compliance with PREA Standard 115.371.

115.372	<p><b>Evidentiary standard for administrative investigations</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed electronic documentation which accompanied Clark County Spring Mountain Youth Camp's (SMYC) Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.373. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.373. Excerpts from Clark County Spring Mountain Youth Camp's (SMYC) 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>Clark County Spring Mountain Youth Camp's (SMYC) Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.372 regarding Clark County Spring Mountain Youth Camp's (SMYC) use of preponderance of evidence standards. This auditor interviewed Clark County Spring Mountain Youth Camp's (SMYC) PREA Investigators and PREA Compliance Manager who shared that criminal investigations are referred to law enforcement and DJJS PREA Investigators are responsible for administrative investigations. This auditor also reviewed 6 random investigation files, which had the appropriate preponderance of evidence in its conclusion (substantiated, unsubstantiated, and unfounded), however, SMYC added an additional category to their preponderance of evidence section namely, "EXONERATED." This category is not within PREA's "preponderance of evidence" standards.</p> <p>This auditor recommended that "EXONERATED" be removed from Clark County Spring Mountain Youth Camp's (SMYC) preponderance of evidence section, to align with PREA Standard 115.372. This PREA auditor concluded that SMYC was not in compliance with PREA standard 115.372. A CORRECTIVE ACTION was required.</p> <p>During Clark County Spring Mountain Youth Camp's (SMYC) Corrective Action period, SMYC submitted their revised Personnel Directive Policy P024 (Preponderance of Evidence Section), which preponderance of evidence section aligns with PREA Standard 115.372. Additionally, this auditor conducted a return onsite visit to SMYC on 10/14/22. This auditor interviewed one of CCDJJS's PREA Investigators and reviewed 4 of the most recent PREA Investigations to see if "Exonerated" was removed from the preponderance of evidence section of the investigation packets. It was removed.</p> <p>After this auditor's review of SMYC's revisions to their investigations policy, review of randomly selected investigation files, and their demonstration of consistency in practice to align with PREA Standard 115.372, this auditor concludes that SMYC is in compliance with PREA Standard 115.372.</p>
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115.373	<b>Reporting to residents</b>
	<p data-bbox="240 143 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 208 453 239"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1493 566">This PREA Auditor reviewed electronic documentation which accompanied Clark County Spring Mountain Youth Camp's (SMYC) Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.373. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.373. Excerpts from Clark County Spring Mountain Youth Camp's (SMYC) Personnel Directive Policy P024 states, <i>"Following an investigation into a resident's allegation of sexual abuse/sexual misconduct while placed in a DJJS facility, the Department will notify the resident if the allegation was determined to be substantiated, unsubstantiated, or unfounded. In the event DJJS did not conduct the investigation, the Department will secure the information from the investigating agency and report the findings to the resident.</i></p> <p data-bbox="240 595 1477 723"><i>In the event the perpetrator was a DJJS staff member, contractor, intern or volunteer, the resident will also be advised if the perpetrator is no longer employed or contracted by DJJS or has been indicted on or convicted of the reported sexual abuse/sexual misconduct. If the sexual abuse was committed by another resident, DJJS will notify the resident if the perpetrator has been charged with or adjudicated/convicted for the reported sexual abuse.</i></p> <p data-bbox="240 752 1449 813"><i>All notifications to residents must be documented. The duty to notify terminates when the victim resident is released from DJJS custody.</i></p> <p data-bbox="240 842 1493 1072">Clark County Spring Mountain Youth Camp's (SMYC) Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.373 regarding Clark County Spring Mountain Youth Camp's (SMYC) reporting outcomes of investigation to the victim. This auditor interviewed Clark County Spring Mountain Youth Camp's (SMYC) PREA Investigators and PREA Compliance Manager who shared that at the completion of investigations the outcomes are reported to the victim resident. When this auditor reviewed the 6 random investigative files, there was documentation that the resident was notified. However, there were no documentation that the resident received the outcome notification of the investigation (i.e. signature page, copy of written notification, etc.)</p> <p data-bbox="240 1102 1485 1263">This auditor recommended that SMYC Investigation team develop a written notification form where the reporting investigator and the resident signs verifying receipt of said notification. Another option is that SMYC investigation team can develop a notification signature section somewhere on the investigation form, where the delivering investigator and the receiving resident can sign off and date. This PREA auditor concluded the SMYC was not in compliance with PREA standard 115.373. A CORRECTIVE ACTION was required.</p> <p data-bbox="240 1292 1493 1520">During Clark County Spring Mountain Youth Camp's (SMYC) Corrective Action period, SMYC submitted their revised Personnel Directive Policy P024 (Reporting to Residents Section), which reporting investigation outcomes to reporting victim section aligns with PREA Standard 115.373. Additionally, this auditor conducted a return onsite visit to SMYC on 10/14/22. This auditor interviewed one of CCDJJS's PREA Investigators and reviewed 4 of the most recent PREA Investigations, to see if there was documentation that the reporting victim was notified of the investigation outcome (for substantiated and unsubstantiated investigation outcomes). This auditor did see signed documentation by the residents that they were informed of the investigation outcome.</p> <p data-bbox="240 1550 1485 1646">After this auditor's review of SMYC's revisions to their investigations policy, review of randomly selected investigation files, and their demonstration of consistency in practice to align with PREA Standard 115.373, this auditor concludes that SMYC is in compliance with PREA Standard 115.373.</p>

