

# PREA Facility Audit Report: Final

**Name of Facility:** Douglas County Juvenile Detention Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 05/25/2023

**Date Final Report Submitted:** 12/09/2023

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> Kila Jager-Thoeny	<b>Date of Signature:</b> 12/09/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Jager-Thoeny, Macilla (Kila)
<b>Email:</b>	kilajager@preauditor.com
<b>Start Date of On-Site Audit:</b>	03/28/2023
<b>End Date of On-Site Audit:</b>	03/30/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Douglas County Juvenile Detention Center
<b>Facility physical address:</b>	175 U.S. 50, Stateline, Nevada - 89449
<b>Facility mailing address:</b>	P.O. Box 607 , Zephyr Cove, Nevada - 89449

<b>Primary Contact</b>	
<b>Name:</b>	Kristina Zehren
<b>Email Address:</b>	kzehren@douglas.nv.gov
<b>Telephone Number:</b>	7755867210

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Mike Torres
<b>Email Address:</b>	mtorres@douglas.nv.gov
<b>Telephone Number:</b>	7757829815

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	15
<b>Current population of facility:</b>	0
<b>Average daily population for the past 12 months:</b>	2
<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>	Both females and males
<b>Age range of population:</b>	10-17
<b>Facility security levels/resident custody levels:</b>	Secured
<b>Number of staff currently employed at the</b>	11

<b>facility who may have contact with residents:</b>	
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	3
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Douglas County District Court
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	1038 Buckeye Road, Minden, Nevada - 89423
<b>Mailing Address:</b>	
<b>Telephone number:</b>	7757829860

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

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Wendy Garrison	<b>Email Address:</b>	wgarrison@douglas.nv.gov

<b>Facility AUDIT FINDINGS</b>
<b>Summary of Audit Findings</b>
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

**Number of standards exceeded:**

19

- 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.315 - Limits to cross-gender viewing and searches
- 115.316 - Residents with disabilities and residents who are limited English proficient
- 115.317 - Hiring and promotion decisions
- 115.321 - Evidence protocol and forensic medical examinations
- 115.322 - Policies to ensure referrals of allegations for investigations
- 115.331 - Employee training
- 115.333 - Resident education
- 115.334 - Specialized training: Investigations
- 115.335 - Specialized training: Medical and mental health care
- 115.342 - Placement of residents
- 115.351 - Resident reporting
- 115.353 - Resident access to outside confidential support services and legal representation
- 115.354 - Third-party reporting
- 115.371 - Criminal and administrative

	<p>agency investigations</p> <ul style="list-style-type: none"> <li>• 115.372 - Evidentiary standard for administrative investigations</li> <li>• 115.373 - Reporting to residents</li> <li>• 115.382 - Access to emergency medical and mental health services</li> <li>• 115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers</li> </ul>
<b>Number of standards met:</b>	
24	
<b>Number of standards not met:</b>	
0	

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-03-28
2. End date of the onsite portion of the audit:	2023-03-30

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Washoe County Child Advocacy--Forensic exam (SANE) The Family Support Council The Crisis Call Center (now Crisis Support Services of Nevada) SVRT Team Advocate

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	15
15. Average daily population for the past 12 months:	2
16. Number of inmate/resident/detainee housing units:	3
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**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	6
<b>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:</b>	0
<b>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:</b>	4
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	0
<b>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:</b>	1

<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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:</b></p>	<p>0</p>
<p><b>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):</b></p>	<p>Interviews were conducted in two site visits- March and October 2023. All statistics cover both site visits, and all residents that were at DCJDC on those dates.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><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:</b></p>	<p>11</p>
<p><b>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:</b></p>	<p>0</p>



<b>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:</b>	<p>4</p>
<b>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:</b>	<p>Contractors are medical and education and are in the facility as needed, not an ongoing basis. Contractors include two nurses, a physician, and a teacher. The teacher was the only one in the facility during the two site visits.</p>
<h2 style="text-align: left; margin: 0;">INTERVIEWS</h2>	
<h3 style="text-align: left; margin: 0;">Inmate/Resident/Detainee Interviews</h3>	
<h4 style="text-align: left; margin: 0;">Random Inmate/Resident/Detainee Interviews</h4>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	<p>4</p>
<b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Age</li> <li><input type="checkbox"/> Race</li> <li><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</li> <li><input type="checkbox"/> Length of time in the facility</li> <li><input type="checkbox"/> Housing assignment</li> <li><input type="checkbox"/> Gender</li> <li><input checked="" type="checkbox"/> Other</li> <li><input type="checkbox"/> None</li> </ul>
<b>If "Other," describe:</b>	<p>Due to the facility being very small. All residents were interviewed. There were 5 residents on the first site visit, and 2 residents on the return site visit-at the end of corrective action. All residents were interviewed as random and 3 residents were also interviewed as targeted residents.</p>

<b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	All residents in the facility were interviewed, on the first and second site visit.
<b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:</b>	The facility was too small to interview the minimum of 10 random residents. There were only 7 residents, counting both site visits.
<b>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):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	3
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".	
<b>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:</b>	0

<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>The facility has a list of all residents, that includes any disabilities; LBGTI or other identification; and LEP status. I interviewed all residents in the facility on both onsite visits. My interviews consisted of 7 residents, three with psychiatric disabilities, 0 LEP, 0 physical disabilities (including blind or deaf), 1 on an IEP for learning disabilities, and 1 identifying as Bi-sexual.</p>
<p><b>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:</b></p>	<p>3</p>
<p><b>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:</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>Information in the PAQ, and further identified on the facility tracking sheet, as well as interviewing all residents in the facility on both onsite visits, determined the existing targeted populations available for interview. All residents were interviewed and asked all questions to see if they fit any other targeted categories.</p>
<p><b>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:</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>Information in the PAQ, and further identified on the facility tracking sheet, as well as interviewing all residents in the facility on both onsite visits, determined the existing targeted populations available for interview. All residents were interviewed and asked all questions to see if they fit any other targeted categories.</p>
<p><b>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:</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>Information in the PAQ, and further identified on the facility tracking sheet, as well as interviewing all residents in the facility on both onsite visits, determined the existing targeted populations available for interview. All residents were interviewed and asked all questions to see if they fit any other targeted categories.</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>Information in the PAQ, and further identified on the facility tracking sheet, as well as interviewing all residents in the facility on both onsite visits, determined the existing targeted populations available for interview. All residents were interviewed and asked all questions to see if they fit any other targeted categories.</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>Information in the PAQ, and further identified on the facility tracking sheet, as well as interviewing all residents in the facility on both onsite visits, determined the existing targeted populations available for interview. All residents were interviewed and asked all questions to see if they fit any other targeted categories.</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>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>Information in the PAQ, and further identified on the facility tracking sheet, as well as interviewing all residents in the facility on both onsite visits, determined the existing targeted populations available for interview. All residents were interviewed and asked all questions to see if they fit any other targeted categories.</p>
<p><b>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:</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>Information in the PAQ, and further identified on the facility tracking sheet, as well as interviewing all residents in the facility on both onsite visits, determined the existing targeted populations available for interview. All residents were interviewed and asked all questions to see if they fit any other targeted categories.</p>

<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>0</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p> <input type="checkbox"/> Length of tenure in the facility  <input type="checkbox"/> Shift assignment  <input type="checkbox"/> Work assignment  <input type="checkbox"/> Rank (or equivalent)  <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)  <input type="checkbox"/> None </p>
<p><b>If "Other," describe:</b></p>	<p>All staff members conduct specialized roles. Staff conduct intakes, risk assessments, monitor for retaliation, supervises residents in isolation, and are first responders. On the first and second site visit, 9 staff were interviewed for random staff protocols and specialty staff roles, including staff conducting risk assessments, intake, first responders, monitoring retaliation, and supervising residents in isolation.</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No </p>



<p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p><b>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):</b></p>	<p>All staff members conduct specialized roles. Staff conduct intakes, risk assessments, monitor for retaliation, supervises residents in isolation, and are first responders. On the first and second site visit, 9 staff were interviewed for random staff protocols and specialty staff roles, including staff conducting risk assessments, intake, first responders, monitoring retaliation, and supervising residents in isolation.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>17</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	3
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	DCJDC has two contracted nurses, 1 physician, and a teacher. Each of these contractors are in the facility as needed. Only the teacher was in the facility during the site visits; however, the nurse and physician were interviewed by phone.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

**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).**

On the second site visit, testing was completed on the following functions:

- Resident phone: Outside reporting source; Emotional Support Services; Crisis line (Outside Reporting Source); PREA Coordinator; Douglas County Sheriff's Office (DCSO). This phone is private and confidential.
- Resident Computer: reporting; Emotional Support Services
- Grievance Box was locked and the form for reporting sexual abuse and sexual harassment was available
- Mail: envelopes and paper was readily available, as well as the address for: The Family Support Council (Emotional Support Services), Crisis Line-reporting and advocacy (Outside Reporting Source); and the Douglas County Sheriff's Office. Residents can drop their addressed letters in the Grievance Box, and they do not have to write their name in the return address, or they can report anonymously. These letters are private and confidential.

The Outside reporting Source, Crisis Line, confirmed that if they receive a report of sexual abuse or sexual harassment, they immediately report to facility/agency management.

All sources were verified working, reaching the services listed, and covered the requirements of being able to report by mail, phone, computer, and in writing on the Grievance Form. They also are services that the resident can report confidentially, privately, and/or anonymously.

### **Documentation Sampling**

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

<p><b>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?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>Most documentation was requested prior to the site visits, during the site visits, and after the site visits. This documentation was uploaded into the OAS. Two site visits were made, in March 2023, and October 2023-after corrective action was taken.</p> <p>Samples of documentation, tracking spreadsheets; training-both residents and staff; risk assessments, housing determinations, intake packets, resident intake education, additional education and comprehensive reviews, as well as 30/60/90 day education and reviews; posters, brochures; standard compliance documentation; policies and procedures; corrective action required and completed; as well as many other documents verifying monthly meetings, tracking, MOUs, SVRT actions; and much more are all part of audit documentation.</p>
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**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	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>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	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>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

### Sexual Harassment Investigation Outcomes

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

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

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

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	DCJDC is a very small facility and has not had any sexual abuse or sexual harassment allegations.

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></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 sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></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 inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></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 inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></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 abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></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 abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>DCJDC has not had any sexual harassment allegations</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></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 sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></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 inmate-on-inmate sexual harassment investigation files)</p>

<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></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 inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></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>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></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>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>No text provided.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

**115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

- Yes
- No

### Non-certified Support Staff

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

- Yes
- No

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

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

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	<b>Auditor Overall Determination:</b> Exceeds Standard	
	<b>Auditor Discussion</b>	
	<b>115.311: Zero Tolerance and PREA Coordiantor/PREA Compliance Manager</b>	
	<p>Acronyms used in this report: DCDC: Douglas County Ninth District Court (Agency); DCJDC: Douglas County Juvenile Detention Center (Facility); PC: PREA Coordiantor (Agency; PCM: PREA Compliance Manager (Facility); SOP: Standard Operating Procedure (SOP)</p> <p>Compliance Determination 115.311: Exceeds Compliance</p>	
	<p><b>115.311</b> <b>a 1,3,4,5</b> <b>Agency</b></p>	<p><b>Agency</b> PREA Standard Requirements: 115.311 a1,3,4,5: <i>a1) An agency shall have a written policy mandating zero-tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct</i></p>

- a3) *The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment*
- a4) *The policy includes sanctions for those found to have participated in prohibited behaviors*
- a5) *The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents*

**Agency Policy:** Douglas County Ninth District Court (DCDC) Policy A115.311, page 1 states: *The Ninth Judicial District Court has zero tolerance toward all forms of sexual abuse and sexual harassment of youth within an agency facility or a contracted facility. This includes sexual abuse and sexual harassment against youth by other youth, staff, volunteers, contractors, visitors, or interns, as defined within the DOJ Prison Rape Elimination Act. Such conduct is punishable by administrative or disciplinary sanctions and criminal prosecution. It requires the agency to employ policies, procedures, and actions which will assist in reducing and preventing sexual abuse and harassment.*

*A115.311.5-6: Agency Definitions: Sexual Abuse; Sexual Harassment; Voyeurism, Sexual Conduct and Misconduct, and many others to comply with this standards definitions requirements.*

*In addition, requires each facility to create Standard Operating Procedures (SOP) with the included components for: An agency PREA Coordinator (PC); assigning facility PREA Compliance Managers (PCM); Prevention Planning; Responsive Planning; Training and Education; Screening for Risk of Sexual Victimization and Abusiveness; Reporting; Official Response following an inmate, detainee, or resident report; Investigations; Discipline; Medical and Mental care; Data collection and review; audits and state compliance; state compliance, and Definitions.*

*Posting of all agency policies are on the agency website:  
<https://douglascountydistrictcourtspreaagency.com/prea-policies/>*

DCDC policy A 115.311 is compliant. It is a written policy mandating zero tolerance of sexual abuse and sexual harassment, outlines the requirements of practice for agency facilities, includes definitions of prohibited behaviors, sanctions for those found to have participated in those prohibited behaviors and describes all areas of strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. A review of the agency website confirms all agency policies are posted, and compliance with descriptions of agency strategies and responses are inserted into all policies posted.

The "Definitions" were updated during corrective action to clarify definitions to



be used throughout the agency and its facilities, and comply with the PREA standards and clarifications.

**Agency practice:** An agency compliant audit was completed in January 2023 (less than a year ago). DCDC was found compliant with this standard, 115.311a1,3,4 and 5. The agency PC instituted monthly meetings with facility PCM's to ensure continuing evaluation, assistance, and oversight of compliance measures required and taken at the facility level. This included facility SOP's, outlining the facility actions taken to comply with the agency policies.

Ongoing monthly PC/PCM meetings have been held, with the last one evaluated by this auditor, in September 2023.

DCDC policy/practice includes sanctions, discipline and interventions related to sexual abuse and harassment, and include prohibited contact from youth; Administrative or disciplinary action, including termination; Providant information on substantiated allegations or pending investigations of sexual abuse or sexual harassment with a current or former employee upon receiving a request from an institutional employer; Discipline on a case-by-case basis; Referral to local law enforcement; and Reporting to appropriate state licensing agencies. In addition, appeals and hearings by the appointing authority or supervisor by issuance of: Written warning letters; Written reprimands, No contact assignment; Suspension; Demotion; Reduction in pay; or Termination.

**Compliance Statement:** DCDC, the agency, is compliant with 115.311 a1, 3, 4, and 5. Compliant agency policies were created, operated facilities were directed to develop and implement Standard Operating Procedures (SOP), and monthly meetings were instituted with the facility PCM's, ensuring the required facility procedures are in place, as well as in practice.

**115.311a2 Facility** a2) *The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.*

**Procedure, Documentation, Forms reviewed and included in audit documentation:**

SOP's created by DCJDC (facility): Definitions; Prevention Planning: Zero tolerance, Supervision and Monitoring; Limits to Cross Gender Viewing and Searches ,Juviles with disabilities and juveniles who are limited English proficiency, Hiring and Promotion Decisions, Facilities and Technology; Respoonsive Planning: Evidence Protocol and Forensic Medical Exams; Training and Education: Employee Training, Volunteer and Contractor Training, Youth Training, Specialized Training-Investigators, Specialized Training Medical and Mental Health Practitioners, Screening Risk of Sexual Victimization and Abusiveness, Use of Screening; Reporting Procedures: Youth Reporting and Handbook, Exhaustion of Administrative Remedies, Access to Outside Support

Services and Legal Representation, Third party Reporting; Official REsponse Procedures: Agency Reporting and Protection Duties, Agency Protection Duties, Imminent Sexual Abuse, Staff First Responder, Staff on Youth Coordinatd Response Plan, Coordinted Response, Agency Protection against Retaliation Procedures, Post allegation Protective Custody; Investigation: Criminal ana Administrative Investigations, Evidentiary Standard for Administrative Investigations, Victim Notification and Staff Youth Follow-up; Discipline: Disciplinary Sanctions for Staff (Professional conduct and Detainee Rights, Corrective Action for Contractors and Volunteers, Interventions and Disciplinary Sanctions for Residents, Detention Staff Responsibilities, Medical and Health Care Screenings; Data Collection and Review: Sexual Abuse Incident Reviews, Records and Document Management, Sexual Abuse Incident Reviews; Frequency and Scope of Audits: Yearly Facility Report

**Practice:**

As directed by the agency PC and DCDC policies, the facility DCJDC created and implemented into practice Standard Operating Procedures to comply with agency policy A115.311.

DCJDC has multiple standard operating procedures (SOP) that implement the requirements of the agency's (DCDC) approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The facility SOP's above 367 were completed during corrective action.

The listed SOP's, documented in this standard, outline how the facility implements the agency's approach to preventing, detecting, and responding to sexual abvuse and sexual harassmt in the detention facility.

**Compliance Statement:** The facility, DCJDC is compliant with standard 115.311a2. DCJDC has witten SOPs that outline how it implements the agency's approach to preventing, detectinng and responding to sexual abuse and sexual harassmt, including definitions of prohibited behaviors, sanctions, and strategies and responses to reduce and prevent sexual abuse and sexual harassmt of residents.

**115.311b  
Agency**

*b) An agency shall employ or designate an upper-level agency-wide PREA coordiantor with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standaird in all of its facilities.*

**Documentation, Procedures Reviewed:**

DCDC Organizational Chart; Ninth Judicial District Court Appointment Order of the PC; Director of Juvenile Camp Services Job Description (Agency PC); PAQ; Agency Employee PREA Policies Signature Form; DCDC Policy A115.311b Agency PREA Coordiantor; and Interviews with the Agency PC.

DCDC Policy A115.311: part b, requires the agency to *employ or designate an*

*upper-level agency-wide PREA Coordinator with sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards in all of its facilities.*

**Practice:**

The DCDC (Agency) Head signed a Ninth District Court Order appointing the agency PREA Coordinator and requiring the PC to be an upper level management position and requiring sufficient time and authority to complete PC duties. The Director of Juvenile Services was appointed, and the DCDC Organizational Chart confirms the Agency PC reports to the agency head, Judge Nathan Todd. Two judges head the court PREA agency; however, one was designated over PREA in the agency and facilities.

Interviews and informal conversations with the agency PC, confirmed sufficient time and upper-agency authority to develop, implement and oversee agency efforts to comply with the PREA standards in all of its facilities. The agency PC ensured competent facility PREA Compliance Managers are in each facility who implement agency PREA policies and facility SOP's. In addition, the PC is the Director of facility China Spring Youth Center, and an Assistant Director was hired to ensure the PC had enough time to complete PREA/PC duties.

**115.311b Compliance Statement:** The Agency, DCDC, is compliant with standard 115.311b. During the agency audit, DCDC designated an agency PC, and interviews and review of documentation confirm the PC has enough time and authority to conduct the agency PC duties.

**115.311c:  
Facility**

*c) Where an agency operates more than one facility, each facility shall designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.*

**Documentation, Forms, Procedures:**

Douglas County Juvenile Services Organizational Chart: confirms the facility PCM, at DCJDC, is the facility Manager and reports to the PREA Coordinator and Chief Probation Officer (CPO).

Douglas County Court Order 2.05: requires both operated facilities, of DCDC, to comply with the PREA standards and appoint a PREA Compliance Manager in each facility.

DCDC (Agency) Policy A 115.311, section c: requires the appointment of an agency PC and a facility PCM at each operated facility.

Interviews: Agency PC and DCJDC (facility) PCM: confirmed sufficient time and authority to conduct position requirements.

	<p><b>Practice:</b> Douglas County operates two juvenile facilities. DCJDC is the current audited facility. DCJDC designated a facility PREA Compliance Manager (PCM), who is the Detention Manager. In review of documentation and interviews, confirmed that she has sufficient time and authority to complete her position as the facility PCM.</p> <p><b>Compliance Statement:</b> DCJDC (facility) is compliant with standard 115.311c. A PREA Compliance Manager was designated that had sufficient time and authority to develop, implement and oversee PREA compliance. This was determined through documentation review, interviews, onsite observations, and progress into a compliant PREA audit.</p> <p>Both the agency (DCDC, and the audited facility (DCJDC) are compliant with standard 115.311. This compliance determination is based upon information provided by Douglas County Juvenile Detention Center, Douglas County Ninth District Court, two facility site visits, and auditor pre-and post reviews.</p>
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<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Agency Standard:</p> <p>115.312: Contracting with other entities for the confinement of residents:</p> <p>Compliance Determination: Compliant with 115.312.</p> <p>Acronyms used in this report: WNYRC: Western Nevada Regional Youth Center (contracted agency); CSYC: China Spring Youth Camp; DCJDC: Douglas County Juvenile Detention Center; DCDC: Douglas County Ninth District Court (parent Agency)</p> <p>PREA Standard Requirements: <b>a:</b> <i>A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.</i> <b>b:</b> <i>Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</i></p> <p><b>Audit Compliance Assessment: 115.312 a, and b:</b></p> <p><b>Documents Reviewed:</b> 115.312 a1 and 2:</p> <p>Agency Zero Tolerance Policy: A.115.311: Purpose: To ensure the sexual safety of</p>

facilities inmates and staff through a comprehensive agency-wide approach to prevention, detection, and response to sexual abuse and sexual harassment in all facilities operated or contracted by the Ninth Judicial District Court.

DCDC (Agency) Policy A.115.312, Agency Contracting with Other Entities for Confinement of Youth – Policy: A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. This policy requires all contracts to contain language in compliance with PREA Standard 115.312. The DCDC PREA Coordinator must monitor and be available to contracted entities for compliance progress, complaints, annual reports, training compliance, and assistance/advice.

PAQ: Stated that DCDC has two contracts; however, only one is contracted by Douglas County. (The other is the State contract with Douglas County/China Spring and is audited in the Nevada State Facility audits, as their contracted facility.

The WNRYS contract has been in place; however, in 2022, an addendum to this contract required WNRYS to comply with PREA within the next two years.

**Documentation reviewed for 115.312 b:**

WNRYS First Amended Interlock Agreement: ( Interlock Contract between public agencies) WNRYS will work towards PREA Compliance by the following provisions: Be PREA compliant and provide a PREA audit within two years of this amendment, and work toward PREA compliance with an identified action plan established by a PREA audit; Ensure a PREA audit is performed every three years; Comply with all applicable PREA requirements; and Provide PREA required documentation: PREA audit report, reports of allegations, investigations, and findings to the agency PC

Douglas County District Court (DCDC) PREA Compliance Verification Form: WNRYS asserted it is actively and effectively working toward achieving compliance with all required PREA requirements:

The Agency Monitoring Form documents WNRYS: Is actively working towards PREA compliance and is almost ready for an audit; Has conducted an internal audit; Includes its annual report <https://wnrys.org/prea/>; Includes substantiated reports on the website <https://wnrys.org/prea/>; Includes substantiated harassment/abuse reports on the website; Documents training of the PREA Compliance Manager (PCM) on 8/30/21 and 12/17/21; Budgeted an audit for 23/24

Interviews: Juvenile Services Director/agency PREA Coordinator; WNRYS PREA Coordinator; Agency Contract Administrator

Douglas County Ninth District Court's (DCDC) Agency PREA Audit: completed 1/20/23 and compliant with this standard

**Practice:**

Douglas County Ninth District Court (DCDC) completed a compliant Agency PREA Audit in January 2023. It is good for one year. That audit contains additional documentation for this standard, as it is an agency standard. The following is the compliance statement from the DCDC Agency audit, and confirmed by this audit.

Douglas County Ninth District Court (DCDC) has an interlock contract with the Western Nevada Regional Youth Center (WNRYS) for the confinement of residents. This contracted facility has been working towards PREA compliance on an ongoing basis; however, in January of 2022, an addendum was added to the WNRYS contract requiring them to provide a compliant PREA audit report within two years of this amendment; or be working toward PREA compliance with an identified action plan from a PREA audit. The contract requires WNRYS to be compliant with all PREA requirements.

The amendment states that WNRYS will permit assessments, including onsite visits, facility observations, interviews of staff and youth, and reviews of documents and policies in non-audit years. The original contracts required this monitoring, as required by the PREA standards.

WNRYS, in the agency monitoring form, asserted that they are actively working towards PREA compliance and are almost ready for a PREA audit. They conducted a PREA internal audit, posted their annual report on their website (<https://wnryc.org/prea/>), trained their PC in 2021, posted incidents and investigation results, and budgeted for a PREA audit.

Interviews with the Director of Juvenile Camp Services/DCDC PREA Coordinator, WNRYS PREA Coordinator, and the Douglas County Contract Administrator confirmed the inclusion of the required PREA monitoring and compliance in the WNRYS contract, as well as ongoing monitoring by the DCDC PREA Coordinator, WNRYS's ongoing progress towards PREA compliance, and the plans to schedule a PREA audit.

Douglas County Ninth District Court's contract with WNRYS contains the entity's obligation to adopt and comply with all PREA standards and for monitoring by the DCDC PREA Coordinator. The agency monitoring form confirms the practice required for oversight and assistance to WNRYS, documenting WNRYS's progress and budgeting for a PREA audit.

Douglas County Ninth District Court (DCDC) complies with standards 115.312 a and b.

<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**Standard: 115.313 Supervision and Monitoring. Compliance**

**Determination:** Substantially **Compliant**

**Acronyms** used in this standard report: DCDC: Douglas County Ninth District Court (Agency); OAS: Online Audit System; PCM: Facility PREA Compliance Manager; PC: Agency PREA Coordinator; DCJDC: Douglas County Juvenile Detention Center (Facility); CSYC: China Spring Youth Camp

**Agency, Douglas County Ninth District Court (DCDC):**

**115.313 a, b, and d, Agency Standard Requirements:** **a:** *The agency requires each facility it operates to develop, document, and make its best efforts to comply regularly with a staffing plan that provides for adequate staffing levels and, where applicable, video monitoring;* **b:** *The agency shall require compliance with the staffing plan except during limited and discrete exigent circumstances and shall ensure the facilities fully document deviations from the plan during such circumstances;* **d:** *At least once every year, the agency or facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.*

Four years ago, the agency, Douglas County Ninth District Court (DCDC), required, by court order, that both operated facilities, China Spring Youth Camp (CSYC) and Douglas County Juvenile Detention Center (DCJDC) be compliant with all PREA standards. Most policies, procedures, and actions were at the facility level, and the PREA Coordinator (PC) position stood vacant.

In 2022, DCDC designated an agency PREA Coordinator (PC), and an agency audit was completed in January 2023. The agency audit achieved agency compliance.

**Agency, Douglas County Ninth District Court (DCDC) Compliance Assessment, 115.313 a, b, and d:**

**Policy/Paperwork:**

*DCDC (agency) policy A 115.313 Supervision and Monitoring:* Requiring their operated facilities, China Spring Youth Camp (CSYC) and Douglas County Juvenile Detention Center (DCJDC), to create Standard Operating Procedures consistent with agency policy; Ensuring each facility develops, implement, and document staffing plans to protect residents against sexual abuse; Including detailed requirements, the operated facilities must include and comply with; and Staff and staffing ratios: staffing plan considerations; other relevant information; deviations from staffing plan, staffing patterns; annual facility assessment, unannounced PREA checks; limits to cross-gender viewing and searches; Lesbian, Gay, Bisexual, and Intersex Youth; Investigations; and all 11 required standard categories.

*DCDC Staffing Plan Review Form* includes: General-accepted practices, findings of

inadequacy from federal, internal, or external bodies; Assessments: physical plant, the composition of the population, number and placement of the staff, institutional programs occurring, state or local laws, regulations or standards, the prevalence of substantiated or unsubstantiated incidents of sexual abuse; Facility Specific Factors: mission, population census numbers, and the extent to which population exceeds capacity; Population Characteristics: custody, gender, age, vulnerability, prior victimization or abusiveness, availability of education and programming opportunities, access to medical and mental health care; Facility Building Characteristics: physical plant characteristics that can impact line of sight and visibility, privacy considerations, and limits to cross-gender viewing and searches; Staff Characteristics: relief factors, number of staff on military leave, family and medical leave, staff training, movement requirements within the facility, transportation outside of the facility, youth on high observation status, the skill level of existing staff, search requirements after visitation, vocational school, and other transports; and Other Factors: unit population and demographics, resident classification(s), special population vulnerabilities, specialized unit missions related to therapeutic community, gang management, and protective custody.

*PC and PCM's Monthly Meeting Form:* contains required staffing reviews on a monthly, quarterly, and yearly basis.

**Documentation:** *Staffing Plans February 2023, October 31, 2023, revised plan October 9, 2023, and final staffing plan October 31, 2023; Yearly Staffing Plan Review:* February, July, and October, 2023, besides conducting monthly reviews in the ongoing monthly PC/PCM meeting; *Completed PC/PCM monthly meeting forms:* July through September 2023, including corrective action, adequate levels of staffing; hiring and training new staff; video monitoring; hiring background discussions; and staffing; *Documented Staffing Plan Process:* This documentation provides ongoing tracking of the staffing plan process, communication, meetings, issues, and corrective actions.

**Practice:**

The Agency PREA Coordinator (PC) created agency policy A 115.313; a Facility Staffing Plan Review Form; and instituted monthly meetings with both operated facility's PREA Compliance Managers (PCM).

DCDC's (agency) PREA Coordinator (PC) received both facilities' staffing plans and together with the facility PCMs, used the Facility Staffing Plan Review Form to review and assess them for compliance. This assessment form assists in evaluating the staffing plan for the following considerations: the type of facility (secure, juvenile), staffing ratios, adequate levels of staffing, and video monitoring. In addition, consideration of all 11 criteria required for a juvenile facility staffing plan, if adjustments are needed to the staffing plan, prevailing staffing patterns, the deployment of monitoring technology, and the allocation of agency or facility resources for the staffing plan to ensure compliance, confirmed by the PC interview and review of documentation.

The agency PC collaborated with both operated juvenile facilities, China Spring



Youth Camp (CSYC), and Douglas County Juvenile Detention Center (DCJDC), to review each staffing plan and determine if adjustments were needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. (115.313d)

The staffing plan review included an assessment of each facility's compliance with its staffing plan, except in limited and exigent circumstances. Both facilities provided documentation of deviations from their staffing plans. CSYC did not have any deviations, as they have policies and procedures to ensure coverage at all times. DCJDC provided deviation documentation The DCJDC deviation documentation is evaluated later in the facility requirements.

The DCJDC staffing plan was assessed compliant; however, pre-, and on-site facility audit reviews confirmed that the DCJDC staffing plan needs additional work to be compliant. The staffing ratios were not per area where there are residents, and the plan needed to detail what coverage was needed, not funded, to be compliant. This is further outlined below, under the DCJDC facility assessment.

During the PC/PCM monthly meetings, the staffing plans are reviewed and evaluated for any actions needed. Staffing is a monthly topic, ensuring issues are addressed as they arise, and staffing plan changes are made when needed. In addition, a yearly requirement for the monthly meetings includes the yearly staffing plan reviews.

The staffing plan process documents all actions taken since September 12, 2022,

**During the DCJDC, audited facility's audit's corrective action period:**

The agency PREA Coordinator (PC), in coordination with the DCJDC Facility PREA Compliance Manager (PCM), documented the staffing plan review process This process included reviews of: **The PREA audit Interim report, and corrective action;** The current DCJDC staffing plan;The Planning and action needed to complete a PREA-compliant staffing plan, including: A deviation plan and documentation; unannounced rounds; staffing plan/rotations; hiring and placement of staff; exigent circumstances, current single staffing; staffing in all areas where juveniles are; judges and county approvals for more staff; training; Conversations with the PREA auditor, National PREA Resource Center, Douglas County Judges, DCJDC staff, Douglas County Assistant DA, Douglas County Board of Commissions, Chief Juvenile Probation Officer, and the DCJDC PREA Compliance Manager; The new camera installations that are planned; The 11 areas required for review in the staffing plan, by standard 115.313; The proposed staffing plan, June 21, 2023-- review and auditor comments for correction; A DCJDC staffing plan on July 5, 2023; How to ingrain the staffing by area in the agency and facility culture; Updated Staffing plan: September 5, 2023, and review; Hiring and training new staff; Final Compliant Staffing Plan, October 31, 2023.

At the end of corrective action, the agency (DCDC) was compliant with agency requirements for PREA standard 115.313 a, b, c, and d. DCDC policy requires its

operated facilities to develop, document, and comply with its facility staffing plan. The agency PC ensured and documented, through the staffing plan process and monthly PC/PCM meetings, that DCJDC developed and implemented a compliant staffing plan, including documenting deviations and maintaining required staffing ratios per area. In addition to a monthly staffing review, a review of the entire staffing plan was conducted and required yearly.

In final compliance, the agency PC advocated for additional agency resources, needed for additional staff and cameras, at DCJDC, and after these resources were made available by the agency. This ensured compliance in the hiring, training, and practice. (additional information under the facility).

**Facility:** Douglas County Juvenile Detention Center (DCJDC): 115.313 a, b, c, and d,

**Facility Standard Requirements:** **a:** *Develop, implement, and document a staffing plan;* **b:** *Comply with the staffing plan except during limited and discrete exigent circumstances and fully document deviations from the plan during such circumstances;* **c:** *Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented;* **d:** *At least once every year, the agency or facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.*

**Facility (DCJDC) Compliance Assessment, 115.313 a, b, c and d:**

Initial audit assessment, before corrective action:

**DCJDC (Facility) Standard Operating Procedures (SOP) 115.313,** required by agency policy A 115.313, required the facility to: *Develop and implement a staffing plan providing adequate levels of staff; Comply with DCJDC Policy and Procedures 3.6 Supervision; Maintain 1:8 and 1:16 staffing ratios, except in exigent circumstances, and must be maintained in every area throughout the facility; Document deviations in a monthly report; Yearly staffing plan assessment with PC; The staffing plan must consider all 11 PREA requirements mentioned; Unannounced rounds (can be completed by video monitoring); Detention staff ensures all detainees are in the line of sight of staff when out of their rooms, in view of cameras when talking with staff in the office or on the phone, and no detainees in unmonitored areas; the staff bathroom and storage closet remained secured and staff to follow key control policy.*

**Documentation Reviewed:** Agency and Facility Policy/Procedures; Room Check Logs; Facility Schematic; Facility Deviation Tracking Logs, PC and PCM interviews.

**Staffing Plan: assessment of compliance:**

DCJDC, during the pre-site reviews, reviewed its staffing plan with the agency PREA Coordinator, using the initial audit paperwork assessment received from the auditor. The DCJDC PREA Compliance Manager (PCM), in work with the PREA Coordinator, developed, implemented, and documented a new staffing plan. This update was completed in February 2023. The plan states that Douglas County has the following staffing plan to ensure adequate staffing levels for physical, video, and sound monitoring.

The DCJDC staffing plan represented the current staffing in the facility. It outlines not only what is currently the staffing situation but also what the needs are to ensure compliance with the PREA staffing plan requirements. This included staff shifts and coverage and states: "This schedule has gaps when the facility follows the single staffing policy," and follows with; "these instances will occur as new staff is hired and trained, staff calls out sick, or gaps in the schedule."

The staffing plan demonstrated the need for continuous second-line staff for all shifts. The identified need in the staffing plan is for two part-time staff to cover the Saturday swing shift and on-calls on days and graveyards. The staffing plan stated this action would bring the staffing ratio to 2:12 during the day and 2:16 during sleeping hours; however, these are aggregate ratios of staff to residents in the facility and not staff to residents in every part of the facility, and out of compliance with the 1:8 and 1:16 staffing requirements.

The plan describes the facility as 15 single-person rooms, separated into three wings with five rooms each. Staff consider all juveniles at intake and decide on the appropriate placement of juveniles, beginning in G-wing, with a one-room separation in between. If another wing is required, juveniles will be housed in the X-wing, and as a last resort, the Y-wing is usually used for medical isolation. Juveniles are separated into opposite wings for gender purposes, predatory actions or screening results, victimization actions or screening results, medical illness, and or co-conspirators.

This auditor reviewed all facility areas during the site visit and received a schematic.

**Onsite observations**, this auditor confirmed:

The facility has three wings with individually locked rooms. It includes an open dayroom-type area in each wing and a shower area with a screen and shower curtain. Each wing opens to a hall that contains doors to each of the three wings, an intake cage/area, a day room, and a door to the jail. Off the dayroom is a staff office, a door to a covered recreation area with a locked door to the jail, and an outdoor recreation area. The indoor and outdoor recreation areas are shared by the Douglas County Juvenile Detention Center (DCJDC) detention and the adult jail. communication occurs before either population uses this area to ensure no inmates or residents are there;

The facility's practice of separating males and females on different wings and leaving a room between residents; Residents were placed into three different wings of the facility; A staff member was at a desk in the hall, and another staff was in the

day room and office. The staff in the hall moved from the hall to the intake cage, to the staff office and day room, and conducted room checks. Additional staff was in the office, day room, or conducting an intake in the intake area.

Secure juvenile facility staffing ratios were not maintained in every area where juveniles were; In a review of room-check logs, randomly chosen by this auditor, by dates and different shifts, for the last year, that staff conducted 8-to-15-minute checks. Most were completed within the time frame outlined (when residents were locked in their rooms); Informal and formal interviews confirmed that the 8 to 15-minute checks would often be longer, especially if there was only one staff, or an intake was occurring; Residents are often in the day room rather than in their rooms. This enhances the time that the facility is compliant with the staffing ratios.

This auditor verified this in informal and formal interviews with staff and residents, review of room check logs, which also documented where residents were during that time frame, and by site visit review and observation; When all residents were out of their room, this auditor observed DCJDC exceeding the staffing ratio, as only four residents were in the facility; however, when the youth went to rooms in two different wings, and others were in the day room, the staffing ratio was not maintained in the wings.

**Assessment of DCJDC requirements and compliance:**

*Developed a staffing plan with adequate levels of staffing/video monitoring:*

Included in this staffing plan, was recognition of the need for more staff to meet secure facility ratios. It states, During the 2019 PREA Audit, it was brought to the facility's attention that staff are to be located in all areas detainees are located; this includes housing wings at night. Although the audit was put on hold, the current administration has been working on requiring additional positions and filling those positions.

The staffing plan recognized that it is not in compliance with the secure facility requirements of 1:8 and 1:16 in every area of the facility where residents are; however, it includes the need for two more staff and states that it would bring the ratio up to 2:12 during the day and 2:16 at night; however, this is an aggregate total of staff to residents, not staff to resident in every area where there are residents.

Video monitoring is included in this plan, including audio, as confirmed on the site visit, and review of the schematic: There are two cameras in each wing, four including the hall-including the intake cage, two in the day room, two in the indoor recreation area, and one in the outdoor rec yard. Included was a plan to update cameras with additional cameras in the day room, intake cage, all individual rooms, and all three wings to have a clearer view of all areas. Interviews confirmed that cameras in the rooms would only be used for additional required observation and will be documented. A policy is already being worked on to ensure observation parameters once cameras are installed. DCJDC exceeds this requirement with cameras with video.

*Implemented a staffing plan with adequate staffing and video monitoring:*

A staff desk was added to the hallway outside the X wing's windows. X wing is used for medical and intake showers and rarely holds residents. During the site visit, observations documented that staff was placed at this desk; however, they moved back and forth to other facility areas, including the staff office, day room, intake area, and conducting room checks. There was no continuous presence in every area where residents were.

Video monitoring is done from the detention staff office, the Chief Juvenile Probation Officer's and the Detention Manager's office, and their homes. In addition, video monitoring is done from the jail control room, and the intercoms from each resident's room go to the jail. The area around the toilet was blurred to enable residents to toilet and change without opposite-gender staff viewing.

*Documented a staffing plan with adequate staffing and video monitoring.*

*Documentation was reviewed, both before and after the new staffing plan was in place (February 2023), and included:*

**a) Room Checks:** This auditor, prior to the site visit, requested documentation of room checks for random days and shifts from Jan 2022 to February 2023. The review demonstrated that 8-to-15-minute checks were documented, as well as the residents being out of their rooms and in the dayroom, school, or at recreation.

**b) Deviations from the staffing plan: (115.313b):** Tracking records were reviewed from January to December 2022. Before the new staffing plan, they did not document deviations from required secure facility ratios. In addition, this review concluded that most Saturdays and graveyard shifts had only one staff member; In 2023, deviation tracking was changed to reflect how many residents were in the facility, reasons for deviation, including being unable to have staff in all areas where there are residents, and comments indicating what was done to bring the facility into compliance; In January 2023, the facility documented that there were nine times a single staff was in the facility on graveyard; in February 2023, there were ten times a single staff was in the facility (9 on graveyard 1 Saturday); in addition, stated reasons for single staff coverage were facility operations issues and not exigent circumstances. Though it is not in good practice to have just one staff in a facility with residents if the staff is stationed and stays in an area where fewer than eight residents are, it is compliant with the secure juvenile facility staff ratios; however, due to multiple areas being monitored by a single staff, this was not compliant; When residents were out of their rooms and in the day room, was the only time this auditor observed that the facility was compliant with the secure staffing ratios.

**c) Video Monitoring:** There is video monitoring with audio in all facility's common areas except in resident rooms. There is one observation room with a camera, and the toilet is blurred out to ensure monitoring cannot see a resident toileting or changing. The staffing plan outlines plans for more cameras to cover all identified areas and provide even more facility coverage.