115.376	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 797">This PREA Auditor reviewed electronic documentation which accompanied Clark County Spring Mountain Youth Camp's (SMYC) Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.376. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.376. Excerpts from SMYC'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 data-bbox="242 831 1497 925"><i>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."</i></p> <p data-bbox="242 958 1422 1014">SMYC's Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.376 regarding SMYC's disciplinary standards for staff substantiated in PREA criminal and administrative investigations.</p> <p data-bbox="242 1048 1461 1272">This PREA auditor also reviewed the 4 random PREA Investigative files. This auditor also interviewed the two members of Clark County DJJS (SMYC's) PREA Investigator team, who explained that they seek prosecution for all criminal PREA-related investigations, as well as recommends termination. Additionally, while on-site this PREA auditor interviewed the Human Resources (HR) Legal Office Specialist, who shared the agency's protocol on substantiated sexual abuse investigations. SMYC's HR Legal Office Specialist also showed their <i>Employee Work Rules and Standards of Conduct Policy (Personnel Directive P004)</i> related to disciplinary actions for staff substantiated for sexual abuse (which adheres to PREA Standard 115.376).</p> <p data-bbox="242 1305 1075 1332">This PREA auditor concludes SMYC is in compliance with PREA standard 115.376.</p>

115.377	<p><b>Corrective action for contractors and volunteers</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed electronic documentation which accompanied Clark County Spring Mountain Youth Camp's (SMYC) Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.377. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024 as evidence of compliance with PREA Standard 115.377. Excerpts from SMYC'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. 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>SMYC's Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.377 regarding SMYC's disciplinary standards for contractors and volunteers substantiated in PREA criminal and administrative investigations. This PREA auditor also reviewed the 4 random PREA Investigative files. This auditor also interviewed the two members of Clark County DJJS (SMYC's) PREA Investigator team, who explained that they seek prosecution for all criminal PREA-related investigations, as well as recommends termination. Additionally, while on-site this PREA auditor interviewed the Human Resources (HR) Legal Office Specialist, who shared the agency's protocol on substantiated sexual abuse investigations. SMYC's HR Legal Office Specialist also showed their <i>Employee Work Rules and Standards of Conduct Policy (Personnel Directive P004)</i> related to disciplinary actions for staff substantiated for sexual abuse (which adheres to PREA Standard 115.377).</p> <p>This PREA auditor concludes SMYC is in compliance with PREA standard 115.377.</p>
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115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed electronic documentation which accompanied Clark County Spring Mountain Youth Camp’s (SMYC) Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.378. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.378. Excerpts from SMYC’s Personnel Directive Policy P024 states, <i>“A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.</i></p> <p><i>Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation will receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.</i></p> <p><i>The disciplinary process will consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</i></p> <p><i>DJJS will offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. DJJS will consider whether to offer the offending resident participation in such interventions. DJJS may require participation in such interventions as a condition of access to any rewards, based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.</i></p> <p><i>DJJS may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</i></p> <p><i>For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</i></p> <p><i>DJJS does prohibit all sexual activity between residents and will discipline residents for such activity. DJJS will not deem the activity to constitute sexual abuse if DJJS determines that the activity is not coerced.