**d) The Douglas County Camera Plan:** This includes cameras in residents' rooms; however, the cameras will be turned off unless the youth is under observation. An interview confirmed that a new policy is being developed for when these cameras are in place. Included in the reviewed documentation are the Douglas County Camera Upgrade plans. It includes multiple cameras in the day room, two in the hall, one in the entrance, two in the indoor rec yard, one in the outdoor rec area, 1 in the intake area, and cameras in all juvenile rooms and their adjoining day rooms.

**Onsite Review:**

**a) Staffing Ratios:** Staffing, per area where residents are, remains an issue as documented by the onsite observations and informal and formal interviews. Observations documented that when residents were in their rooms, on different wings, zero wings had staff stationed in them. Additional observation documented that when residents were in the dayroom, and one was in their room, zero staff were stationed on the wing where the resident was.

**b) Deviations:** Deviation tracking has improved since the start of this audit as exhibited by the review; however, the high level of deviations observed on the site visit are documented on the deviation form monthly, as the facility does not meet secure staffing ratios in every area where residents are. This is done, due to this deviation in day and night shifts every day. The deviation form documents when there is one staff member in the facility; however, deviations occur every time the secure facility ratios are not met in every area where residents are. Documentation reviewed recorded that a lack of staffing, staffing call-ins, or other normal facility operations caused most deviations tracked. While these deviations need to be tracked, they would be considered non-compliant. The only compliant deviations are when there are exigent emergency circumstances, where the secure facility ratios are temporarily not met in an area where residents are. (See corrective action).

**c) Interviews:** Confirmed that staff are stationed in the hall when residents are in their room, on one or more of the three wings. In addition, residents are in the day room for most of the daytime and not in their rooms. Also, deviations are documented when there is only one staff member in the facility instead of when there is no staff in the area where there are residents.

**d) Unannounced rounds:** (b1) Interviews and reviews of records confirmed that unannounced rounds are completed mostly by video, as the only upper-level staff are the PCM/Director and the Chief JPO. While video enhances supervision, these rounds must be done in person to ensure that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment on all shifts and prohibit staff from alerting other staff of the conduct of such rounds. (see corrective action)

DCJDC also addressed these **11 requirements** in its staffing plan:

1. Accepted Detention and Correctional Practices: Documenting the priority of

residents' health, safety, and welfare and considering program changes, daily population breakdown, scheduled staff, programming, and other operational activities. (Did not address accepted secure juvenile facility staffing ratios of 1:8 and 1:16 in all areas where residents are.) See corrective action;

2. Any judicial findings of inadequacy: Hiring staff currently for staffing requirements;
3. Any findings of inadequacy from Federal investigative agencies: The current administration has been working on requiring additional positions and filling those positions currently in the process of PREA Audit 2023 with a site visit scheduled for March 7 & 8, 2023;
4. Any findings of inadequacy from internal or external oversight bodies: PREA audit determinations will be used to ensure staffing ratios;
5. All components of the facility's physical plant (including "blind spots" or areas where staff or detainees may be isolated): Included in the updated, approved camera plan. Douglas County, Juvenile Detention Center, will be updating the camera system to avoid blind spots. This includes cameras in every resident's room. The cameras, when installed in the rooms, would only be used when juveniles require additional observation and will be documented. This will be put into policy once the cameras are installed;
6. The composition of the detainee population: Adjustments may be made to the Douglas County Juvenile Detention's staffing plan to accommodate gender-specific requirements and behavioral concerns;
7. The number and placement of Detention staff: creating a floor staff position with a desk in the hall. The Chief Juvenile Probation Officer and the Detention Manager conduct random unannounced rounds and video monitoring to ensure the juveniles' health, safety, and welfare in the detention facility. (Did not address where staff and residents need to be to comply with staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours.) See corrective action;
8. Institution programs occurring on a particular shift: Douglas County Juvenile Detention staff rotates between the graveyard and day shifts quarterly. This allows all staff to participate in programming with the juveniles. Visitations are scheduled on Sundays. Due to our population numbers, some programming may be conducted with one staff member. (Did not address how secure juvenile staffing ratios are maintained when these programs occur.) See corrective action;
9. Any applicable State or local laws, regulations, or standards: The Douglas County, Juvenile Detention Center, will update and change any staffing plans to meet all applicable laws and standards;
10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse: As Douglas County Juvenile Detention conducts the staffing plan, considerations are taken around substantiated and unsubstantiated behavioral and PREA incidents. The Facility Manager will schedule additional staff to cover the individualized needs of the victim and the health, safety, and welfare of the general population. If the perpetrator were a staff

member, they would be placed on Administrative Leave; if the perpetrator were a juvenile, they would be placed on Administrative Isolation;

11. Any other relevant factors: Room checks, 4-15 minutes, and documenting where every resident is in the facility;

If there is an emergency and staff call off for a shift, there are on-call staff that can assist in covering shifts. The Facility Manager, JPO, and Chief Probation Officer are also included in the facility staffing plan when needed. The juvenile detention center updates the staffing plan as needed. The yearly approved County Commissioners' budget supports supervision ratios required by the Nevada Statute and the composition of the juvenile detention population. This includes on-call youth detention counselor positions, flexible Detention Manager job description, and the Chief Juvenile Probation Officer on call to the facility 24 / 7. Facility policy denotes additional staff may be required to meet the facility's needs; this allows the facility to have some flexibility regarding scheduling;

**Compliance Statements:**

DCJDC created, implemented, and documented a new staffing plan in February 2023. The plan included the following: Video monitoring and plans to enhance video monitoring; The prevalence of substantiated and unsubstantiated incidents, of which there have been zero at DCYDC; Judicial Findings of Inadequacy; Findings from Federal investigative agencies, of which there are zero at DCJDC; All components of the facility's physical plant; The composition of the resident population; Applicable state or local laws, regulations, or standards, and Other relevant factors: unannounced rounds, scheduled room checks, tracking deviations from the staffing plan, and reviewing the staffing plan yearly.

The plan included, but was not compliant with, the following:

**Generally accepted juvenile detention and correctional/safe practices:** The National Prison Rape Elimination Act established secure juvenile ratios of 1:8 and 1:16 for every area where there are residents. The review of the staffing plan, observations from the on-site review, and interviews conclude that DCJDC must ensure that the secure juvenile facility ratios of 1:8 and 1:16 are in the staffing plan and in practice in every area of the facility where there are residents.

**Number and Placement of Staff:** The onsite review, interviews, and documentation review conclude that DCJDC must ensure the staffing plan documents the number and placement of staff in the staffing plan to comply with the secure juvenile facility required staffing ratios of 1:8 and 1:16 in every area of the facility where there are residents. This includes all units when residents are in their rooms. The facility is working towards ensuring two staff are always in the facility; however, currently, they are not always stationed in the areas where the residents are, thus being non-compliant and deviating from the required secure staffing ratios; In the staffing plan, the identified need is for two part-time staff to cover the Saturday swing shift and on-calls on days and graveyards. The staffing plan states this action would bring the staffing ratio to 2:12 during the day and 2:16



during sleeping hours; however, these are aggregate ratios of staff to residents in the facility and not secure staff ratios in every part of the facility where there are residents; This auditor observed DCJDC exceeding the staffing ratio when all residents were in the day room; however, when one youth went to their room and others were in the day room, a staff member was not stationed in the wing where the resident was in their room. The stationing of staff in the hall is not compliant with staff being in every area where there are residents; Even though it is not good practice to have just one staff in a facility with residents if the staff is stationed in an area where fewer than eight residents are, it is compliant with the secure juvenile facility staff ratios; During the onsite visit, the facility got authorization to hire two more staff. This will help meet staffing ratios, but in the immediate future, the staffing plan and practice need to reflect the action taken to ensure the secure staffing ratios of 1:8 and 1:16 are maintained in every area, at all times, except in documented exigent circumstances. This includes when residents are in their rooms on any of the three wings at DCJDC

**Institution programs occurring on a particular shift:** The onsite review, interviews, and review of documentation conclude that DCJDC must ensure the staffing plan documents all institutional programs occurring on a particular shift in the staffing plan to comply with the secure juvenile facility ratios of 1:8 and 1:16 for every area where there are residents. Currently, when residents are in the day room, and their rooms are on a wing, the staff is only stationed in the day room, or if there are two staff, one is in the hall. DCJDC must ensure sufficient staff in all areas where there are residents during all functions of the facility, including when there are residents in more than one area.

**Random Room Checks:** Informal and formal interviews confirmed that the 8 to 15-minute checks would often be longer, especially if only one staff was there, or an intake was occurring.

**Future Camera Plan:** This includes cameras in residents' rooms; however, the cameras will be turned off unless the youth is under observation. An interview confirmed that a new policy is being developed for when these cameras are in place, and this brings up new issues with video monitoring, including opposite-gender viewing when a resident changes or toilets, viewing from the jail, viewing from outside computers (Detention Manager, Chief JPO), and video room checks from staff instead of in-person checks.

**During the corrective action period for standard 115.313 a, b, c, d:**

*a) Develop, document, and make its best efforts to comply regularly with a staffing plan that provides for adequate staffing levels and, where applicable, video monitoring.*

**Policy/Procedure: The Facility 115.313 Standard Operating Procedure (SOP)** was reviewed, edited, and implemented. It included: Douglas County Juvenile Detention will develop and implement a staffing plan that provides for adequate levels of staff to ensure the protection of each detainee against sexual abuse and sexual harassment; Staff will comply with the Douglas County Juvenile Detention

Facility Policy and Procedures #3.6 Supervision. In situations where additional staff may be required, the facility manager will attempt to schedule additional coverage; Juvenile Detention must maintain a minimum staffing ratio of 1:5 during detainee waking hours and 1:5 during detainee sleeping hours, except during limited and discrete exigent circumstances. The best practice would be a minimum of 2:5 at all times as this ratio of staff to detainees must be maintained in every area throughout the facility, and any deviations from the staffing plan will be documented in a monthly report.

**Documentation reviewed prior to the second site visit:**

**Staffing Plan Process Documentation: Agency/facility meetings** occurred on May 9th, June 22, July 20th, and September 28th 2023; Three **additional staff** were approved by the agency and hired; **The corrective action plan**, developed by the facility, agency, and auditor, was instituted on June 20, 2023; **The agency PREA Coordinator (PC)** submitted comments on the staffing plan corrective action, to the facility PCM; The agency reached out to the PREA Resource Center for assistance with staffing plans reviewed and edited; Multiple staffing plans reviewed and edited; Multiple phone and email communications between the auditor, agency, and the facility; Staff were **trained** on facility standard operating procedure 115.313, staff ratios, and the staffing plan; Additional new staff were **hired** (3) and started on August 23, October 2, and October 9th, 2023; and The final compliant staffing plan was completed, reviewed and signed in October 2023.

**PC/PCM monthly meeting summaries:** monthly, quarterly, and yearly required topics reviewed. For this standard:

- **Monthly** PC/PCM meeting notes: Hiring/background discussions, audit progress, Youth needs/services; staffing;
- **Quarterly:** Staff training, staff acknowledgment of training and understanding signed, Youth training, signed youth acknowledgment of training and understanding, language plan, disability plan, disability assessment, and several disabled/LEP youth for whom services were sought, and what was provided;
- **Yearly:** Audit Status/timelines, Internal Audit, Staffing Plan reviewed, adequate levels of staffing, and video monitoring.

**Facility Compliant Staffing Plan: October 2023:** Requires staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours, except during limited and discrete exigent circumstances will be fully documented; Any changes in the daily schedule and staffing will take full consideration of the juvenile population breakdown, scheduled staff on duty, scheduled activities and events, appointments, and shift changes; Staff stationed in areas that allow for meaningful line of sight into any area, without the assistance of technology; When the staff/youth ratio cannot be met, deviations are documented; Staff and schedule, including on-call staff, allow for a staffing ratio of 1:8 during waking hours and 1: 16 during sleeping hours; Operationally 1:5 during sleeping and waking hours; Juvenile and staff placement

requirements, by each area; The camera needs, are approved and scheduled for installation; Considerations for Room Placement; Staff are stationed in the area with the juveniles when they are out of their rooms, and in the immediate area when juveniles are in their rooms; Room check schedule 4 to 15 minutes; Zero reports of sexual abuse/harassment; Deviation documentation is required on the room check log; Annual Staffing Plan review requirements; Considerations required to be reviewed, by the PREA standards (staffing plan review form); Staff stations in each wing; two staff on duty, sometimes 3 or 4; average resident population 2.2 for the last year; Backup staff: Detention Manager, Chief JPO; on-call workers

**Facility Practice: 115.313b and c:, Second Onsite Visit:**

**Observations:**

**Standard Requirement: b)** *Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan;* **c)** *Each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios.*

**Facility Policy/Procedure: DCJDC (facility) SOP 115.313 Supervision and Monitoring.** *Page 1: Juvenile Detention must maintain a minimum staffing ratio of 1:5 during detainee waking hours and 1:5 during detainee sleeping hours, except during limited and discrete exigent circumstances. The best practice would be a minimum of 2:5 at all times; This ratio of staff to detainees must be maintained in every area throughout the facility; Any deviations from the staffing plan will be documented in a monthly report; Also, listing what is considered annually, when reviewing the staffing plan (covers all PREA requirements).*

This facility policy often exceeds the standard requirements of 1:8 and 1:16 staffing ratios. This ensures two or more staff are in the facility with residents at all times, and they are in the same area where the youth are.

**Documentation:**

**Deviations (monthly report): January-November 14, 2023:** Deviation and exigent circumstances tracking was completed during corrective action. The deviations for facility practices gradually were reduced to zero by mid-October through mid-November. September and the first part of October were reduced to limited times when a single staff opened the outside door for a second staff arriving. During this time, new staff were hired, and as the new staff were trained and began work in the facility, staffing of at least two staff at all times and sometimes 3 and 4 was attained. This was documented in the room check logs and monthly deviation reports. In addition to deviations, any exigent circumstances are also tracked on this form., as well as what was done to ensure facility ratios.

Compliance assessment for 115.313b and c, after corrective action, all deviations were recorded in the room check log, and tracked by the facility PCM monthly.

Documentation demonstrates substantial compliance with this practice, and consistently for the last two months exceeding compliance in staffing ratios per area and zero deviations.

**Standard Requirement: d)** *In collaboration with the agency's PREA Coordinator, review the staffing plan to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.*

**Policy/Procedure:**

**Edited DCJDC (facility) SOP 115.313 Supervision and Monitoring:** Page 1: *As needed, the PREA coordinator, the Facility Manager / PREA Compliance Manager, and the Chief Juvenile Probation Officer will assess the staffing patterns, technologies and resources, deviations, and video monitoring systems. This assessment is used to determine if the staffing plan and the video monitoring systems provide for the Juvenile Detention Mission to ensure the health, safety, and welfare and the protection of detainees against sexual abuse and harassment.*

*The following are considered annually, or more often when developing and updating the staffing plan: Generally accepted juvenile detention and correctional/secure residential practices; Any judicial findings of inadequacy; Any findings of inadequacy from federal investigative bodies; Any findings of inadequacy from internal or external oversight bodies; All components of the facility's physical plant (including "blind spots" or areas where staff or detainees may be isolated); The composition of the detainee population; Cross-gender viewing and searches. Access to medical and mental health care; The number and placement of supervisory staff; Institution programs and education; Any applicable state or local laws, regulations, or standards; The prevalence of substantiated or unsubstantiated incidents of sexual abuse.*

**Documentation:**

**Yearly Staffing Plan Review Form:** October 2023, Review of all PREA required categories: Has a written **Staffing Plan** Yes; **Monitoring Technology:** Yes, with video and new cameras scheduled to be installed; **Resources** to commit to the Staffing Plan: Yes; Any **exigent Circumstances?** Are they Documented—Yes; **Unannounced Rounds** conducted by intermediate or higher-level supervisors- Yes; **Generally accepted juvenile detention and correctional/secure residential practices;** None; Any judicial findings of inadequacy; None; Any **findings of inadequacy from Federal investigative agencies;** None; Any **findings of inadequacy** from internal or external oversight bodies; Yes (PREA staffing ratios); **All components of the facility's physical plant** (including "blind spots" or areas where staff or residents may be isolated); Yes, and cameras are funded, and installation will begin soon; The **composition of the resident population;** Yes; The **number and placement of supervisory staff;** Yes; **Institution programs** occurring on a particular shift; Yes; **Any applicable State or local laws, regulations, or standards;** Yes; **The prevalence of substantiated and**

**unsubstantiated incidents of sexual abuse;** and Yes; **Any other relevant factors.** Recreation Yard Opening of additional wing based on population needs, Addressed Staff Office concerns: Yes.

**Monthly PC/PCM meetings** reviewing staffing: 9/28 documented adequate levels of staffing and video monitoring.

**Interviews:** PC and PCM confirmed all new staff were hired, completing training, and are working in the facility. Staffing plan was developed, implemented, and reviewed for compliance.

The second Site visit and review of documentation to the end of corrective action on November 14, 2023, finds the facility, DCJDC, substantially compliant with 115.313 a, b, and c.

**115.313e:**

Facility Standard Requirements:

*e) Each secure facility shall implement 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. Such policy and practice shall be implemented for night and day shifts. Each secure facility shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring unless such an announcement is related to the legitimate operational functions of the facility.*

**Policy/Procedure/Paperwork:**

**Agency Policy: DCDC Policy A 115.313 Unannounced PREA Checks:** page 3 requires: Upper-level staff to conduct at least three unannounced rounds per week: *Must cover each shift (day, swing, graveyard) at different facility areas at differing times; Documented on the PREA Unannounced Round Log; aa. Verifying staffing ratios; bb. Deterring any behavior qualified as sexual harassment or sexual abuse; cc. Identifying any behavior qualified as sexual harassment or sexual abuse; dd; Staff shall not alert other staff members these rounds are occurring; ee; This shall be documented on the PREA Unannounced Round Log; ff Completed logs shall be given to the facility PREA Compliance Manager. Other Purposes. The facility shall ensure all classrooms, day rooms, or offices where youth may interact with other youth or staff have unobstructed views; 2. Windows may not be covered; 3. The only exceptions; aa. Medical examination rooms; bb. Single occupancy restrooms, and cc. Personal living quarters.*

*Facilities may have a facility-specific policy regarding group restrooms and allowances for obstructed views of personal living quarters. The facility shall ensure all parts of the facility are monitored daily. The facility shall ensure areas such as staff offices, staff restrooms, and janitor closets are secure with staff following key control policy.; The Chief Juvenile Probation Officer and/or the Facility Manager/ PREA Compliance Manager shall conduct unannounced rounds on all shifts.*

*Unannounced rounds will be entered into Tyler Supervision, Facility Log. A report will be provided to the Agency PREA Coordinator upon request; Unannounced rounds may include video monitoring from the Facility Manager/ PREA Compliance Manager or the Chief Juvenile Probation. Unannounced rounds are completed to verify staffing ratios and identify and deter any behavior qualified as sexual harassment or sexual abuse; Staff shall not alert other staff members when these rounds are occurring, and the facility shall ensure all areas, including day rooms, rec yards, wings, and staff office where youth may interact with other youth or staff have unobstructed views.*

*Windows may not be covered; the only exceptions are single-occupancy shower areas and single-occupancy detainee rooms; when using the restroom and changing; and The facility shall ensure all parts of the facility are monitored, the detention staff shall ensure detainees are in the line of sight of staff when out of their rooms, in view of cameras when talking with staff in the office or on the phone, and that no detainees are allowed in unmonitored areas, including the staff bathroom and storage closet.*

**Documentation:**

**DCJDC Spreadsheet:** documents unannounced rounds, documents: date, time, who conducted, and notes about the observation. These are tracked on this spreadsheet through the end of the corrective action period.

**Douglas County Juvenile Detention Monthly Security Checks:** documents checks of all room intercoms that go to the jail. March 2022 to March 2023. Checked intercoms every month to ensure they were working.

**Facility,** trong> DCJDC, 15.313 Standard Operating Procedures 3/6/2023: Created by DCJDC to comply with the agency policy requiring facilities to develop and implement standard operating procedures that comply with the agency policy.

- Unannounced rounds may include video monitoring from the Facility Manager/ PREA Compliance Manager or the Chief Juvenile Probation.

**Compliance Assessment:**

After a review of the DCJDC standard operating procedures, the DCDC agency A 115.313 policy, the documentation of unannounced rounds for the last year, and interviews with the Facility Director/PCM, the determination was made that DCJDC conducts unannounced rounds predominantly by video, due to having only one upper-level supervisor, the Director/PCM, and a Chief JPO.

Unannounced round documentation indicates that video rounds are conducted regularly on day and swing; however, the graveyard shift (7 p.m. to 7 a.m.) has very few times during the night and early morning when these rounds take place. The agency policy requires these rounds to be completed three times a week, on all shifts and at various times.

While video enhances supervision, these rounds must be done in person to ensure that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment on all shifts and prohibit staff from alerting other staff of the conduct of such rounds.

Interviews and reviews of records confirmed that unannounced rounds are completed mostly by video, as the only upper-level staff are the PCM/Director and the Chief JPO.

DCJDC will have corrective action for Unannounced rounds. These rounds must be completed in person and meet the agency requirements of 3 times a week, on all shifts, and at varying times. Documentation is being completed and has been done for the last year; however, corrective action will require a practice change.

**Unannounced Rounds:** Unannounced rounds must be completed in person; This requires a slight change in DCJDC's new 115.313 standard operating procedures. (That states these rounds can be done by video) It is okay to do these checks, in addition to the required in-person rounds, and document them as excelling in this requirement if you wish; Evaluate how documentation is completed to ensure unannounced rounds are conducted in compliance with the agency policy.

**During the corrective action period: 115.313e:**

**Policy/Procedure:**

The DCJDC SOP was edited to reflect the following:

*Facility: DCJDC SOP 115.313, page 2: Unannounced Rounds: Intermediate and upper-level Juvenile Detention Staff, shall conduct unannounced rounds on each shift, Day, Swing, and Graveyard. Intermediate-level staff members are Youth Detention Counselors who have met and or exceeded the Job skills and knowledge of a Youth Detention Counselor Trainee; Youth Detention Counselors who assist in the supervision and training of Youth Detention Counselor Trainees and On-calls; Upper-level supervisory staff are: The Detention Manager / PREA Compliance Manager; The Chief Juvenile Probation Officer, and the Agency PREA Coordinator; Unannounced rounds will be entered into Tyler Supervision, Facility Log; A report will be provided to the Agency PREA Coordinator upon request. Additionally, video monitoring from the Facility Manager / PREA Compliance Manager or the Chief Juvenile Probation Officer may occur, at times, to monitor staff and juvenile placement.*

*Unannounced rounds are completed for the purpose of: Verifying staffing ratios; Identify and deter any behavior qualified as sexual harassment or sexual abuse; Staff shall not alert other staff members these rounds are occurring; Intermediate and upper-level Juvenile Detention Staff shall ensure all areas including day rooms, rec yards, wings, and staff offices where youth may interact with other youth or staff have unobstructed views. The inside of windows may not be covered; The only exceptions are single-occupancy shower areas and single-occupancy detainee rooms when using the restroom and changing; Intermediate and upper-level*

*Juvenile Detention Staff shall ensure all parts of the facility are monitored.*

**Documentation:**

**Staffing Plan Review, October 2023:** The yearly staffing plan review determined that unannounced rounds are being conducted by intermediate or higher-level supervisors; **Unannounced Rounds Spreadsheet**, unannounced rounds conducted: August: D-19; S-5; G-14; September: d-15; S-10; G-10; October: D14; S-11; G-9; **Staff statements of review and understanding of SOP 115.313.** (10 samples in audit documentation)

**Second site visit:**

Interviews: PCM and upper-level staff confirmed that unannounced rounds are being conducted at least three times a week, on all shifts, and at varied times. All staff members reviewed the policy change, and repeated the meaning back to the PCM, in their own words and the PCM ensured understanding.

**Assessment of Compliance, 115.313e:**

A review of the updated agency and facility policy finds it exceeds compliance with standard 115.313e, by requiring three unannounced rounds a week on all shifts and varied times.

A documentation review demonstrates the logging of all unannounced rounds and tracking by the PCM. September to October shows an increase of unannounced rounds on the swing shift and determined practice compliance on every shift, exceeding the PREA requirements of 115.313e.

A return site visit, in October 2023, confirmed by observations and interviews, that DCJDC complies and often exceeds with the requirements of standard 115.313e; however, even though some standards have been exceeded, this has only been in effect for a short period of time, and results in a finding of substantial compliance. This is due to the requirement that it is ingrained into the facilities culture.

<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<b>115.315 Limits to cross-gender viewing and searches.</b>  <b>Compliance Determination:</b> This auditor certifies that Douglas County Juvenile Detention is compliant with the requirements of 115.315 in policy/paperwork, practice, and culture. This compliance determination is based upon information provided by the Douglas County Juvenile Detention Center, Douglas County Ninth District Court, facility site visit, auditor pre- and post-review, corrective action, and a



second site visit.

**Acronyms** used in this standard report: **DCDC**: Douglas County Ninth District Court (agency); **OAS**: Online Audit System; **PCM**: Facility PREA Compliance Manager (DCJDC); **PCC**: Facility PREA Compliance Coordinator (CSYC); **DCJDC**: Douglas County Juvenile; Detention Center; and **SOP**: Standard Operating Procedures

**115.315 a, b, c, and f: Facility Standard Requirements:** **a:** *The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners;* **b:** *The facility does not permit cross-gender pat-down searches of residents absent exigent circumstances;* **c:** *The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches;* and **f:** *The agency shall train security staff in conducting cross-gender pat-down searches and searches of transgender and intersex residents, professionally and respectfully, and in the least intrusive manner possible, consistent with security needs.*

**Compliance Assessment, 115.315 a, b, and c:**

**Documentation:**

**Policy/Procedure:Agency:** Policy: Douglas County Ninth District Court (Policy A 115.315 Agency Limits to Cross-Gender Viewing and Searches: requires each facility to create a Standard Operating Procedure consistent with agency policy. The agency policy prohibits cross-gender strip and visual cavity searches, except in exigent circumstances or by medical professionals. In addition, it prohibits cross-gender pat-down searches except in exigent circumstances and requires documentation of such searches. It also, on page 2, requires staff shall be trained at hire and annually in conducting cross-gender, intersex, or transgender pat searches respectfully and in the least intrusive manner possible.

**Facility Standard Operating Procedures:** DCJDC's (facility) Prevention Planning Procedures, 115.315, page 1: Prohibits cross-gender strip searches; prohibits cross-gender strip searches, except under exigent circumstances; and requires detention staff to be trained at hire and annually in conducting cross-gender, intersex, or transgender pat searches respectfully and in the least intrusive manner as possible. This policy guides same-gender staff completing any strip search deemed necessary and must have justifiable suspicion leading the staff to believe the safety and security of the facility, staff, and/or detainees are in jeopardy or suspicion of drugs. All searches are to be documented under Booking in the logbook and Tyler Supervision.

**Facility, DCJDC Search policy 4.10:** defines the three types of searches it conducts: un-cuffed juvenile search, standing basic search, and strip search. A strip search will only be conducted under certain circumstances to protect the safety of the juveniles, staff, and facility. To conduct these searches, there must be proper authorization and justifiable suspicion of contraband or weapons. This must be documented and articulated in the arresting officer's probability cause report and

Tyler Supervision. It is recognized that these types of searches are intrusive and will be conducted with recognition and respect for the human dignity of those being searched.

**Pre-Site Review: Documentation requested, received, and reviewed before the site visit:**

Agency and Facility policies/procedures, confirming the facility's compliance with the agency policy, with written Standard Operating Procedures;

**Training records** confirmed staff receive cross-gender, intersex, and transgender search training every year and are in documentation of this audit. They include: A **spreadsheet that includes all staff, type of training, completion date, and signature of understanding**-Includes cross-gender searches and transgender/intersex searches; PREA: Conducting pat searches on transgender juveniles (Guidance in Cross Gender and Transgender video); Cross Gender, intersex, and transgender Pat Down Search ( <https://ncjtc.fvtc.edu/>) training video and slides; All current staff's training logs document the completion of the above training; and All Staff's statements of completion and understanding.

**Site Review:**

Zero cross-gender searches were performed at DCJDC in this audit period, as confirmed by interviews. There were zero medical staff searches.

Interviews were conducted with staff and all residents. **Interviews**, site visit reviews, and informal conversations confirmed that DCJDC staff are trained to conduct resident, cross-gender pat-down, intersex, and transgender searches; however, they do not conduct cross-gender pat-down searches unless it is an emergency, like weapons. Staff are prohibited from conducting cross-gender strip searches or performing cross-gender pat-down searches unless exigent circumstances are documented or when performed by medical personnel. In addition, staff reported that the last training was received in 2022. Staff also mentioned using the wand, instead of pat searches, after the initial intake pat-down. **100% of interviewed staff** confirmed they had never conducted cross-gender pat searches and explained extremely exigent circumstances as the only way they would ever perform one. All staff reported they would document any cross-gender searches in the log or Tyler Supervision. Additionally, staff confirmed that with a transgender or intersex resident, they would ask about the preference of gender, and that is who would search them - documenting it in the log and Tyler supervision. **Residents' interviews:** 100% of residents said they have never had a pat down search done by an opposite-gender staff and never seen one done in the facility, nor have opposite-gender staff ever seen them naked while toileting, showering, or changing, nor had they seen any other youth observed while doing that.

**Formal and Informal interviews** with staff confirm the understanding and practice of resident, cross-gender, Transgender, and Intersex searches. All staff training records reviewed prior to the site visit include signed statements of

understanding. Staff attended search training at hire and annually, as documented on training logs. This auditor observed two searches during the site visit. A same-gender staff conducted them and was professional and respectful. These searches were completed at intake and a simulation of intake.

**Observations:**

Intake simulation: A staff of the same gender as the (mock) resident performed a pat down search professionally and respectfully, letting the resident know everything she would do. The resident removed all outer layers of clothing (coat, shoes, socks, jewelry, ponytail holder) and left them in the intake area. Then the resident was taken to a unit room to change and shower. This is a setting out of sight of other residents.

Actual intake: This auditor observed the intake cage where an intake was completed. The staff instructed the resident to remove any outer layers of clothing (coat, extra shirt, belt, shoes, socks, jewelry) and had the resident put them in a pile. A same-gender staff completed a pat down search and was professional and respectful, letting the resident know what he was going to do for all steps, as well as letting the resident know that his job was keeping him and other residents safe in this facility. In addition, this auditor observed the unit and room where the resident was taken to change clothing for a shower.

Both pat searches were respectful and professional, letting the resident know all actions being taken, talking respectfully and caring about the resident's safety, and ensuring that the search was private but under camera supervision.

**Compliance Statement: Exceeds a, b, c, and f.**

The **agency** (DCDC) and the secure juvenile facility (DCJDC) prohibit cross-gender strip searches, visual body cavity searches, and cross-gender pat searches, except in exigent circumstances.

DCJDC, **facility**, trains its staff upon hire with a yearly refresher in conducting pat searches, cross-gender, intersex, and transgender searches, and emergency and exigent circumstances. In addition, DCJDC exceeds this standard, as staff are trained and understand that they must document all searches. Policy and practice are outlined in this standard and ingrained in the culture of this facility.

This auditor certifies that DCJDC exceeds compliance with PREA standards 115.315-sections a, b, c, and f, based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by Douglas County Ninth District Court (DCDC), Douglas County Juvenile Detention Center (DCJDC), and the facility site visit observations, interviews, and auditor onsite, pre-, and post-site reviews.

**Paperwork, Policy/Procedures, Forms, and Uploaded documentation: a, b, c, and f:**

**DCDC Policy, and DCJDC policy** and standard operating procedure; All staff

training on policy 115.315 and signatures of completion and understanding; **The Pre-Audit Questionnaire:** DCJDC does not conduct cross-gender strip or visual body cavity searches. DCJDC staff are trained on all cross-gender searches annually as a refresher; DCJDC conducted zero cross-gender pat-down searches of residents in the last 12 months; zero cross-gender pat-down searches of residents that did not involve exigent circumstances; Zero such searches (described in 115.315(e)-1) occurred in the past 12 months; **Staff Training PowerPoint:** Cross Gender Pat Down Searches, <https://ncjtc.fvtc.edu/>; New Staff will train in Cross Gender Pat Down Searches and Exigent Circumstances; Slide 10, Conducting Pat searches on Transgender and Intersex Juveniles; <https://video.search.yahoo.com/search/video?fr=mcafee&ei=UTF-;&p=conducting+pat+searches+on+transgender+juvenile&type=E211US1451G0#id=1&vid=4d6c408d5b91ac3a09b76804b1f0a5e0&action=click>; Watch the video, answer questions, and sign and date to indicate completion and understanding.

### **115.315 d**

**Facility Requirements:** **d1:** *The facility has implemented 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;* **d2:** *Such policies and procedures shall require a staff of the opposite gender to announce their presence when entering a resident housing unit.*

### **Compliance Assessment:**

Documentation:

The agency (DCDC) agency policy complies with this standard 115.315d: **DCDC (agency) Policy A 115.313**, page 1. II.A: *requires its facilities to create standard operating procedures to comply with the agency policy that requires its facilities to implement procedures for residents to shower, perform bodily functions, and change, without nonmedical staff, of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances, when such viewing is incidental to routine cell checks. In addition, it requires a staff of the opposite gender to announce their presence when entering an area where youth are likely to be showering, performing bodily functions, or changing clothing. In addition, it requires staff members of the opposite gender to announce their presence when entering a youth housing unit.*

In compliance with agency policy, DCJDC (facility) has a Standard Operating Procedure complying with the agency policy requirement: **DCJDC (facility) Standard Operating Procedure 115.315**, page 1: prohibits any staff from viewing detainees showering, changing clothes, or performing bodily functions, except when the view is incidental to routine room checks or searches; and page 2: All staff, upon entering a wing, will alert the detainees to their presence. Detainees may notify staff by telling them when to change clothing or use their toilet.

After creating a Standard Operating Procedure for this standard, the facility (DCJDC) created training for all prevention policies. Staff read the policy and reviewed it with the PCM to ensure understanding, then sign and date the review and understanding. (Prevention Standard Operating Procedures training). This is part of corrective action, as the facility SOP was created just before the site visit.

**Practice: Shower, Changing clothing, Toileting:**

Interviews of staff and residents confirm that residents shower one at a time, and residents alert staff if they are changing clothing or using the restroom to ensure viewing does not occur. 100% of staff and residents confirmed this has been the process as long as the current residents and most staff have been at the facility, demonstrating this process is ingrained in the facility's culture.

100% of all Residents interviewed confirmed that staff announce themselves when they enter the unit if a staff of a different gender than the residents. Residents also stated that showers and toileting facilities are private for one person at a time. Residents also said they usually could hear staff's keys when they entered the wing and let them know if they were using the toilet or changing.

100% of Random Staff interviewed confirmed that they announce, "Female/male staff on the unit, or female/male staff on the unit x2" if more than one female or male staff is on the unit. Staff also confirmed that every resident showers and toilets by themselves. Changing is done in resident rooms, and residents notify staff they are changing or using the restroom to ensure no staff viewing.

**Site Review:**

This auditor confirmed the following using the Cross-Gender Viewing and Searches audit tool. This auditor observed individual rooms where youth would be changing or toileting and the camera placement. Zero cameras were placed where changing or toileting could be observed, except in an observation room that was not being used. When observing the monitors, this room had the toilet area blurred so that nothing could be seen. When staff conducted room checks, the windows gave a view of the room and bed, but if the youth was using the toilet, it was in the right front corner, and staff at first glance can see a glance of the resident in that area and moved on before observing them using the toilet. Most of the time, residents will let staff know if they are changing and toileting.

Interviews and informal conversations: confirm that staff are aware and enforce procedures that ensure residents shower one at a time. This includes the use of a screen and a shower with a curtain. Staff and residents confirm that opposite-gender staff have never viewed a resident while showering, toileting, or changing unless it is incidental to room checks. Residents confirmed that they had never been seen naked by staff or seen any resident who was. In addition, staff who monitor the cameras cannot see beyond the screen and shower curtain, and in the observation cell, the toilet area is blurred, and they cannot see body parts. Residents said they could hear staff's keys jingle when they entered the wing and would let them know if they were using the toilet or changing.

**Observed:**

This auditor observed staff jingling their keys when entering the wings, where residents are in their rooms; however, they did not observe any staff announcements alerting the residents that a staff of the opposite gender was in the wing. This is part of corrective action.

When this auditor observed an intake after the resident had been pat-searched by same-gender staff, the following was observed: The resident was taken through the hall to an unused unit that included two cameras. The resident was escorted to a room and instructed to remove all clothing, wrap a towel around himself, and let the staff know when he was ready to shower. The staff stood beside the door, where they could not see in the room. The staff requested the resident bring his clothing out and place it outside the door. The staff instructed the resident to go behind the screen and enter the shower with a shower curtain. The staff stood in the unit doorway, where he could observe when the youth came out of the shower, behind the screen, but not see buttocks or genitalia. After the shower, the resident wrapped in a towel and returned to the room to dress in detention clothing. This auditor stood outside the unit, where she could not see the resident in his room, in a towel, or the shower area, and could listen to the staff's instructions from the hall. After the resident dressed, the staff instructed him to pick up his clothing outside the room and return to intake. At that point, the staff shook out the clothing left in the intake area and the clothing the resident had taken off before his shower and instructed the resident to fold it neatly and put it in a pile on the desk. Then, respectfully, the staff documented each piece of clothing and jewelry the resident had brought with him and checked with him to ensure all his possessions were on the list, to ensure all possessions he brought in would be returned to him, and had him sign the inventory. Intake was completed; however, this auditor confirms that the practice was respectful and prevented any prohibited viewing of the youth during changing, toileting, or showering. In addition, staff viewing the monitor could not see the resident toileting, changing, or showering. No viewing occurred of toileting or showering due to a large screen, single showers with shower curtains, no camera view behind the screen, and zero areas where this auditor observed residents while showering, toileting, or changing.

DCJDC complies with PREA Standard 115.315d by prohibiting staff viewing of residents showering, changing, or toileting; ensuring bathrooms and showers are one person at a time and have screens and a curtain; however, it needs to ensure all residents know when a person of the opposite gender comes on the unit, by announcing their presence in a loud enough manner that all residents hear, including those with hearing disabilities.

**During corrective action:****Documentation:**

The agency DCDC already has a policy, A 115.315, Page 1. II. b, to "*require staff of the opposite gender to announce their presence when entering a youth housing unit.*" In addition, required the facility, DCJDC, to update their standard operating

procedure to comply;

The facility, DCJDC, also has a facility Standard Operating Procedure (SOP) 115.315, page 2, that states, "All staff, upon entering a wing will alert the detainees to their presence. Detainees will notify staff by telling them if they are changing or toileting.

**Training;** The facility, DCJDC, provided a staff training, on May 9, 2023, that included the provision that, "All staff, upon entering a wing will alert the detainees to their presence. Detainees will notify staff by telling them if they are changing or toileting. In addition, a sign reminding staff to announce their presence was posted at the entrance of all resident units. DCJDC required and documented that all staff have read and understand DCJDC Standard Operating Procedure (SOP) 115.315, have repeated its meaning in their own words- to the facility PCM, and signed the prevention policies understanding statement. 12 signed statements of understanding are included in this audit documentation

**Practice:** In a return site visit, this auditor interviewed both staff and residents, and all interviewed confirmed staff announcements were made every time staff entered the resident's unit, and observed the signage at the door of every unit reminding staff to make this announcement.

DCJDC and DCDC are compliant with 115.315d in policy, and practice, and the actions and knowledge have been proven to be ingrained into the culture of the facility.

**115.315 e:**

**Facility Requirements:** e: "The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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."

**Compliance assessment:**

**Documentation:**

DCDC, the agency, requires its facilities to create Standard Operating Procedures consistent with **policy A 115.315**. This agency policy on page 1d prohibits staff, including medical staff, from physically examining the genital area of a transgender or intersex youth solely to determine the sex of the youth.

DCJDC, the facility, has completed Standard Operating Procedures for 115.315. Page 2 of these procedures prohibits staff members, including medical, from physically examining transgender or intersex residents to determine the sex of that youth. It further requires staff to converse with the juvenile to determine what gender the youth identifies with and which staff will perform the pat search. If they do not specify what gender of staff, the same gender staff as the detainee's gender

identity will complete the search. This will be documented in the logbook and Tyler Supervision under booking events and detention activities.

**Practice:**

100% of staff interviews confirmed they do not and “never will” examine a resident to determine their genital status. They confirmed receiving training during new hire training, policy training, yearly refresher, and video training.

DCJDC uses a **Transgender and Intersex Preference Form** to gather preference information at intake or reporting. It includes the resident’s preferences of name, pronoun, gender identification, and identification as MTF or FTM. Preferences on searches, housing, urine testing, confidentiality, disclosure status, and specific therapy for gender dysphoria and medical needs. Also, permission to disclose and to whom, plans and approval, and signatures.

**Interviews:** Random Staff, Transgender, or Intersex Residents, PCM: there were zero transgender or intersex residents in the facility during the site visit. Random staff interview results are listed above.

**Site Review:** At DCJDC, every resident’s room is an individual locking room. Informal interviews were conducted, and a Transgender resident would rarely be at DCJDC; however, staff affirmed that Transgender or Intersex residents would be treated with the same respect and professionalism as any youth but as vulnerable residents.