</i></p> <p><i>For more information on the Disciplinary Sanctions that are used in Detention refer to the C.A.S.E. Program located in Detention’s SOP.</i></p> <p><i>For more information on the Disciplinary sanctions and rewards-based program that Spring Mountain Youth Camp uses refer to Spring Mountain Youth Camp’s T.O.O.L.S. program.</i></p> <p><i>It also needs to be noted that after an investigation has been completed, assigned PREA investigators will notify 19 the supervisor of the unit where the alleged abuse occurred the outcome of the investigation. That supervisor and his/her team will determine what discipline or other corrective actions the resident will receive. Investigators do not take part in the disciplinary process.”</i></p> <p>SMYC’s Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.377 regarding SMYC’s interventions and disciplinary sanctions for residents. This PREA auditor also reviewed the 4 random PREA Investigative files (1 active administrative investigation involving resident on resident). The PREA investigators shared that based on the outcome of the active investigation, there may be disciplinary action on the residents, as well as the staff. This auditor interviewed 21 SMYC staff. Each confirmed that resident-on-resident sexual contact is prohibited and taken seriously. They all mentioned that they are responsible for immediately reporting any sexual inappropriateness between staff and residents or resident and resident.</p> <p>This auditor also interviewed the two members of Clark County DJJS (SMYC’s) PREA Investigator team, who explained that follow Clark County DJJS’ <i>Policy P024</i> when considering sanctions for residents who are substantiated for administrative sexual abuse up to involving law enforcement for criminal sexual abuse by a resident. This auditor also reviewed SMYC’s Resident Handbook, which explained their Behavioral Management Program and Graduated Rewards and Disciplinary Continuum.</p> <p>This PREA auditor concludes SMYC is in compliance with PREA standard 115.378.</p>

**115.381 Medical and mental health screenings; history of sexual abuse**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

This PREA Auditor reviewed electronic documentation which accompanied Clark County Spring Mountain Youth Camp's (SMYC) Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.381. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.381. Excerpts from Clark County Spring Mountain Youth Camp's (SMYC) Personnel Directive Policy P024 states, "All residents who report prior sexual victimization or perpetration on the PREA Intake Screening Tool shall be offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake.

*Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting if the victim is over the age of 18.*

*All reported victims of sexual abuse will receive immediate access to emergency medical treatment and crisis intervention services as determined by medical and mental health practitioners, according to their professional judgment. Resident victims of sexual abuse shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All medical and mental health treatment will be provided to the victim resident without financial cost to the resident or his/her parent/guardian and regardless of the victim's level of cooperation in the investigation.*

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

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

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

Clark County Spring Mountain Youth Camp's (SMYC) Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.381 regarding Clark County Spring Mountain Youth Camp's (SMYC) medical and mental health screenings and follow-ups. This auditor also interviewed Clark County Spring Mountain Youth Camp's (SMYC) contracted Mental Health Services Coordinator. When this auditor asked about 14-day follow-ups for residents who are screened at initial intake to have history of sexual victimization or perpetration using Clark County Spring Mountain Youth Camp's (SMYC) Screening Tool for Identification of Sexual Aggression and Vulnerability. Clark County Spring Mountain Youth Camp's (SMYC) contracted Mental Health Services Coordinator had zero knowledge that follow-ups are required per SMYC Policy P024 and PREA Standard 115.381.