**Policy, Procedures, Paperwork, and documentation uploaded:**

**Pre-Audit Questionnaire:** Zero such searches (described in 115.315(e)-1) occurred in the past 12 months.

**Transgender and Intersex Preference Form:** Asks resident's preferred name; birth sex; and gender identification, Transgender: MTF or FTM; Pronoun Preference; Housing Unit Preference: Male, Female, no preference; Search/Testing Preference: Male, Female; Receiving Therapy: for gender dysphoria: Yes, No, other; Medical Needs Yes, No, Details; Confidentiality and Disclosures: permission to disclose, Self-Disclosure only; Information to be released (name all individuals); Decision and notes; plan approved, modified or not approved; signature of resident, case manager, and program manager.

DCJDC is in compliance with PREA standard 115.315e with policy, training, understanding statements, and the prohibition of examining a Transgender or Intersex resident to determine genital status. DCJDC exceeds compliance, with this standard, by using the Transgender and Intersex Preference Form to ensure the resident's preferences are represented. This compliance determination is based upon information provided by DCJDC, the agency DCDC, and the facility site visit, observations, and auditor pre- and post-review.



115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>115.316 Residents with disabilities and residents who are limited English proficient.</b></p> <p>The Agency and Facility Compliance Determination: Exceeds Compliance</p> <p>Agency (DCDC): Exceeds compliance 115.316 a-c</p> <p><b>Acronyms</b> used in this standard report: <b>DCDC:</b> Douglas County Ninth District Court; <b>PC:</b> DCDC Agency PREA Coordinator; <b>PCM:</b> facility PREA Compliance Manager; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>LEP:</b> Limited English Proficient; <b>MOU:</b> Memorandum of Understanding; <b>NPRC:</b> National PREA Resource Center; <b>ESL:</b> English as a Second Language; <b>IEP:</b> Individual Education Plan; <b>ADD/ADHD:</b> Attention: Attention Deficit Disorder; Attention Deficit Hyperactivity Disorder</p> <p>115.316a, and b: Disabilities and Limited English Proficient:</p> <p><b>Agency Standard Requirements: 115.316 (a):</b> <i>The agency has established procedures to provide disabled residents 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; (b):</i> <i>The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.</i></p> <p><b>Agency Compliance Assessment, 115.316a</b></p> <p>Douglas County Ninth District Court (DCDC) is the parent agency for China Spring Youth Camp (CSYC) and Douglas County Juvenile Detention Center (DCJDC), and Wendy Garrison is the agency PREA Coordinator.</p> <p>During the agency audit, The Douglas County Ninth District Court (DCDC) PREA Coordinator (PC) created an <b>agency policy, A 115.316</b> Agency Youth with Limited English Proficiency and/or Disabilities. This policy required all DCDC-operated facilities to: <i>Create and implement Standard Operating Procedures consistent with agency policy; Ensure the procedures address services for all PREA-required disabilities, including vision, hearing, intellectual disabilities, special educational needs, and intellectual, psychiatric, or speech disabilities; Provide interpreters for LEP residents; Comply with the agency policy prohibiting the use of resident interpreters for PREA-related information; Have use of the State of Nevada Contracts and service agreements for PREA-related information. (Links provided.); and Take appropriate steps to ensure that youth with disabilities and LEP residents</i></p>

*have 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.* This policy also requires the agency PREA Coordinator (PC) to ensure all Agency facilities are compliant, assist facility PREA Compliance Managers in conducting a facility Disability Assessment, and create facility Language and Disability Access Plans.

To assist facilities, the agency PREA Coordinator created and implemented a DCDC (agency) **Limited English Proficiency/Disability Services Request Form**. This form documents and tracks the following: Youth Disability Information; Services delivered by type, how, date, cost, service, and status evaluations; The Waiver of Rights to Free Interpretation Services; Translated forms, materials, notices, written information, transcribed forms, materials, and notices in Braille; audiotape instruction: large print materials; special transportation referrals; English as a Second Language (ESL) referrals: and any other provided services.

The agency PC also instituted a DCDC **PREA Compliance Manager's Assurance Form**. DCDC-operated facilities complete this form affirming facility compliance. *Each facility affirms the following: Resident disabilities are provided for; Youth interpreters are not used; PREA posters/brochures are displayed prominently; New employee and yearly employee training is completed, and All residents have received a written handbook with PREA information.*

The agency ensured the following **contracts for Interpreters**, through the Douglas Court and/or the State of Nevada, give its facilities access to: ASL Communication; AdvantPage Inc; American Sign Language Communication- AdvantPage; Captions Unlimited of Nevada, Inc; Corporate Translation Services, Inc. (CTS) dba Language Link (99SWC-NV20-4360) - Focus Language International - Homeland Language Services; Language Line Services (99SWC-NV21-7078) - Languages Translation Services; Las Vegas Interpreters Connection, LLC- Powerling; Preston Bass Interpreting; Pransfective Language Services LLC; United Language Group; and Universal Language Service, Inc. - WorldWide Interpreters, Inc

In addition, to track, assist, and ensure facility PREA compliance, a **monthly meeting** between the agency PC and facility Compliance Coordinators/Managers was instituted. This meeting has monthly, quarterly, and yearly requirements and assessments to ensure facility PREA compliance and PREA Coordinator guidance and assistance.

#### **Facility Compliance Assessment, DCJDC:**

##### **115.316a, and b:**

##### **Policies/Procedures, Forms, Documentation:**

Douglas County Juvenile Detention Center already had policies 4.3 and 4.4; however, to comply with the agency directive of having Standard Operating Procedures at the facility level, The facility PC created and implemented The Douglas County Juvenile Detention Center (DCJDC) Standard Operating Procedures 115.316, for juveniles with disabilities and juveniles who are limited English

proficient, as well as actionable policies/procedures 4.3 and 4.4.

This **DCJDC (facility) Standard Operating Procedure 115.315** requires the facility DCJDC PREA Compliance Manager (PCM) to: *Ensure 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 those who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities; Arrange accommodation as needed; Use resident interpreters, readers, or assistants, only under limited circumstances when the delay could compromise the resident's safety; and document the use of an interpreter, including any youth interpreter (in emergency circumstances).*

The actionable **policy 4.3:** Alternative Orientation outlines required staff actions to adapt the intake process to accommodate those that need it, including: *Detainees who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as juveniles who have limited reading skills: During the orientation process, if it is ascertained the resident has a comprehension problem or doesn't understand, the duty of the staff is to read and explain the detainee's rights as well as the rules and ensure understanding; If an interpreter is needed: an identified juvenile Probation Officer, a Sheriff's officer next door, a court-provided interpreter, or identified trained staff members will be used. Booking Documents: Spanish version of Youth Video; Detainee Orientation Manual, all intake paperwork, rights/responsibilities; Closed captions for video, and Not using residents as interpreters.*

Auditor Recommendation: Always conduct your intake as listed here for Alternative orientation. Due to DCJDC being a detention facility, you often do not have assessments, medical records, education records, IEPs, or Mental health/Psychiatric assessments from which you can make an assessment. Due to the residents being under extreme stress, these built-in accommodations for all residents ensure resident understanding of all intakes. In addition, another easily built-in accommodation is turning on closed captions on all videos. This built-in accommodation will provide all residents with reading and visual learning styles and accommodation for any known and unknown hearing and comprehension issues. This is only a recommendation, not a requirement.

In addition, the actionable **DCJDC policy, 4.4:** Detention Staff Responsibilities, requires staff to: Process and orient each resident to the procedures and rules of the facility; Ensure the resident understands and signs all intake documents within four hours of intake; Read all procedures and rights and acknowledge understanding by resident signature; File all documents in the booking file and Tyler Supervision in the staff office; and ensure acute mental health status concerns are addressed by a contracted Psychologist or Douglas Mental Health.

During the site visit and intakes, the staff observed were professional. They reassured the residents of their safety and that the cameras were not for them but for the staff and ensured safety for the residents. All processes were conducted with professionalism, compassion for the resident's stress, and safely and calmly.

**Policy 4.4** requires staff to read all procedures and acknowledge understanding by resident's initials, then staff initials each one to document reading it and residents confirming understanding. Observations demonstrated that the resident read the procedures, rights, and PREA orientation form silently and then initialed to signify understanding.

DCJDC has made great strides during this audit; however, a few more corrections in practice are needed to comply with the policy and the PREA standards.

**Corrective Action: 115.316a:**

Reasoning: Policy 4.4 already requires staff to read all procedures and acknowledge understanding by resident's initials, then staff initials each one to document reading it and residents confirming understanding. Observations demonstrated that the procedures and rights, and the PREA orientation form were read silently by the resident and initialed to signify understanding. Some of the PREA Orientation forms uploaded had no staff initials.

DCJDC needs to make just a few more corrections in practice, to comply with their policy and the PREA standards.

**Corrective Action:** Staff must read each PREA Orientation statement to the resident; Ensure the resident understands it; Elaborate on it if he/she doesn't; Have the resident initial each statement after understanding, and then staff initials that it was read, and the staff established that the resident understood it; and ensure that this is occurring in each intake and that the practice is ingrained in the facility's practice and culture.

**During corrective action,** DCJDC provided **training** for all staff on May 9, 2023. This training included the requirement to read out loud the PREA education forms, ensure resident understanding, and initial each statement after it is read. Staff statements of understanding were signed after the training.

In addition, sample resident packets were uploaded and initials were documented. The top of the staff initial column reminds them to read each statement and ensure understanding.

A return site visit included interviews with both staff and residents. 100% of both confirmed the PREA education statements were read to them and they initialed understanding. In addition, staff and residents had completed a scavenger hunt to locate the signs in the dayroom and units that provided additional education and resources identified in the PREA education.

**Practice, Interviews, and Observations:**

Prior to the site visit, the DCJDC PREA Compliance Manager conducted a Disability Assessment and reviewed/assessed the following: The booking process; Training of staff to accommodate for any variation of the booking process; All Documents and processes: posters, grievance, problem-solving procedures, basic rules, contraband policy, visitation forms, detainee rights and privileges on walls and orientation

manual; video sign-off form; PREA orientation form; and all intake forms; Font and print size of all documents and headings; and Readability.

DCJDC's Disability Assessment reviewed all PREA material using the Vera Institute Disability Guide. The results of its assessment, and actions in practice, taken or required, include: All documents are now reduced in wording and black print, with headings in bold. All text was aligned to the left-hand side of the page; All readability has been reduced to a 5th-grade reading level; Most documents are now written in Arial, 16-20 pt. Font, and Documents/Posters and brochures have been translated into Spanish and made larger in print and color. Spanish posters are placed in the intake cage, Hallway B, and the Dayroom.

In addition, this assessment identified staff and other professionals who are Spanish Speaking as: one staff at DCJDC, the Chief JPO, one Juvenile Probation Officer (next door), as well as jail personnel/Sheriff's officers in the connected building, and access to interpreters from the court (next door), and one staff at China Spring Youth Camp that they made available to DCJDC.

DCJDC ensures that materials are constantly available for residents regarding sexual safety, reporting, advocacy, and emotional support services. This includes posters, pamphlets, and the youth handbook, as documented by the site review and observations, as well as a part of this audit's documentation, and includes: **Break the Chain** has in very small print the Family Support Council and DCFS Child Mental Health phone numbers for emotional support for survivors of sexual abuse; **No Means No**: right to report, how to report, victim support services. Phone for Family Support Council and address (in small print); **Speak up, Get Help**: phone number for Family Support Council and reporting information; Zero-Tolerance: **phone number** for the Family Support Council, in Spanish and English; Paper in the dayroom window has phone numbers and addresses for emotional support and advocacy services; **End of Silence Pamphlet** in Spanish and English; and the **Detainee Handbook**, in English and Spanish, large print, spaced out, bold, and in 5th-grade reading level.

DCJDC has completed numerous changes to posters and documents to ensure all residents access these materials. These changes were documented already in the Disability Assessment and results. There are a few large posters in the facility; however, there need to be large, disability-compliant posters in every area where youth and staff are. In addition, the phone numbers, and addresses, to contact these services or make a report need to be large enough to be easily readable. DCJDC does provide these addresses and phone numbers on the dayroom window; however, they were difficult to find on the site review. DCJDC will need to make a few more corrections to be compliant. This is a heads-up, as this will be addressed in corrective action in standard 115.333 Resident Education.

**During Corrective Action:**

DCJDC, and a resident who was in detention for an extended time, completed disability-compliant posters on: **How to Report**, including outside reporting sources, addresses, and phone numbers; **How to Make a Private Report** by

Phone, including access, privacy, confidentiality, and speed dial number 2-5 identification; **Make A Report**, including who the resident can report to, a private complaint form and location; Detention Manager/PREA Compliance Manager, Online by Computer, and by phone and mail; **Zero Tolerance: Right to Report**, How to Report, and Victim Support Services; **Outside Support Services**, phone, address, mailing, website; **How To Make a Private Report by Mail**, including how to do this by mail, and privately online; and **Support Services**, including for anyone who has ever been sexually abused, and what the services are.

The posters are in every unit, hall, and dayroom. They are also provided in a plastic folder and reviewed on a scavenger hunt, as well as in resident education. When staff and residents were interviewed, on the second onsite visit, they were aware of what they were where to find them. Staff interviewed remarked that during resident education, staff walk them around the unit to each display of these 7 posters- in large print, spaced out, simple language, easily readable, and with colored paper behind the poster to make it easily identifiable.

**In the Disability Assessment**, regarding “other” disabilities, resources and staff actions were identified and required for each disability type, including: **Deaf/Hard of Hearing**: DCJDC has an MOU with ASL for access to an American Sign Language interpreter and a DCJDC staff member with ASL experience; **Vision Impaired/ Blind**: A staff member reads all documents to any juvenile who is blind or has low vision. The staff ensures the resident understands what is read and has the resident re-state in their own words; **Speech and Low Reading Ability**: the resident listens while a staff member reads the documents, or they read the document themselves and sign understanding. The resident can write out questions or use an ASL interpreter; **Intellectual, Psychiatric, and Learning Disabilities**: If needed, the staff will give the resident time before conducting the booking and education process. The staff can read all documents to the juvenile, using language the resident understands, and have the resident restate what was said; and all juveniles have access to their medical or Mental Health practitioners, including Social Workers, CASA, and the Thrive hotline.

In addition, the Disability Assessment included an access assessment of the facility: Detention is not handicapped assessable; however, through the Douglas County Court (next door), wheelchair ramps are accessible, and bathrooms were identified for use on the administrative side. It also identified camera upgrade needs that are awaiting bids and approval.

After the Disability Assessment and corrective actions were completed, DCJDC conducted Disability assessment results staff training in October and November 2022. The training included: Procedures for any intake that requires additional accommodation; Documentation required; Spanish posters, brochures, and forms; Access to an interpreter through the court (next door); ASL contract for sign language; Staff reading documents to residents and ensure understanding; and Services and assistance for each disability: Deaf/hard of hearing; Vision Impaired/ Blind; Speech and Low Reading; Intellectual, Psychiatric, and Learning Disabilities. All staff completed the training and signed their understanding. Staff

have the Disability Assessment results on the wall of the staff office and can refer to them when a resident comes in with a disability. Staff training and availability of this form were confirmed in interviews and uploaded and reviewed documentation for this audit.

From new hires through annual training, documentation, interviews, and observations, document staff training to ensure residents are identified and provided with services, including those who are deaf or hard of hearing, blind or have low vision, have intellectual, psychiatric, or speech disabilities, or are LEP.

This includes through staff training that DCJDC policy, 4.4: Detention Staff Responsibilities, requires staff to: *Process and orient each resident to the procedures and rules of the facility; Ensure the resident understands and signs all intake documents within four hours of intake; Read all procedures and rights and acknowledge understanding by resident signature; File all documents in the booking file and Tyler Supervision in the staff office; and Ensure acute mental health status concerns are addressed by a contracted Psychologist or Douglas Mental Health*

This training is documented in individual staff training spreadsheets. Additional training will be documented in standard 115.331 Staff Training.

After the Disability assessment and upgrades, as well as the staff training, additional accommodations were identified. DCJDC has the following accommodations, as confirmed by the site visit and interviews. These include: An ASL app on phones; DCJDC is in talks to hire a Licensed Social Worker who will work with residents, identify nonvisual disabilities faster, and well as services; Douglas County MOUs with interpreter and translation services; DCJDC's access to the State of Nevada's available translator services; DCDJC's available resources for additional MOUs as needed for any resident who presents with needs, and The Disability Review/Assessment provides a comprehensive outline regarding accommodations per disability.

Gathering information about disabilities and providing services begins at intake. This auditor observed two intakes, one demonstrating an intake and an actual intake. When a resident enters the facility, an intake is completed inside the door, in the intake area. At the beginning of the intake, the resident privately showers and changes into detention clothing. In the Intake Area, the staff proceeds through intake and gathers information about visual and non-visual disabilities. The staff member: Ask the resident to read the rules out loud to assess reading ability and comprehension. After reading it out loud, the resident initials each one, expressing understanding; Asks medical questions, and the youth responds (gathering medical information and assessing comprehension; Asks the resident questions to complete the suicide assessment and assessment of mental awareness; Hands the resident the PREA intake orientation and asks the resident to read each statement and sign each for understanding. Ask the resident to let staff know if he does not understand or wants to discuss any of the statements. Corrective action in 115.316a at the bottom of the page; and Conducts the MAYSI comprehensive assessment. One question asks the resident if he has ever been sexually abused or feels he is in

danger of being sexually abused - the staff tells the resident to “let us know if you need anything because there are always services to help.”

During intake, staff conduct a PREA **Resident PREA Vulnerability Assessment**. For this standard, it gathers information about: English Limited Proficiency; Hearing impairment/deaf; LGBTI status or identification. Additionally, Staff observations include if the resident Is non-English speaking; Has a pronounced disfigurement; Physical disability; Deaf; Speech impediment; Suspected cognitive/developmental delays, Known mental illness or behavior that appears related to mental illness, and/or Verbal behavior. Next, all assessments are evaluated. Related to this standard, accommodations are identified, implemented, and tracked on the LEP/ Disability Services Request Form for identified disabilities, including residents who are deaf or hard of hearing, blind or have low vision, those who have intellectual, psychiatric, or speech disabilities, and LEP residents.

When an interpreter is needed, the facility PCM/Director is contacted and arranges this service. The Disability Assessment identified interpreters within the agency as one at DCJDC, one available from CSYC, one Juvenile Probation Officer, Jail Personnel/Sheriff’s Officers, and the Chief JPO. DCJDC never uses resident interpreters/readers except in extreme circumstances affecting safety and security. (Confirmed by DCJDC policy, staff, and resident interviews.)

In addition, language interpreter services are available through the Douglas County Ninth District Court (DCDC, the parent agency for DCJDC), the State of Nevada, and the school district. The agency, DCDC, and PREA Coordinator provided the following contacts for Interpreters. They include, through the Douglas Court, and/or the State of Nevada, that gives its facilities access to: ASL Communication; AdvantPage Inc; American Sign Language Communication- Avantpage; Captions Unlimited of Nevada, Inc; Corporate Translation Services, Inc. (CTS) dba Language Link (99SWC-NV20-4360) - Focus Language International - Homeland Language Services; Language Line Services (99SWC-NV21-7078) - Languages Translation Services; Las Vegas Interpreters Connection, LLC- Powerling; Preston Bass Interpreting; Pransfective Language Services LLC; United Language Group, and Universal Language Service, Inc. - WorldWide Interpreters, Inc.

To help interpreters who may not be familiar with interpreting in a confinement facility, they are provided with a short training, provided by the PREA Resource Center, before interpreting. This includes: PREA Interpreter Training; Helping Residents who Primarily Speak Another Language; Use simple language and repeat important points; Don’t interrupt when the resident is trying to express themselves in English; and Avoid jargon and idiomatic expressions.

In addition to interpreters, LEP residents, are provided with many materials in Spanish. These were observed in the site visit and uploaded documentation. These include the: Youth Handbook; Basic Rules; Zero Tolerance Poster-with phone numbers of emotional support services; Reporting poster ; PREA Brochure: End of Silence: PC phone number and PCM phone number; Grievance Procedures and grievance form; Problem-solving procedures; Contraband policy, visitation Forms,;



Detainee Rights brochure and Orientation; Booking Pamphlet: video sign-off form; PREA orientation form; and all intake forms.

Next, the staff escorted the resident to the dayroom and explained that they would be watching a PREA video and to let the staff know if they had any questions. The staff has the PREA form with him, about the video, if the resident has any questions. After the video, the staff shows the resident where the support and reporting services are posted, on the window of the day room, including phone numbers and mailing addresses, as well as envelopes and paper. The services include the Douglas County Sheriff's Office Investigation unit for reporting, Douglas County Child Mental Health, and The Family Support Services for emotional support services for any sexual abuse. The resident initials that he viewed the video, understood it, and either asks questions or signs that he has no questions. This does not represent the entire intake, just what is relevant to this standard.