Additionally, this auditor did not see a "Recommendation" section on Clark County Spring Mountain Youth Camp's (SMYC) PREA Intake Screening Tool, for the intake staff or supervisor to recommend the safest housing and programming options (based on screening results). Also, Clark County Spring Mountain Youth Camp's (SMYC) PREA Intake Screening Tool did not have a "Referral to Medical/Mental Health for Follow Up" section for those residents who's screening points identify them as possible victims or aggressors.

This auditor recommended that SMYC adjust their PREA Intake Screening Tool to reflect a clear consideration of any youth who identify as LGBTQI. Additionally, SMYC was recommended to add a "Recommendation" and a "Referral to Medical/Mental Health for Follow Up" section to the screening tool. Without clear consideration for those who identify an LGBTQI, proper recommendations, and follow-up referrals to the appropriate medical/mental health practitioners, Clark

County Spring Mountain Youth Camp's (SMYC) PREA Intake Screening Tool did not align with all the considerations required and identified in PREA Standard 115.341, 115.342, or 115.381.

Furthermore, this auditor recommended that Clark County Spring Mountain Youth Camp's (SMYC) Program Manager and PREA Coordinator conduct a training with all Mental Health/Medical Staff on coordinated 14-day follow-up responses to residents who's screened as being "potential victims" or "potential aggressors." Finally, compliance could not be concluded compliant until consistency in practice over a period is established. This PREA auditor concluded that SMYC was not in compliance with PREA standard 115.381. A CORRECTIVE ACTION was required.

During Clark County Spring Mountain Youth Camp's (SMYC) Corrective Action period, SMYC submitted their updated Screening Tool for Identification of Sexual Aggression and Vulnerability (identified to SMYC as "CCDJJS PREA Intake Screening Tool") as evidence of compliance with PREA Standard 115.341, 115.342, and 115.381. Their revised PREA screening tool entail a "Referral" section (checkboxes) so that the screening staff can document that/when medical and mental health have been notified. There is also a "Recommendation" section that allows staff to make housing recommendations, based on the outcomes of the screening tool.

Finally, this auditor conducted a return onsite visit to SMYC on 10/14/22. This auditor interviewed 2 staff who administers SMYC's PREA screening tool. Each could clearly explain how they use this screening to recommend housing and program assignments, as well as refer "potential victims" and "potential aggressors" to mental health/medical. This auditor also interviewed 2 mental health contracted staff, who shared that they received refresher training on 14-day follow-ups for residents who screen "potential victims" or "potential aggressors." SMYC submitted their refresher training PowerPoint, as well as sign-in sheets of the mental health clinicians who attended the training on 8/9/22. Finally, this auditor reviewed the files of the 4 most recent resident intake files, to view their PREA screening tools. All screening tools were present and completed in its entirety. Two of the four reviewed files were properly referred to mental health. This auditor also followed up with mental health to review their progress notes/documentation showing that these 2 residents were seen within 14 days of the administering of PREA screening tool. Both mental health files had documentation/progress notes that was evidence that a follow-up occurred.

After this auditor's review of SMYC's adjustments to their "PREA Intake Screening Tool" review of randomly selected files with recommendations and follow-ups, and consistency in practice to align with PREA Standard 115.381, this auditor concludes that SMYC is in compliance with PREA Standard 115.381.