10 days after intake the resident receives a review of PREA information to ensure an understanding of zero-tolerance, sexual abuse, and sexual harassment, how to report, and retaliation. The PCM ensures the resident does not have anything to report, and that any accommodations provided are adequate, or any accommodations needed.

Residents are not usually in Detention for over 30 days; however, if they are, additional built-in check-ins with residents at 30- and 60-days. The facility PREA Compliance Coordinator (PCM) meets with residents to ensure the resident understands all PREA education, does not have anything to report, and that appropriate accommodations are in place for disabilities and LEP residents.

Interviews: PC; Residents (Q1,2,3); Agency Head (Q 11); Spanish speaking staff (6):  
Second site visit interviews: Staff, Residents, PC, PCM

DCJDC exceeds compliance with 115.316a and b.

**Agency: 115.316c:** *The agency shall not rely 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.*

**Agency Compliance Assessment:** 115.316c: During the DCDC agency audit, the agency PREA Coordinator created and implemented a **PREA policy, A 115.316 Agency Youth with Limited English Proficiency and/or Disabilities**. *Section II.E prohibits facilities from using youth interpreters, unless compromising the safety of the youth, the assistance of first responders, or an investigation. All circumstances shall be documented. In addition, requires each facility to create a Standard Operating Procedure consistent with this policy.*

**Facility Standard Requirements: DCJDC: c2:** *The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used;*

Facility Compliance Assessment: DCJDC is compliant with standard 115.316c.

**Policy/Procedures, Forms, Uploaded Documentation: DCDC (agency Policy A 115.316 Agency Youth with Limited English Proficiency and/or Disabilities**, section II.E, prohibits facilities from using youth interpreters, unless compromising the safety of the youth, the assistance of first responders, or an investigation. All circumstances shall be documented. In addition, requires each facility to create a Standard Operating Procedure consistent with this policy; **DCJDC (facility) Standard Operating Procedures 115.316: Juveniles with disabilities and juveniles who are limited English proficient, page 1, Under no circumstances will other detainees be used to interpret, read, or be utilized as any other type of assistant, except under limited circumstances where a delay in obtaining an effective interpreter could compromise the juvenile's safety; DCJDC P/P 4.3: Alternative Orientation: Under no circumstances will detention staff utilize another detainee to interpret during the booking process; and the Pre-Audit Questionnaire**: states that DCJDC has used resident interpreters, readers, or other types of resident assistants zero times.

**Site Review:** No documentation existed that resident interpreters, readers, or assistants have been used at DCJDC, in the last 12 months, or the last three years.

**Staff Training:** Staff required policy training for all prevention standards and Standard Operating Procedures.

**Interviews:** Random Staff (Q9): 100% of staff interviewed confirmed they would never use residents as interpreters, readers, or assistants, except for a limited amount of time when safety and security are compromised; All staff interviewed adamantly assured me that they would never use a resident as an interpreter. There are Spanish-speaking staff at DCJDC, the connecting jail, the court, and juvenile probation that would be used; There were zero residents in the facility that were limited English proficiency, or that English was their second language.

Compliance Statement: DCJDC is compliant with standard 115.316c.

DCDC (agency) policy is compliant with 115.316c; as well as DCJDC facility Standard Operating Procedures, in prohibiting the use of resident interpreters, readers, or as an assistant, unless in exigent circumstances, and will be documented in the unit log and Tyler Supervision.

<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard

**Auditor Discussion**

**115.317 Hiring and promotion decisions.**

Agency Compliance Assessment: Compliant: 115.317 a-h

Acronyms used in this report:

- WNYRC: Western Nevada Regional Youth Center (contracted agency)
- CSYC: China Spring Youth Camp
- DCJDC: Douglas County Juvenile Detention Center
- DCDC: Douglas County Ninth District Court (parent Agency)
- CAN: Child Abuse Registry

**115.317 a, and f:**

**Agency Standard Requirements: (a):** *The agency shall not hire or promote anyone who may have contact with residents and shall not enlist the services of any contractor who may have contact with residents who (1) Have 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); (2) 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; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.; and (f):* *The agency shall also 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 and any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose a continuing affirmative duty to disclose such misconduct upon employees.*

**Agency Compliance Assessment:** completed in the compliant agency audit: Douglas County Ninth District Court, January 2023.

The agency, Douglas County Ninth District Court (DCDC), appointed a new PREA Coordinator (PC) in 2022. DCDC operates two juvenile facilities, Douglas County Juvenile Detention Center (DCJDC) and China Spring Youth Camp (CSYC). DCJDC is a secure detention facility, and CSYC is a residential juvenile facility.

**Policy/Procedure Paperwork:**

The agency (DCDC) developed and implemented agency policy A115.317 Employment, Contracting, and Volunteering Practices. This DCDC policy: *Prohibits Hiring or enlisting the services of any contractor 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); Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable*

*to consent or refuse; or Has been civilly or administratively adjudicated to have engaged in the activity described in B., and Requires (section b) determining if any candidate, contractor, volunteer, or intern has allegations of sexual abuse, allegations of sexual harassment, or violations of sexual contact; Requires candidates and staff to sign the PREA Disclosure Form during hiring, promotions, and annually (Page 2, sections E and F; and Prohibits hiring or enlisting the services of any contractor who may have contact with youth who has engaged in the prohibited behavior listed in 1-3 above. (Page 1, section C)*

**The PREA Acknowledgement Form** documents the signature of staff, contractors, and volunteers attesting that they have not participated in the listed (1-3) prohibited behaviors; Asks the staff, volunteers, contractors, or interns to certify they have not engaged in the prohibited behaviors listed (1-3); and Requires staff, contractors, and volunteers to sign the PREA Acknowledgement form during hiring, promotions, and annually.

DCDC and its operated facilities, CSYC and DCJDC, exceed this standard's requirements by also attesting, on this form, that they have not been convicted for: Domestic violence; Child abuse; Stalking; Any sexual offense; Any felony; or Substantiated sexual abuse. In addition, it requires notification of the Director of Juvenile Camp Services if convicted or the subject of substantiation of any of the above and will be terminated for any of the above actions.

A **spreadsheet** for each facility is included in this audit; it consists of all staff, volunteers, contractors, and interns. For example, for DCJDC, this spreadsheet has the following: The date the staff/volunteer/contractor, signed the disclosure form. And each subsequent year of reaffirming by signing the State annually; For CSYC, the spreadsheet documents: On the last date, all staff, volunteers, contractors, and interns signed the PREA Signature Form. (115.317 a, f)

Included in the agency audit documentation and reviewed are: **PREA Acknowledgement Forms**; including staff, contractor, and volunteer; **Change of status checks**; **Five-year checks**; **Annual checks**, and the **resume for the PREA Background Investigator/PREA Investigator**. It includes almost 38 years of law enforcement experience, including Patrol, Crime Scene Investigator/ Investigative Division, and Sherriff's Department Background Investigator; he also has seven years as a background investigator at CSYC.

To ensure Compliance is maintained during hiring, promotions, and enlisting the services of contractors and volunteers, the agency PREA Coordinator (PC) instituted and implemented a monthly meeting between the agency PC and the facility PCMs. Included in the documentation for this audit are the completed forms used to document these monthly meetings. In addition, monthly PC and facility PCM meeting minutes have been included in audit documentation since September 2022.

**Practice Compliance Assessment, 115.317 a, and f:**

The contracted **PREA Background Investigator** is a retired Sheriff's Officer. His

background includes almost 38 years of Law Enforcement experience with the Sheriff's Office. This experience includes: Patrol; SWAT team leader; Range Master; Field Training Officer; Narcotics Task Force; Gang Task Force; Crime Scene Investigator/Investigative Division; Eight years as a Department Background Investigator in the Sheriff's Office Investigation Division, and Seven years as the background investigator at China Spring Youth Camp. During the hiring process, at 5-year checks, and any change of status (promotion, or when enlisting the services of volunteers, contractors, or interns, the PREA Background Investigator conducts background checks, Child Abuse Checks and verifies the signing of the PREA Acknowledgement Form. As a retired Law Officer of long-standing, observations and interviews demonstrate that he has an extensive process and reports about 50% of applicants are not hired.

**Background Investigator:**

The contracted background investigator has conducted all of CSYC's background checks and PREA Acknowledgement Forms for the last seven years, and in 2022 agreed to conduct complete background checks and PREA investigations and ensure the signing of the PREA Acknowledgement forms for the other DCDC-operated facility, Douglas County Juvenile Detention Center (DCJDC). This action ensures that the process is consistent and completed at both DCDC-operated facilities (CSYC and DCJDC). In later standards, his full function as a PREA background investigator and PREA Investigator will be defined.

Practice is confirmed by review, interviews, and uploaded documentation of: CSYC, four signed PREA Acknowledgement Forms when staff was promoted; Thirteen signed when staff was hired; 12 signed volunteer forms; 2 signed contractor forms; and 10 signed staff forms; and DCJDC: 8 full-time staff forms, four new hire forms, and one contractor form.

To enhance this consistency, the agency PREA Coordinator (PC) instituted monthly meetings with the facility PREA Compliance Managers (PCM); these meetings began on 9/22/2022 and are documented to have occurred every month. All meetings since September 2022 are included in the audit's documentation. Tasks and documentation contain monthly, quarterly, and yearly tasks. The monthly requirements, among others, are hiring/background, and staffing discussions including volunteers and contractors, ensuring all hiring practices are in practice and consistent throughout the facilities. Meeting documentation and interviews confirm the practice of conducting monthly meetings between the agency PC and the Facility PCMs. The tracking form demonstrates maintaining a monthly, quarterly, and yearly assessment and discussing crucial PREA issues and actions. About these standards, this form documents the practice of: **Monthly** reviews of all hiring and background checks, audit progress, youth needs/services, staffing, investigations and terminations for all facilities; **Quarterly** reviews/assessment/tracking, signed Staff Acknowledgement Forms; and **Yearly** hiring/background discussion, staffing, and Investigations/terminations.

**Interviews:**

The PREA Background Investigator described his background as a twenty-five (25) year law enforcement veteran. Four years as a Military Police Officer in the United States Army with a Top-Secret Security Clearance and twenty-one (21) years in civilian law enforcement. Achieving Basic, Intermediate, and Advanced Peace Officers Standards & Training (POST) Certification from the State of Nevada and hundreds of hours of in-service training during his career. In addition, eight years as a background investigator for the Sheriff's Office and seven years as the Background Investigator/PREA Investigator. He confirmed ensuring all candidates, staff, contractors, and volunteers/interns sign and attest to the PREA Acknowledgement Form (disclosure questions) at hire or before access to residents.

An interview with the agency P.C. confirms monthly meetings from September 2022, where hiring/background discussions and staffing are reviewed monthly. In addition, all staff signs and attests to the acknowledgments on the signed PREA Acknowledgement form, and numbers/compliance is reviewed quarterly. Also, hiring/background discussions and staffing are reviewed yearly for all DCDC facilities.

**Compliance statement:**

DCDC's Agency Employment, Contracting, and Volunteering Practices policy complies with this standard's requirements. In addition, documented practice confirms that DCDC ensures staff, volunteers, and contractors sign the PREA Acknowledgement Form at hire, yearly, and any change of status. In addition, staff also sign the PREA Acknowledgement form at the 5-year background and child abuse registry checks.

In the following standards, further actions are outlined by the agency and both juvenile facilities. This includes background checks, child abuse registry checks, and F.B.I fingerprints to ensure all steps are taken to provide individuals who have contact with residents have no background charges or behavior of a sexual nature towards juveniles or adults.

DCDC policy, samples of the completed PREA acknowledgment forms, spreadsheets documenting the completion of these forms, and interviews are included in this audit's documentation. They demonstrate policy/procedure and practice that exceeds Compliance and are ingrained in the agency's culture, DCDC, and its operated facilities, CSYC and DCJDC.

DCDC exceeds Compliance with standard requirements 115.317 a and f.

**115.317 c, d, e, Exceeds Compliance**

Standard Requirements:**(b):** *The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone or enlist the services of any contractor who may have contact with residents.;* **c)** *Before hiring new employees, who may have contact with residents, the agency shall: 1) Perform a criminal background records check; 2) Consults any child abuse registry maintained by the State or locality in which the employee would work; and (3) 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; and d) The agency shall also perform: a criminal background records check, and consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents; e) The agency shall conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have a system for otherwise capturing such information for existing employees.*

**Compliance Assessment:**

**Policy/Procedures and Paperwork:**

**Agency DCDC Policy, Agency Employment, Contracting, and Volunteering Practices**, contains background check requirements for new hires, contractors, volunteers, and employee change of circumstance; *checks are required at hire, every five years, and when there is a change in staff status (promotion, demotion, hours change), include: A criminal history background check (including FBI fingerprints); A review of any child abuse registry maintained at the state or local level. (115.317c, d, e,), and At hire: Contact all prior institutional employers for information on substantiated allegations of sexual abuse or harassment or any resignation during a pending investigation of an allegation of sexual abuse or harassment; and before an offer of contract, employment, or promotion, determine if any candidate, contractor, volunteer, or intern has any: Allegations of sexual abuse, Allegations of sexual harassment, or violations of sexual misconduct.*

Included in audit documentation are spreadsheets documenting the following: **For DCJDC:** dates of all required checks, including signed PREA acknowledgment forms, child abuse registry checks, background checks, FBI fingerprint checks, and five-year background and child abuse registry checks; **For CSYC:** dates of the last signed PREA Acknowledgement Form, the next child abuse registry check due Date, the next fingerprint check due date, the prior child abuse check, and previous fingerprint results.

The Agency PREA Coordinator (PC) conducts monthly meetings with the facility PCMs. These are documented on a meeting form that includes the following: The monthly requirements, among others, are hiring/background discussions and staffing. This ensures all staff hiring practices are followed, including signing the PREA disclosure questions and background, FBI fingerprint, and child abuse registry checks; The Quarterly requirements: PREA Training/Staff; Signed Staff Acknowledgement of Training; PREA Training/youth; # youth trained; signed youth training; language plan; disability plan, disability assessment; # of disabled LEP youth that sought services and provision of services; The yearly requirements include Internal Audit; External Audit Status/Timelines; Annual Report/SSV; Staffing Plan reviewed staff secure facility; Adequate levels of staffing in the non-secure facility; and Video monitoring.

Documentation of the monthly PC and facility PCM meetings, including the minutes of meetings, beginning in September 2022.

During the agency audit, the agency PC created and implemented the **DCDC Institutional Employer Form** for contacting former institutional employers. Questions include *if the former employee has: Received a sustained adjudication for sexual abuse of an inmate/offender/youth; Received a sustained adjudication for sexual harassment of an inmate/offender/youth; Received a criminal referral for sexual abuse of an inmate/offender/youth; Resigned during an ongoing investigation for sexual abuse or sexual harassment of an inmate/offender/youth.*

Interviews: Background Investigator, Douglas County HR, PC, PCM's

Sample documentation included in this audit and reviewed for practice compliance includes:

**CSYC documentation: Promotion:** Four promotions at CSYC: documentation uploaded confirmed all four received child abuse checks, fingerprint checks, and signed new PREA Signature Forms, at the time of promotion; **New Hire:** CSYC hired 13 new staff. The documentation demonstrates that all 13 underwent thorough background checks, including child abuse registry checks and FBI fingerprint checks. In addition, all signed the **PREA disclosure forms; Prior institutional employer check:** NEW hire, samples of contact of previous institutional employers. One returned the result, and three are waiting for a response; **Volunteer:** CSYC: 12 volunteers at CSYC received child abuse registry results, FBI fingerprint checks, and results and signed the PREA disclosure forms; Ten additional staff signed **PREA Agreement Forms** were uploaded to audit documentation; **Five-year CSYC: Seven CSYC 5-year checks** were uploaded and reviewed as documentation. All contained the required checks, **Child Abuse Registry, FBI fingerprints, and signed disclosure forms; No Hire:** One staff applicant to CSYC was not hired, as demonstrated by negative fingerprint results; *CSYC Staff, Contractor, Volunteer, Intern, Checks and Disclosure Checks/Form Spreadsheet:* documents: date of PREA Signature Form, when the next CAN check is due, the Date the next FBI fingerprint check is due, and results of the last checks for all staff, volunteers, contractors, and interns.

**DCJDC documentation: PREA Acknowledgement Form:** 8 full-time staff signed 2022; **Four completed staff records checks:**-documented on the **DCJDC spreadsheet, and Background Checks**, Files uploaded to the DCJDC audit; **Prior institutional employer check:** NEW hire, one new hire had a previous institutional employer that was contacted. The request was sent and is waiting for a response.

**DCDC Policy, Agency Employment, Contracting, and Volunteering Practices** contains the following background check requirements. Page 1. Section II Requirements, A 1-3: A. *All new hires, contracts, volunteers, and employees being considered for promotion shall have a background investigation to include: A criminal history background record check: a. At hire; b. Every five (5) Years; and c. Any change in status (promotion, demotion, hours change); A review of any child abuse registry maintained at the state or local level; and Make an effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or harassment or any resignation during a pending investigation of an*



*allegation of sexual abuse or harassment. Page 2. D: D. Conduct criminal background checks of current employees, contractors, and volunteers who work within a facility setting every five years; Page 1, Section II. B, Requirements: Before an offer of contract, employment, or promotion, the facility shall determine if any candidate, contractor, volunteer, or intern has any: 1. Allegations of sexual abuse; 2. Allegations of sexual harassment, or 3. Any violations of sexual misconduct; Unless prohibited by law, the agency shall 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. (Section h)*

**Practice:**

Douglas County Ninth District Court (DCDC) implemented an agency policy, A115.317 Agency Employment, Contracting, and Volunteering Practices. In Compliance with the agency policy, the PREA Background Investigator conducts background checks for employees, contractors, and volunteers.

The Background Investigator's experience includes Law Enforcement experience with the Sherriff's Office, including Patrol, SWAT team leader, Range Master, Field Training Officer, Narcotics Task Force, Gang Task Force, Crime Scene Investigator/ Investigative Division, and eight years as a Department Background Investigator in the Sherriff's Office Investigation Division. In addition, seven years as a background investigator at Douglas County Ninth District Court's (DCDC) juvenile facility, China Spring Youth Camp (CSYC), and since 2022, background investigator for DCJDC.

The Background Investigator: Conducts local and national Background, Child Abuse Registry, and F.B.I. fingerprint checks for all applicants, staff, contractors, volunteers, and interns; Ensures all staff/contractors/volunteers sign the PREA Acknowledgement/Disclosure Form; Checks with staff's former institutional employers to ensure the applicant has no substantiated sexual abuse/harassment findings; The above checks are completed: Upon hiring and before access to residents, Every five years, and Aa any change of status (promotion). For contractors, volunteers, and interns, the Background Investigator: Conducts criminal history, FBI fingerprint, and Child abuse registry checks before access to residents and every five years; Has them sign the PREA Acknowledgement form. Background investigations/checks have been conducted by the Background Investigator at the DCDC facility, China Spring Youth Camp, for seven years. In 2022, the background investigator agreed to complete all required checks for the DCDC juvenile facility Douglas County Juvenile Detention Center (DCJDC). Previously, Douglas County Human Resources conducted these DCJDC checks; however, for continuity, this process is now the same for both juvenile facilities operated by DCDC. In addition to the above thorough checks, the PREA background investigator ensures former institutional employers are contacted and asked about any sexual abuse or sexual harassment substantiated incidents or the staff resigning during the investigation.

During the agency audit, the DCDC (agency) PC created and implemented the **DCDC Institutional Employer Contact Form**. In addition, when an employee

applies to a DCDC facility, it is sent to a former institutional employer. Therefore, the documentation for this audit includes a completed form documenting the process and Compliance and a form just sent to an institutional employer - waiting for a response.

DCJDC did not have any promotions in the last 12 months, so no Detention updated checks are included in this audit; however, the PREA background investigator checks with all former institutional employers and conducts all required checks for any worker who is promoted. Interviews verify this, and documentation from four CSYC promotion checks was reviewed by this auditor and included in this audit's documentation.

As proven by his law enforcement career, this investigator has CSYC experience, documentation review, and interviews. He is thorough and experienced, understands the PREA requirements, and ensures all required checks, forms, and requirements are completed before the applicant can access residents. The background investigator/PREA Investigator and the agency PC confirmed contacts made with former institutional employers. The processes involved in background checks and contact with former institutional employers ensure that both DCDC juvenile facilities do not hire, promote, or enlist the services of staff, contractors, or volunteers who have sexual harassment or sexual abuse violations. To ensure tracking, discussions, and continuity, hiring/background discussions occur during the monthly meeting of the agency PC and facility PCMs (including the PREA Background Investigator's findings or concerns about sexual harassment/abuse). This occurs before hiring or enlisting the services of a contractor, volunteer, or intern. It is the agency and both facilities' policy not to hire or enlist the services of a contractor/intern/volunteer with substantiated sexual abuse or harassment.