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed electronic documentation which accompanied Clark County Spring Mountain Youth Camp's (SMYC) Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.382. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.382. Excerpts from SMYC'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 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 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.</i></p> <p><i>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."</i></p> <p>SMYC's Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.382 regarding immediate access to medical and mental health services for resident victims. This auditor also interviewed SMYC's contracted Mental Health Services Coordinator and SMYC's contracted Health Services Administrator, who shared that all DJJS residents have access to medical and mental health services. However, in cases of sexual abuse, resident have immediate access to no cost care. They also shared that they have a collaborative relationship with the <i>Rape Crisis Center of Las Vegas (RCCLV)</i> for external support and ongoing mental health services. This auditor reviewed emails showing the correspondence and pending MOU with <i>Rape Crisis Center of Las Vegas (RCCLV)</i>. Additionally, SMYC's Mental Health Team has a 24-hour Crisis Hotline, which is staffed by an on-call mental health clinician (on a rotating basis). Finally, 17 randomly interviewed resident stated they are responded to for medical within 24 hours or sooner, based on the care needed.</p> <p>This PREA auditor concludes SMYC is in compliance with PREA standard 115.382.</p>

115.383	<p><b>Ongoing medical and mental health care for sexual abuse victims and abusers</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This PREA Auditor reviewed electronic documentation which accompanied Clark County Spring Mountain Youth Camp’s (SMYC) Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.383. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.383. Excerpts from SMYC’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 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>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.</i></p> <p><i>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.”</i></p> <p>SMYC’s Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.382 regarding ongoing medical and mental health services for resident victims and perpetrators. This auditor also interviewed SMYC’s contracted Mental Health Services Coordinator and SMYC’s contracted Health Services Administrator, who shared that all DJJS residents have access to medical and mental health services better than community level of care. However, in cases of sexual abuse, victim residents have immediate access to no cost care. Victims also receive ongoing STI testing, education, and mental health follow-ups. They also shared that they have a collaborative relationship with the <i>Rape Crisis Center of Las Vegas (RCCLV)</i> for external support and ongoing mental health services. This auditor reviewed emails showing the correspondence and pending MOU with <i>Rape Crisis Center of Las Vegas (RCCLV)</i>. Additionally, SMYC’s Mental Health Team has a 24-hour Crisis Hotline, which is staffed by an on-call mental health clinician (on a rotating basis). Finally, 17 randomly interviewed resident stated they are responded to for medical within 24 hours or sooner, based on the care needed.</p> <p>This PREA auditor concludes SMYC is in compliance with PREA standard 115.383.</p>
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115.386	<b>Sexual abuse incident reviews</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1481 600">This PREA Auditor reviewed electronic documentation which accompanied Clark County Spring Mountain Youth Camp's (SMYC) Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.386. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.386. Excerpts from Clark County Spring Mountain Youth Camp's (SMYC) Personnel Directive Policy P024 states, <i>"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.</i></p> <p data-bbox="242 685 782 714"><i>The Incident Review Team will consider the following:</i></p> <ol data-bbox="242 799 1458 1126" style="list-style-type: none"> <li data-bbox="242 799 1426 864">1. <i>Whether the allegations or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;</i></li> <li data-bbox="242 891 1458 956">2. <i>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;</i></li> <li data-bbox="242 983 1394 1012">3. <i>Whether the area in the facility where the incident allegedly occurred has physical barriers that enable abuse;</i></li> <li data-bbox="242 1039 1018 1068">4. <i>Whether staffing levels were adequate at the time of the alleged abuse;</i></li> <li data-bbox="242 1095 1117 1124">5. <i>Whether monitoring technology requires augmentation to add to staff supervision.</i></li> </ol> <p data-bbox="242 1153 1497 1249"><i>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."</i></p> <p data-bbox="242 1279 1474 1509">Clark County Spring Mountain Youth Camp's (SMYC) Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.386 regarding sexual abuse incident reviews. This auditor interviewed Clark County Spring Mountain Youth Camp's (SMYC) Program Manager, PREA Compliance Manager, PREA Liaison, and PREA Coordinator. Each were confident in stating that incident review meeting occurs consistently, monthly. CCDJJS PREA Compliance Monitor was supposed to retrieve the past 9 months notes and minutes, however he did not have access to the administrative assistant's electronic files to print off. Since this auditor did not receive the past 9 months of incident review meeting agendas, minutes, etc. to determine final compliance level, compliance could not be determined.</p> <p data-bbox="242 1538 1452 1603">This PREA auditor concluded that SMYC was not in compliance with PREA standard 115.386. A CORRECTIVE ACTION was required.</p> <p data-bbox="242 1632 1490 1794">During Clark County Spring Mountain Youth Camp's (SMYC) Corrective Action period, SMYC submitted their PREA Incident Review Committee Minutes (5/31/22, 6/28/22, 7/26/22, and 8/23/22). This committee consists of SMYC's Manager, CCDJJS PREA Coordinator, CCDJJS PREA Compliance Monitor, SMYC's PREA Compliance Manager, and CCJDC's PREA Leadership team. The meetings discussed any incidents within the past 30 days, strategies to prevent sexual abuse/sexual harassment, as well as procedures and physical plant opportunities to improve overall safety.</p> <p data-bbox="242 1823 1481 1919">After this auditor's review of SMYC's submittal of PREA incident review meeting minutes, adjustments to their procedures based on findings, and their consistency in practice to align with PREA Standard 115.386, this auditor concludes that SMYC is in compliance with PREA Standard 115.386.</p>