Exceeding this standard's requirements, DCDC conducts a yearly check (and before contracts/services) to see if any of its providers are on the exclusions list. DCDC and its facilities do not use them as a provider if they are. <https://oig.hhs.gov/exclusions/index.asp> Exclusions Program - Office of Inspector General, U.S. Department of Health and Human Services.

Interviews with the agency PC, CSYC PCM, DCJCD PCM, and CSYC Background Investigator confirm practice, policy, documentation, and secure storage of all files.

**Compliance Statement:**

Conducting background, child abuse registry, and FBI fingerprint checks is an ingrained part of the PREA background investigator's process, contacting former institutional employers and ensuring all employees, contractors/volunteers/interns sign the PREA Acknowledgement Form (three disclosure questions). In addition to conducting these checks, the background investigator performs the same checks every five years for staff, volunteers, contractors, and staff who change status (promotion, etc.).

This process and practice are ingrained within the policies, practice, and culture of current background checks/investigations practice and documentation and now is

consistent for both juvenile facilities under the agency's (DCDC) operational control. All results are retained in the secure part of the employee's confidential file.

Interviews: The Background Investigator confirmed conducting local and national background checks, as well as child abuse registry checks, for all staff, volunteers/ interns, and contractors. In addition, it confirmed the current change to include background investigation services at Douglas County Juvenile Detention Center (DCJDC). Finally, he confirmed that background checks and child abuse registry checks are conducted upon hire or before contact with residents for contractors/ volunteers/interns every five years, and if there is a staff change in status (staff promotion, demotion, part-time to full-time).

DCDC exceeds Compliance with PREA Standards 115.317 c, d, e, and e due to their hiring of a former law enforcement officer to conduct all checks, and the high level of the checks undertaken, conducting child abuse registry checks upon hire, at promotion, and every five years, assessing compliance monthly and quarterly and ensuring consistency of all their operated facilities.

**115.317 g: Standard Requirement:** *g) Material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination.*

**Compliance Assessment:** Exceeds Compliance

**Policy/Paperwork:/Forms**

**DCDC Agency policy, Agency Employment, Contracting, and Volunteering Practices:** section g: *Any candidate/employee found to provide false information shall be subject to administrative action, including failure from background/ termination; and The PREA Acknowledgement form*, signed by all applicants, new hires, contractors, volunteers, and interns, states that material omissions are grounds for termination.

**Practice:**

A review of documentation demonstrated practice when FBI fingerprints disqualified a new hire. (CSYC) One staff applicant was not hired, as shown by negative fingerprint results, and Interviews confirmed that all staff are told before hire and when signing the PREA Acknowledgement form (upon hire and yearly) that material omissions are grounds for termination.

DCDC is compliant with 115.317g.

**115.317 h Standard Requirement:** *h) Unless prohibited by law, the agency shall 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.*

**Compliance Assessment:**

Paperwork/Policy/forms:

**DCDC Policy, Agency Employment, Contracting, and Volunteering Practices**, required DCDC to 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; The agency PC developed and implemented the **Employment Check by Outside Facility Form**, which includes: The date of the check, Who is the facility requesting the information, Who is the facility requesting staff, Name of the facility where the staff was employed, Answers to questions about substantiated sexual abuse and sexual harassment, and this form documents requests from outside institutional employers and the answers provided by DCDC and is kept in the confidential employee file.

**Practice:**

The background investigator/PREA The investigator and the agency PC confirmed contacts with former institutional employers and the process when institutional employers contact DCDC. The agency form, Employment Check by Outside Facility Form, documents the contact of DCDC by an institutional employer or the contact of an institutional employer by the agency Background Investigator/Agency. Interviews confirm that upon receiving a request for information from an institutional employer, the information will be shared about any sexual abuse or sexual harassment adjudication, criminal referral, or resignation during a sexual abuse/harassment investigation. This information, shared by DCDC, must be documented, sent to the requesting institutional facility, and a copy placed in the employee's confidential file.

Interviews and documentation reviewed confirm that zero institutional employers have contacted DCDC, CSYC, or DCJDC for PREA-required information on former employees; however, the process is in place for PREA background investigator/PC compliance with this institutional employer request and to document the contact and shared information, as well as ensure a copy of this documentation is put in the secure employees' file. This process confirms that institutional employers who hire former staff if requesting this information, are given the DCDC information to ensure they do not hire, promote, or enlist the services of staff, contractors, or volunteers who have a sexual harassment or sexual abuse violation. In addition, interviews, and documentation received and reviewed, confirm that the agency Background investigator contacts all former employers, including institutional employers, for references and information about any sexual abuse or sexual harassment adjudication, criminal referral, or resignation during a sexual abuse/harassment investigation. The reply and shared information is documented in the Employment Check by Outside Facility Form, and a copy is placed in the secure employee's file.

**Compliance Statement:** Exceeds Compliance.

DCDC exceeds Compliance with standard 115.317 h. In addition, policies and Procedures are in place to ensure the understanding of the required actions of responding to an institutional employer regarding substantiated allegations of

sexual abuse or sexual harassment and requesting this information from former institutional employers for new DCDC applicants.

These required actions have been a part of practice by the Background Investigator for over seven years for the DCDC-operated facility CSYC, and now consistent throughout the agency when in 2022, the background investigator took over this practice for the DCDC-operated facility DCJDC.

Though there have been zero institutional employer inquiries, the process is in place, and the follow-through is documented in interviews.

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This is an agency standard and was deemed compliant in an agency audit; however, the agency audit was not completed before this DCJDC facility audit was started. In this case, it does not show in this audit that the agency is compliant with 9 standards. This is one of them. This auditor pulled the agency compliance report from the agency audit and added DCJDC (facility) information.

The following information documents forms, documentation, policies/procedures; forms used by the agency Background Investigator to conduct background investigations for DCJDC, actual samples of **completed checks; Spreadsheet of DCJDC employees and contractors background checks, 5-year checks, and child abuse registry check** dates completed. DCDC forms used for DCJDC, background checks, and more. **DCJDC (audited Facility) Audit Documentation: Four completed new hires:** NCSI Background Screening Reports, child abuse registry report, Nevada Public Safety Fingerprint Search report; FBI fingerprint report: completed by Douglas County HR before the transfer to the Background Investigator; **Spreadsheet of DCJDC hire dates, dates of background checks, child abuse registry checks; 5-year checks.**

DCJDC Standard Operating Procedures 115.317 include: DCDC agency requirements: *Pass a complete criminal record background check, including state and federal entities, Nevada Child Abuse and Neglect (CAN) system check, Contact all prior institutional employers for substantiated allegation information prior to hiring and promotions, and all results are retained in the employee's file, maintained by the Agency.* **DCJDC (facility) Standard Operating Procedures 115.317:** *Every employee is required to undergo an additional background check every five years; Annually staff will complete CANS; Annually complete a disclosure form to determine if any allegations of sexual abuse, sexual harassment or sexual misconduct has occurred; A request to DCDC (agency) Human Resources for any information regarding required information from an institutional employer (DCDC facility to facility) staff moving to another DCDC facility. Filled out and signed; DCDC contact of another agency for PREA required information; and CSYC and DCJDC Agenda for monthly PC and PCM Meetings: Yearly, Quarterly and Monthly checks.*

**DCDC PREA Signature form** in use now (disclosure questions) Include: My

signature below, certifies I have not engaged in, been adjudicated or convicted of any of the following in the last ten (10) years; I further understand this is a condition of employment, and in accordance with the Prison Rape Elimination Act: Engaged in sexual abuse in a prison, jail, lock-up, community confinement facility, juvenile facility or other institution defined in 42 U.S.C. 1997, 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, Been civilly or administratively adjudicated or have engaged in the activity described above, Any substantiated allegations of sexual abuse or a history of sexual activity facilitated by force, the threat of force or coercion, Convicted of domestic violence, Convicted of child abuse, Convicted of stalking, Convicted of any sexual offense, Convicted of any felony, Substantiated Sexual Harassment, and I understand that should I be convicted of or be subject of substantiation of any of the above, I shall immediately notify and shall be terminated for any of the above actions.

**Documentation of Background Check Process/Forms Used:** **DCDC Reference questions** asked of an employment reference; **DCDC Employee Fingerprint Card** Information Form; **DCDC Employment Check by Outside Facility Form;** **Child Abuse Registry** Instructions and Form for running CANS; **DCDC Pre-Employment Waiver and Liability Release Form;** **DCDC Criminal History Request Form:** for new employee; **DCDC Background Narrative Form:** applicant writes why they wish to be a Juvenile Detention Counselor and work at DCJDC; **DCDC Applicant Information Form:** Initial Information Gathered to start checks; **DCDC DCJDC Applicants Personal History:** personal, residence, marital information, Former Employment Information; Information on any terminations of former employment; arrest information; organization information; references; names of detention, probation, or law enforcement you are accounted with and type of relationship; traffic information-moving violations, suspension of driver's license, traffic accidents; Vehicles: Education information; special License or Professional or vocational competence; Military information; drug use; work attendance, drug/alcohol issues at work, stolen anything;, any restrictions or reasonable accommodations needed to perform your work, discrimination questions, any business engagement; summons/subpoena information, restraining order information; special awards received, immediate family; **DCDC Applicants Personal History Packet Checklist:** For Background Investigator to ensure all requested documents, explanations are received: **Waiver of Liability and Release Form:** Resume; Fingerprint Card; Social Security Card; Current Valid Driver's License; Proof of Legal Right to Work in the United States: Birth Certificate or other official proof of birth; Citizenship papers if you are a naturalized citizen; High School Diploma or GED; High School Transcript, whether or not you graduated; College Diploma (s); College Transcripts, whether or not you graduated. Marriage Certificate, for each marriage; Divorce Decree/Annulment for each Divorce/Annulment; Military Form DOD-214; Current proof of Automobile Liability Insurance; Peace Officers Standards & Training (P.O.S.T.) Certification(s); All Traffic collision reports in which you were named as a driver within the last 3 years; 10-year driving history from states you have lived in during that period; Certificates, Awards, or Commendations you would like to be considered; **DCDC Understanding of**

	<p><b>Employment (DCJDC) Form;</b> DCDC Instructions for completing the Personal History Statement; <b>Background Report Sample: Human Services Orientation and medical exam</b> will be scheduled; All above gathered information and investigation compiled in a report for the Director of the facility; includes employment a personal references comments; Law Enforcement Enquiries; Johnson and Roberts Personal History Questionnaire; Driving History; criminal history Inquiries-DOJ, State of Nevada; NCIC; Child Abuse Registry; Physical/Narcotics use; Child Support actions; Family History; work history; Groups/Organizations; Other agency applications; Military and selective service system; Education; Training Certifications; Languages and other skills; <b>DCDC Cover Letter for successfully completing Phase 1</b>, interview, next phase background checks.</p>
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<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>PREA STANDARD 115.318 FACILITY WRITTEN STATEMENT</p> <p>This written statement will demonstrate compliance in facility uploads through policy, paperwork, practice, and culture for PREA Standard 115.318 – Upgrades to facilities and technologies</p> <p>115.318 a1 &amp; 115.318 b1 – Agency or Facility new facility, upgrades in video monitoring systems</p> <ul style="list-style-type: none"> <li>• Juvenile detention has not acquired a new facility or made any expansions or modifications to existing facilities since August 20, 2012.</li> <li>• Juvenile Detention has not installed or updated a video monitoring system since August 20, 2012.</li> </ul>

<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>115.321 Evidence Protocol and Forensic Medical Examinations</p> <p>Compliance Determination: Exceeds Compliance</p> <p>Acronyms used in this standard report: <b>DCJDC:</b> Audited Facility; Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator; <b>PCM:</b> Facility PREA</p>

Compliance Manager; **DCDC:** Agency: Douglas County Ninth District Court; **CSYC:** Agency-operated Facility: China Spring Youth Camp; **DCSO:** Douglas County Sheriff's Department; **OAS:** Online Audit System; **MOU:** Memorandum of Understanding; **PAQ:** PREA Audit Questionnaire; and **JPO:** Juvenile Probation Officer (SVRT member)

**Agency Standard Requirements: 115.321 a, b, and f: a)** *To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. a3: If another agency has responsibility for conducting either administrative or criminal sexual abuse investigations, the name of the agency. a4: When conducting a sexual abuse investigation, the agency investigators follow uniform evidence protocol; b)* *The protocol shall be developmentally appropriate for youth and as appropriate, shall be 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; f)* *To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.*

**Compliance Assessment: 115,321a, b, and f:**

Practice: Criminal Investigations:

DCJDC (facility) after receiving an allegation of sexual abuse utilizes the RED Immediate Response Binder, which contains forms A and B, and the first Responder Coordinated Response Plan. Staff separate the victim and perpetrator, ensure no actions are taken to destroy evidence for the victim and perpetrator, secure the scene, and notify the Douglas County Sheriff's Office (DCSO), and the DCJDC Detention Manager.

All actions are step-by-step in the RED binder, which includes:**The First Responder Coordinated Response plan:** separate, secure, request, document (form A and B), and contact DCSO (law enforcement); the Detention Manager/PCM, and the Juvenile Probation Officer; **Coordinated Response Plan Chart: if staff on youth assault;** Coordinated Response Plan Chart: if **youth-on-youth assault; DCJDC facility Standard Operating Procedures**, which implement DCDC agency policies: 115.361 Agency Reporting and Protection Duties, 115.362 Agency Protection Duties, 115.364 Staff First Responder Duties, 115.365 Coordinated Response, 115.367 Agency Protection Against Retaliation, 115.368 Post-allegation protective custody; **Contact Numbers:** Phone numbers for DCSO, on-call JPO (SVRT member), Emotional and Crisis Support Services, Child Protection Agency, Administrative Investigator, hospitals - address and phone; Crisis Call Center Flyer, to give to resident; **Staff signature documentation** of training/review of the Coordinated Response Plans, and First Responder requirements, and understanding of their role; **Immediate Response Procedures** general procedures outlined by the PREA standards (responder, medical, PCM); **A and B forms:** The first Responder



Staff completes the steps for making the report to the DCSO, PCM, and JPO; The PCM/Detention Manager, with the Juvenile Probation Officer (JPO), completes forms A and B to ensure medical, and mental health referrals, advocates, investigation, and all follow-ups are scheduled and completed. This is documented in Tyler Supervision. Confirmed by conversations and interviews with the PCM/Detention Manager; **Agency Packet:** the PCM/Detention Manager completes these forms: DCDC Agency PREA Incident Report-tracks all actions, follow-ups, and services; Sexual Abuse Follow-up Form for Staff on Youth: Finding Notification Form; and Victim Notification Form;

During the site visit and in staff interviews prior to the site visit, all staff knew the first responder's duties, and about using the RED binder for step-by-step instructions. In addition, all staff confirmed they would report the allegation to DCSO and the Detention Manager/PCM, as well as document it in an incident report. During the site review, this auditor was shown the RED binder and after the site visit, all forms in the binder were uploaded to the OAS for audit documentation. The required reporting and designation of the Douglas County Sheriff's Office (DCSO), as the agency conducting criminal investigations is also documented and required in the Douglas County Juvenile Detention Center (DCJDC) Standard Operating Procedures 115.321. These Facility procedures were written to follow DCDC agency policy directives in policy A 115.321, and include:

**DCDC, Agency Policy and Procedure:** The Agency, Douglas Ninth District Court (DCDC) Policy, A 115.321 Agency Evidence Protocol and Forensic Medical Examinations states: *The agency is not responsible for investigating allegations of sexual abuse but refers to an investigative agency; The agency requires its operated facilities to have Standard Operating Procedures for response to sexual abuse and referral; General A. Investigations are referred to Douglas County Sheriff's Office (DCSO) Investigations. B. The agency shall request that DCSO Investigations follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth and as appropriate, shall be 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.*

Facility: **DCJDC Standard Operating Procedures 115.321** includes: *Douglas County Juvenile Detention does not conduct administrative or criminal investigations of sexual abuse or sexual harassment;* These operating procedures outline the steps staff take upon receiving a report of sexual abuse, including reporting it to the Douglas County Sheriff's Office (DCSO).

The initial response from DCSO is completed by a Sheriff's patrol officer to an initial finding. If the finding is sexual abuse/assault, the officer immediately contacts the SVRT Investigator, who coordinates the investigation, sexual assault examination, and advocacy services. (115.321f)

DCDC maintains a **MOU with the DCSO**, that includes investigative services and required training for investigators. It includes: DCSO shall provide investigative services to the Agency for any allegation of staff sexual misconduct or youth-on-youth sexual abuse and/or harassment that involves potentially criminal behavior; 2.01 DCSO's investigators who conduct investigations at CSYC and/or DCJD shall have the knowledge, experience, and training on PREA and sexual abuse investigations involving juvenile victims as needed to perform the investigative services under this MOU. (115.321f); The DCSO Policy 9.373 requires when responding to a sexual assault, the DCSO investigator who responds is required to be the SVRT investigator, who is part of the SVRT team and funded by OVW. This requirement and interviews confirmed the SVRT-funded investigator is trained in using protocols 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. The investigator position and training are funded by the Office of Violence Against Women (OVW); and DCSO Policy/Procedure: 9.373: Members shall ensure that all reports are investigated in an efficient and timely manner consistent with the requirements of the Sexual Assault Survivor's Bill of Rights under Chapter 178A of the Nevada Revised Statutes (NRS). Safety will consider the welfare/mental health and safety of the victim as paramount to all aspects of the investigation.

**Douglas County Special Victims Response Team (SVRT)** includes the following agencies, including DCSO as the primary law enforcement agency, use of the Domestic Violence Coordinator to assist with coordination, and The SVRT Investigator: Douglas County Special Victims Response Team (SVRT) MOU with Douglas County Partner Agencies includes: Douglas County District Attorney's Office, Sheriff's Office, Department of Alternative Sentencing, Juvenile Probation, Family Support Council, and Partnership of Community Resources; Identified as the primary law enforcement agency in Douglas County, DCSO conducts the initial investigation of crimes related to this project. DCSO supervises a Domestic Violence Coordinator, stationed at the Sheriff's Office, and an OVW grant-funded SVRT Investigator.

**Pre-Site Review:**

This pre-site review included the following Policies/Procedures and MOUs: DCDC Agency Policy A 115.321; DCJDC Standard Operating Procedures 115.321; DCSO Policy 9.373; SVRT MOU; DCSO MOU with DCDC (agency); Nevada Law NRS 200.

Also included are the following interviews: The SVRT Investigator; the SVRT Coordinator; and Facility Detention Manager; PREA Administrative Investigator. It also included one random staff-written interview, for a baseline of information. This concluded in a paperwork assessment chart for the facility, and a basis of information for the site visit.

**Site Review:**

On the site visit, random staff interviews, as well as informal conversations with random staff, management, and the PREA Administrative Investigator were conducted. All staff interviewed knew about the RED binder and forms A and B.

These actions are ingrained in the culture of this facility, as there was no hesitation in this knowledge, as well as the practice required in reporting sexual abuse to law enforcement, and the Detention Manager/PCM. The Agency PREA Administrative Investigator does not conduct criminal sexual abuse investigations; however, collaborates with law enforcement (DCSO) on the administrative investigation, after the criminal investigation is complete, or upon receiving permission from the DCSO Investigator to conduct it concurrently. They were confirmed by interview with the PREA Investigator, and DCSO Investigator.

**Compliance Statement:**

The MOU, between Douglas County and the Douglas County Sheriff's Office (DCSO), as well as the SVRT MOU, DCSO policy, and pre-site interviews with the SVRT Coordinator, and the SVRT Investigator, confirm that DCSO follows the requirements of the Sexual Assault Survivor's Bill of Rights, Chapter 178A of the Nevada Revised Statutes, and the latest National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, as the DCSO investigators position, and training is funded by the Office of Violence Against Women (OVW). (115.321f). DCJDC is compliant with reporting sexual abuse/assault to the Douglas County Sheriff's Office for investigation, under standard 115.321a and the SVRT Investigator is funded and trained using funding from the Office on Violence Against Women (OVW), which defines Sexual assault as "The term "sexual assault" means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent." Sheriff's Officers are required to be trained and certify this training in an MOU with Douglas County: DCSO's investigators who conduct investigations at CSYC and/or DCJD shall have the knowledge, experience, and training on PREA and sexual abuse investigations involving juvenile victims as needed to perform the investigative services under this MOU. (115.321f); In addition, The SVRT Investigator position is an OVW grant-funded position and trained in the National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, through the OVW grant.

The DCDC PREA Administrative investigator does not conduct criminal sexual abuse investigations, only agency administrative investigations; however, as a retired Sheriff's Officer, is trained and utilizes the same uniform protocol in administrative investigations as the DCSO.