115.387	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1490 595">This PREA Auditor reviewed electronic documentation which accompanied Spring Mountain Youth Camp's (SMYC) Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.387. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS <i>Prison Rape Elimination Act of 2003 Personnel Directive Policy P024</i>. as evidence of compliance with PREA Standard 115.387. Excerpts from Clark County Spring Mountain Youth Camp's (SMYC) Personnel Directive Policy P024 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="242 685 1490 846"><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="242 936 1490 1028"><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="242 1117 975 1144"><i>Upon request, the agency will provide data to the Department of Justice."</i></p> <p data-bbox="242 1173 1490 1469">Clark County Spring Mountain Youth Camp's (SMYC) Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.387 regarding Clark County Spring Mountain Youth Camp's (SMYC) PREA-Related Data Collection. This auditor also interviewed Clark County Spring Mountain Youth Camp's (SMYC) Program Manager and Clark County's PREA Liaison. This auditor was also able to review how PREA-related data is collected and documented in Clark County Spring Mountain Youth Camp's (SMYC) data collection system. SMYC also submitted their Clark County Department of Juvenile Justice Services Prison Rape Elimination Act (PREA) Annual Reports from 2018, 2019, 2020. 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="242 1498 1078 1525">This PREA auditor concludes SMYC is in compliance with PREA standard 115.387.</p>

115.388	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1481 595">This PREA Auditor reviewed electronic documentation which accompanied Clark County Spring Mountain Youth Camp's (SMYC) Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.388. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.388. Excerpts from Clark County Spring Mountain Youth Camp's (SMYC) Personnel Directive Policy P024 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="240 629 1490 786"><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="240 819 1481 913"><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="240 947 975 974"><i>Upon request, the agency will provide data to the Department of Justice."</i></p> <p data-bbox="240 1005 1490 1330">Clark County Spring Mountain Youth Camp's (SMYC) <i>Personnel Directive Policy P024</i> has the necessary language to align with PREA Standard 115.388 regarding Clark County Spring Mountain Youth Camp's (SMYC) Data Review for Corrective Action. This auditor also interviewed Clark County Spring Mountain Youth Camp's (SMYC) Detention Manager and Clark County's PREA Liaison, who both shared about how Clark County uses the annual data to initiate overall corrective action for all their facilities/programs. This auditor was also able to review how PREA-related data is collected and documented in Clark County Spring Mountain Youth Camp's (SMYC) data collection system. SMYC submitted their <i>Clark County Department of Juvenile Justice Services Prison Rape Elimination Act (PREA) Annual Report</i> from 2018, 2019, and 2020. Each report recapped their annual PREA incidents data prevention/intervention strategies, and corrective actions taken to prevent such instances from occurring and reoccurring (interventions such as staffing plan adjustments, staff training, additional reporting avenues, MOU with external victim advocacy partners, etc.).</p> <p data-bbox="240 1361 1075 1388">This PREA auditor concludes SMYC is in compliance with PREA standard 115.388.</p>

115.389	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1481 595">This PREA Auditor reviewed electronic documentation which accompanied Clark County Spring Mountain Youth Camp's (SMYC) Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.389. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.389. Excerpts from Clark County Spring Mountain Youth Camp's (SMYC) Personnel Directive Policy P024 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="242 629 1490 786"><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="242 819 1481 913"><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="242 947 963 974"><i>Upon request, the agency will provide data to the Department of Justice.</i></p> <p data-bbox="242 1008 1474 1128"><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 (<a href="https://www.clarkcountynv.gov/government/departments/juvenile_justice_services/prison_rape_elimination_act_of_2003/index.php">https://www.clarkcountynv.gov/government/departments/juvenile_justice_services/prison_rape_elimination_act_of_2003/index.php</a>).</i></p> <p data-bbox="242 1162 1481 1256"><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 requires otherwise."</i></p> <p data-bbox="242 1290 1490 1615">Clark County Spring Mountain Youth Camp's (SMYC) Personnel Directive Policy P024 has the necessary language to align with PREA Standard 115.389 regarding Clark County Spring Mountain Youth Camp's (SMYC) Data storage, Publication, and Destruction (Pursuant to PREA Standard 115.389). This auditor also interviewed Clark County Spring Mountain Youth Camp's (SMYC) Detention Manager and Clark County PREA Liaison, who confirmed that collected data is stored for a minimum of 10 years. This auditor was also able to review how PREA-related data is collected and documented in Clark County Spring Mountain Youth Camp's (SMYC) data collection system. SMYC submitted their Clark County Department of Juvenile Justice Services Prison Rape Elimination Act (PREA) Annual Report from 2018, 2019, and 2020. Each report recapped their annual PREA incidents data prevention/intervention strategies, and corrective actions taken to prevent such instances from occurring and reoccurring (interventions such as staffing plan adjustments, staff training, additional reporting avenues, MOU with external victim advocacy partners, etc.).</p> <p data-bbox="242 1648 1075 1675">This PREA auditor concludes SMYC is in compliance with PREA standard 115.389.</p>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 555">This PREA Auditor reviewed electronic documentation which accompanied Clark County Spring Mountain Youth Camp's (SMYC) Pre-Audit Questionnaire, reviewed physical documentation while onsite, as well as observed institutional practice to determine compliance for Standard 115.389. Clark County Spring Mountain Youth Camp (SMYC) submitted their DJJS Prison Rape Elimination Act of 2003 Personnel Directive Policy P024. as evidence of compliance with PREA Standard 115.401. Excerpts from CCJDC's Personnel Directive Policy P024 states, The DJJS Director or designee (PREA Coordinator) will certify that the agency is in full compliance or has established an action plan to enable full compliance with PREA standards based on the results from audits conducted by an independent auditor in compliance with Section 115.401 of the Department of Justice PREA Standards."</p> <p data-bbox="229 555 1509 734">Additionally, SMYC is required to have a PREA audit every three years, starting February 18, 2022, after the conclusion of this first PREA Audit. The auditor had access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents. The auditor was permitted to conduct private interviews with inmates, residents, and detainees. The SMYC 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 data-bbox="229 734 1509 795">This PREA auditor concludes SMYC is in compliance with PREA standard 115.401.</p>

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	There have not been a Final Audit Reports issued in the past three years for Clark County Spring Mountain Youth Camp (SMYC).

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

115.313 (a)	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	na
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	na
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	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
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	na
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	na
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities )	na
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	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)	no
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
<b>115.317 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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 evidentially 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
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	na
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes

<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.331 (a)</b>	<b>Employee training</b>	
	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

<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	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
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.333 (c)</b>	<b>Resident education</b>	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
<b>115.333 (d)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	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
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (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
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (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

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (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
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	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

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	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

<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	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
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	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

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

<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

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

<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	no
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. 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.)	na