**Additional documentation reviewed for 115.321: PAQ:** states that the agency (contracted PREA Investigator) is responsible for conducting administrative sexual abuse investigations, in addition, documents zero allegations of sexual abuse received in the last three-plus years; **Agency Aggregated 2022 report:** demonstrates reporting of zero sexual abuse allegations or investigations at DCJDC; **DCSO's Sexual Assault Investigation Policy 9.373** states: *"It shall be the policy of the Douglas County Sheriff's Office to consider all reports of sexual assault as priority matters. Members shall ensure that all reports are investigated in an efficient and timely manner consistent with the requirements of the Sexual Assault Survivor's Bill of Rights under Chapter 178A of the Nevada Revised Statutes (NRS). Members will consider the welfare/mental health and safety of the victim as*

*paramount to all aspects of the investigation. Section B, a: "Investigation Division: Will follow up with the most current protocol and requests from the victim on interviews and evidence collection consistent with the requirements of Sexual Assault Survivor's Bill of Rights." DCSO MOU: Section 2.01 Personnel DCSO investigators who conduct investigations shall have the knowledge, experience, and training on PREA and sexual abuse investigations involving juvenile victims as needed to perform the investigative services under this MOU.*

**Interviews: Administrative Investigator:** confirmed the investigative process and the collaboration between himself and DCSO regarding an administrative investigation, and if it runs concurrently or waits until the criminal investigation is complete, and/or when the DCSO investigator declines and investigation, does not complete it to a finding or gives permission for it to begin. Additionally, confirmed the use of the same standard evidence protocol that the sheriff's office uses, which is developmentally appropriate for youth. Also confirmed his law enforcement, and law enforcement instructor experience, training, and years of investigative experience, including sexual assault investigations. **DCJDC PCM/Detention Manager** confirmed all sexual allegations are reported to law enforcement; however, the PREA Administrative Investigator is also notified of the report to DCSO, to maintain contact on the progress and get the ok to conduct the administrative investigation.

**115.321 c, d, e, and h:**

**Facility Standard Requirements: c)***The facility shall offer all residents who experienced sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate; Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs; d1:* The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. **d2:** These efforts are documented. **d3:** If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member; **e1:** If requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals; and **h):** For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

**Compliance Assessment:**

DCJDC does not conduct forensic examinations. After following the steps outlined in

115.321 a and b (above), the Douglas County Sheriff's Office (DCSO) has been notified, and an initial assessment of sexual abuse/assault, DCSO will notify the SVRT Investigator, who will coordinate the sexual assault examination and advocacy services.

DCDC (agency) policy and DCJDC (facility) Standard Operating Procedures confirm that medical examinations will be coordinated and provided through the Special Victims SVRT team, at no cost to the victim, even if the victim does not cooperate with the investigation. In addition, the DCDC website confirms there is no cost to the victim. **DCDC agency Policy 115.321: Medical Examinations**, Page 1 115.321 Policy: page 1, Medical Examinations: Through the SVRT, all detainees who experience sexual abuse will have access to forensic medical examinations, at no cost to the victim, whether the detainee cooperates with the investigation or not. Completed by a SAFE or SANE; **DCJDC facility Policy 115.321, page 1: A Special Victims Response Team (SVRT)** is a team or department with designated roles and responsibilities for crisis and advocacy services in the incident of an allegation;

**Douglas County Ninth District Court website:** <https://douglasdistrictcourt.com/juvenile-probation-detention/prison-rape-elimination-act/> If a detainee has been a victim of Sexual Assault or Harassment while in a juvenile detention center or treatment program, you have the right to free medical treatment and counseling

**The SVRT Domestic Violence Coordinator and the SVRT Investigator**, stationed at the Douglas County Sheriff's Office, work together to ensure the victim receives a forensic examination conducted by a SAFE/SANE. Additionally, the Douglas County Department of Juvenile Probation, OVW-funded Juvenile Probation Officer (JPO)-also an SVRT member, is tasked with providing assistance to the SVRT Investigator, when juvenile offenders are involved. This may include transporting the victim to the forensic exam at the CAC (Children Advocacy Center) or a local hospital where a SAFE/SANE, or SAFE conducts the forensic examination. At CAC, a SAFE/SANE-certified pediatrician will conduct the forensic exam.

**The SVRT MOU** includes the following duties of the DCSO, Domestic Violence Coordinator, SVRT Investigator, and Douglas County Juvenile Probation.

**SVRT MOU, DCSO will:** *Provide assistance, through the non-OVW grant-funded part-time Domestic Violence Coordinator, to all of the collaborative partners of the SVRT in acting as a single point of contact and liaison for the SVRT to the Douglas County Sheriff's Office; Provide assistance to the OVW grant-funded SVRT Investigator, through the non-OVW grant-funded part-time Domestic Violence Coordinator, in conducting investigations and obtaining information from the Douglas County Sheriff's Office, when necessary; Respond to the initial report of all incidents of sexual assault, domestic violence, dating violence, and stalking through non-grant-funded Deputy Sheriff positions, and conduct the initial criminal investigation into these reported incidents; Immediately notify the SVRT Investigator, through non-grant funded Deputy Sheriff positions, when an incident of*

*sexual assault occurs resulting in the SVRT Investigator· coordinating the sexual assault examination and advocacy services through the Family Support Council of Douglas County; Recognize the significance of victim safety and wellbeing, and will work cooperatively with the SVRT collaborative partners to ensure that victim safety and wellbeing is the highest priority in cases of domestic violence, sexual assault, dating violence, and stalking; Provide assistance, through the non-OVW grant-funded part-time Domestic Violence Coordinator, to all of the collaborative partners of the SVRT in acting as a single point of contact and liaison for the SVRT to the Douglas County Sheriff's Office.*

**Douglas County Department of Juvenile Probation will:** *Employ and supervise a non-OVW grant full-time Juvenile Probation Officer, who will be the Douglas County Department of Juvenile Probation's representative to the SVRT; Provide assistance to the OVW grant-funded SVRT Investigator, through the non-OVW, grant-funded, full-time Juvenile Probation Officer, in conducting investigations involving juvenile offenders suspected of committing acts of domestic violence, sexual assault, teen dating violence, or stalking;*

The SVRT MOU outlines the duties of the OVW SVRT Advocate, stationed at SVRT member, Family Support Council: **The Family Support Council of Douglas County will:** *Employ and supervise the OVW grant-funded SVRT Advocate, who will provide outreach and intervention services to victims of domestic violence, sexual assault, dating violence, and stalking which are within the scope of this project; Respond, through the OVW grant-funded SVRT Advocate, to initial reports of sexual assault, by having the SVRT Advocate available 24 hours a day using an on-call status during non-business hours, on weekends and holidays. The response of the SVRT Advocate may include, but not be limited to: Responding to hospital and/or medical facilities and remaining with the victim during emergency medical procedures and/or evidentiary medical examinations.*

Residents receive free medical services related to the assault, including a forensic medical exam. This is codified in **Nevada State Law** 178A and 366: *Nevada Sexual Assault Survivors Bill of Rights NRS 178A: Sexual assault victims' rights: sexual assault advocate, designate attendant to provide support; not required to pay for the forensic examination; notice of rights to be provided before the exam; right to choose the gender of the interviewer; Nevada Law, NRS 200: 364 Definitions, 366: covers the sexual assault on a child under the age of 16; 377: protection and identity of a child; 3771-3774: confidentiality of with and reports that reveal the identity, public officer or employee prohibited from disclosing identity; 3786: Sexual Assault Forensic Evidence Kits, Duties of medical provider, law enforcement agency, and forensic laboratory; 3788: Track sexual assault forensic evidence kits, annual report...*

An additional service available for child victims of sexual abuse is the **Washoe County Child Advocacy Center**. This service is available only to Children under the age of 18, so other victims would be taken to a local hospital that has SAFE/SANE services. They would still have the full services of the SVRT. The Washoe County Child Advocacy Center conducts forensic medical exams completed by the

Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). It is part of the Multi-Disciplinary Team that includes the Douglas County Sheriff's Office and Child Protective Services.

**The Washoe County CAC** provides many services to children of abuse and their non-offending families, including, but not limited to: Facilitating a collaborative response to child abuse through the use of an MDT; Conducting forensic interviews of children; Advocating for victims of child abuse and their non-offending caregivers; Offering on-site mental health counseling to victims and families; Providing acute and non-acute medical examinations for sexual assault and child abuse victims; <https://www.washoecounty.gov/da/childadvocacycenter/howcacworks.php> ♦  
♦CAC Multidisciplinary Model: [https://www.washoecounty.gov/da/files/NCA\\_CACmodel.pdf](https://www.washoecounty.gov/da/files/NCA_CACmodel.pdf)

Additionally, for advocate services, the facility DCJDC makes available flyers for the **Reno Crisis Agency**, as well as access to two websites, a computer in the dayroom, the Family Support Council, and Crisis Support Services of Nevada. In addition, phone numbers and mailing addresses are provided for advocate services in the dayroom, along with envelopes and paper. The computer access to the above sites, as well as the reporting site, was established after the site visit, and this auditor will be returning to the site at the end of corrective action to ensure this process has been ingrained into the facility culture.

**Second Site Visit:** 115.321

For advocate services, the facility DCJDC makes available flyers for the Reno Crisis Agency, as well as access to two websites on a computer in the dayroom. They are the Family Support Council and Crisis Support Services of Nevada.

During corrective action, computer access to the above sites, as well as the reporting site, was established after the site visit, and this auditor returned for a second site visit to test out the computer access.

Above the computers was a sign that read, " How to Make a Sexual Abuse, Sexual Harassment or Retaliation Report on the Student Computer. It then gives easy-to-follow instructions on how to click on the link and find Reporting Support Services information or click Report an Incident, fill out the form, and click SEND. This auditor clicked victims services, while on-site, and I quickly received confirmation that "*Your test intake has been received and would have been forwarded to our crisis line volunteer for advocacy in the event of a resident in need.*" The sign also states you can remain private by not giving your name or address.

**Pre-Site Review:**

This pre-site review included the following Policies/Procedures, and MOUs: DCDC Agency Policy A 115.321; DCJDC Standard Operating Procedures 115.321; DCSO Policy 9.373; SVRT MOU; DCSO MOU with DCDC (agency); Nevada Law NRS 200; the Nevada Sexual Assault Survivors Bill of Rights NRS 178A; and the PAQ. This review included the following interviews: The SVRT Investigator; the SVRT Coordinator; the

SVRT Advocate, the Facility Detention Manager; and the PREA Administrative Investigator. It also included one random staff-written interview (for a baseline of information.) All pre-site documentation is detailed in the Paperwork assessment chart, as a foundation of information for the site visit.

**Site Review:**

On the site visit, random staff interviews, as well as informal conversations with random staff, management, and the PREA Administrative Investigator were conducted. All staff interviewed knew about the RED binder and forms A and B. These actions are ingrained in the culture of this facility, as there was no hesitation in this knowledge, as well as the practice required in reporting sexual abuse to law enforcement, and the Detention Manager/PCM.

**Observed:**

An Intake staff showing a new, intake resident, the dayroom window where services, mailing addresses, and phone numbers, as well as envelopes and paper to contact: Douglas County Sheriff's Office (outside report); DCFS Child Mental Health; and Family Support Services: emotional support or advocacy

Emotional support and advocate posters: The Family Support Council: Hallway, Dayroom, and all three wings in Spanish and English; No Means No: DCFS Child Mental Health; Family Support Council; The Family Support Council Flyers, for advocates or emotional support services were observed in the dayroom, all three wings, and the hallway,

Completed Interviews with random staff, added them to the pre-site interviews with the facility PCM/Detention Manager, and the Family Council advocate, confirming the practice of: DCJDC notifying law enforcement; The SVRT Investigator, (law enforcement) coordinating a forensic exam with a SAFE/SANE staff, a qualified pediatric examiner at CAC, and an advocate; The Family Support Council provides an OVA-trained SVART Advocate, from the Family Support Council. Additionally, confirmed advocate services are available to residents of DCJDC, from the Family Support Council, and Reno Crisis Center, by mail, phone, or computer request, and the fact that DCJDC does not provide staff advocates.

Douglas County Juvenile Detention staff are prepared to respond to a sexual abuse/assault allegation; and report to DCSO, ensuring a resident reporting or a victim of sexual abuse/assault receives a forensic exam, victim advocate, and all services needed, at no cost to the victim. There have been zero sexual abuse allegations, and so zero documentation to review of practice.

**Facility Compliance Statement:**

DCJDC exceeds compliance with ensuring a victim has aDCSO investigator who coordinates: Access to a forensic medical examination conducted by a SAFE/SANE, or a trained pediatric forensic examiner-at CAC; and a victim advocate (as coordinated by the OVW-funded SVRT Investigator and the SVRT Domestic Violence Coordinator), who supports the victim through the forensic medical examination



process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. DCJDC does not provide staff members to serve as advocates, as the SVRT Investigator ensures a trained advocate is provided; however, has alternatives available. DCJDC also makes information about advocate services available by mail, phone, flyer, poster, and computer. Additionally, these services are free of cost to the victim, as dictated by Nevada Law, DCDC and DCJDC policy, and the SVRT MOU.

**115.322 Policies to ensure referrals of allegations for investigations**

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

**115.322 Policies to ensure referrals of allegations for investigations.**

**Compliance Determination: Compliant**

**Acronyms** used in this standard report: **CSYC:** China Spring Youth Camp; **DCDC:** Douglas County Ninth District Court; **OAS:** Online Audit System; **PCM:** DCJDC facility PREA Compliance Manager; **DCJDC:** Douglas County Detention Center; **PC:** Agency PREA Coordinator; **PAQ:** Pre-Audit Questionnaire; **JPO:** Juvenile Probation Officer; **DCSO:** Douglas County Sheriff’s Office Agency Standard Requirements,

**115.322 a, b, and c:** **a)** *The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. **b):** The agency shall have in place a policy to ensure that allegations of sexual abuse and/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. The agency shall publish such a policy on its website or make the policy available through other means if it does not have one. The agency shall document all such referrals. **c)** If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.*

**Agency Compliance Assessment:**

The agency, DCDC, requires its report of all allegations of sexual abuse and sexual harassment to the Douglas County Sheriff’s Office. In 2022, the Douglas County Ninth District Court (DCDC) PREA Coordinator created and implemented **agency policy A115.322:** *Includes procedures for reporting to law enforcement; that the agency and facility shall fully cooperate with investigations; and section I, D, requires that all allegations be fully and completely investigated until their conclusion. It also includes procedures for referrals, criminal investigations, administrative investigations, and retention of documents; Requires reporting ALL sexual allegations, including sexual abuse allegations, sent to law enforcement to determine if the allegation is criminal or administrative (non-criminal).*

This action, required for all DCDC-operated facilities, exceeds this standard's requirements of *referring only allegations of criminal behavior*, and ensures **ALL** allegations of a criminal nature, as assessed by law enforcement, are reported to law enforcement.

The agency policy required all its facilities to have Standard Operating Procedures that comply with the Agency policy. DCJDC (facility) created and implemented Standard Operating Procedure 115.322 during the initial stage of this audit. It incorporated Previous policies, actions, and requirements into this agency-compliant facility procedure. DCJDC's practice always required the referral of all sexual abuse or sexual harassment allegations to Law Enforcement (DCSO). The new procedure ensured it complied with all agency requirements in procedure and practice.

**DCJDC (facility) Standard Operating Procedures 115.321**

*includes: Investigations are to be referred to the Douglas County Sheriff's Office; Notifying the Detention Manager/PCM and the Juvenile Probation Officer; The Detention Manager/PCM notifies the agency PC; The agency PC notifies the agency PREA Administrative Investigator; Cooperate with all investigators; Remained informed during the process of the investigation; Document all steps taken in an incident report and the Tyler Supervision database; Referrals of allegations of sexual abuse or sexual harassment for criminal investigations are documented and published on the Ninth Judicial District Court website:  
<https://douglasdistrictcourt.com/juvenile-probation-detention/prison-rape-elimination-act/>*

DCJDC (facility), after receiving an allegation of sexual abuse, utilizes the **RED Immediate Response Binder**, which contains **forms A and B**, and the **first Responder Coordinated Response Plan**. Staff separate the victim and perpetrator, ensure no actions are taken to destroy evidence- for victim and perpetrator, secure the scene, and notify the Douglas County Sheriff's Office (DCSO), the DCJDC Detention Manager, and the resident's Juvenile Probation Officer. This is documented in Forms A and B, an incident report in the database, and Tyler supervision. Documented by **interviews of random staff and first responder staff**, as well as the facility PCM.

DCDC has an **MOU with the Douglas County Sheriff's Office** that covers both operated juvenile facilities. It includes providing investigative services for allegations of sexual abuse and sexual harassment. It includes: *Shall provide investigative services to the Agency for any allegation of staff sexual misconduct or youth-on-youth sexual abuse and/or harassment that involves potentially criminal behavior; 2.01 DCSO's investigators who conduct investigations at CSYC and/or DCJD shall have the knowledge, experience, and training on PREA and sexual abuse investigations involving juvenile victims as needed to perform the investigative services under this MOU. (115.321f); **Policy 9.373** requires when responding to a sexual assault, the DCSO investigator who responds is required to be the SVRT investigator, who is part of the SVRT team and funded by OVW. This requirement and interviews confirmed the SVRT-funded investigator is trained in using protocols 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. The investigator's position and training are funded by the Office of Violence Against Women (OVW); **Policy/Procedure: 9.373:** Members shall ensure that all reports are investigated in an efficient and timely manner consistent with the requirements of the Sexual Assault Survivor's Bill of Rights under Chapter 178A of the Nevada Revised Statutes (NRS). Safety will consider the welfare/mental health and safety of the victim as paramount to all aspects of the investigation.*

**The Special Victims Response Team (SVRT)** is activated when the Douglas County Sheriff's Office receives the report from the facility, DCJDC. The MOU with the SVRT includes actions the DCSO will take. This includes the designation of DCSO as the primary law enforcement agency to investigate sexual abuse/assault. The DCSO. Douglas County Sheriff's Office will: *Respond to the initial report of all incidents of domestic violence, dating violence, and sexual assault through non-grant-funded Deputy Sheriff positions, and conduct the initial criminal investigation into these reported incidents, and Immediately notify the SVRT Investigator, through non-grant funded Deputy Sheriff positions, when an incident of sexual assault occurs.*

To document reports/referrals made to DCSO, the Facility first responder uses **forms A and B** to document the staff's initial report and an incident report in **Tyler Supervision**. The facility PCM uses forms A and B and the **DCDC Agency PREA Incident Report** to document the referral and all other contacts. A copy of this form is sent to the agency PREA Coordinator and discussed in monthly meetings between the PC and facility PREA Compliance Managers (PCM).

The DCDC Agency **PREA Incident Report** documents: Contact Law Enforcement (Agency, name, contact information, date of contact, case number); Phone Contacts with the Agency PREA Compliance Manager at the facility where the incident occurred; If there was a criminal investigation; Law enforcement release for conducting Administrative Investigation (must attach documentation); Contact of the SVRT and providing a Victim Advocate; Other Contacts made, and is signed by the facility PCM and the agency PC. This form is filled out by the PCM, and a copy is sent to the agency PC.

The agency DCDC and its operated facilities, CSYC and DCJDC, have an excellent working relationship with the Douglas County Sheriff's Office (DCSO). This enables them to run all sexual allegations through the Douglas County Sheriff's Office investigator, ensuring a criminal element assessment. If the DCSO assesses the allegation as having criminal elements, they investigate; if they assess it can be completed as an administrative investigation, they document this determination. This is documented by policy, procedure, and interviews of the Agency PC, PREA Administrative Investigator, and the DCSO Investigator.

The agency PREA Administrative Investigator is a retired Douglas County Sheriff's Officer and keeps informed about the progress of any facility DCSO investigation, as well as receiving copies of the completed investigation. The PREA Administrative

Investigator then conducts a PREA Administrative Investigation. Confirmed by interviews with the PREA Administrative Investigator.

The Pre-Audit Questionnaire documents that there have been zero allegations of sexual abuse/assault at Douglas County Juvenile Detention Center; thus, there are no investigations to review for practice.

**Compliance Statement:**

The agency, through **policy A 115.322**, an **MOU with the Douglas County Sheriff's Office**, the **Agency PREA Incident Report**, and the collaboration between the agency PREA Administrative Investigator, ensures that allegations of sexual abuse and/or sexual harassment are referred for investigation to The Douglas County Sheriff's Office. The policy is published on the DCDC website and all PREA policies, not just this one. <https://douglascountydistrictcourtspreaagency.com/prea-policies/>

The facility, Douglas County Juvenile Detention Center (DCJDC), through Standard Operating Procedure 115.322, and referral of ALL allegations with a sexual component to DCSO, receives a determination, DCSO either decides to investigate the allegation, due to it including criminal behavior or gives release for the Agency PREA Administrative Investigator to conduct an administrative investigation. All sexual assault allegations are investigated by DCSO and followed by an agency administrative investigation.

The MOU between DCDC and the Douglas County Sheriff's Office, as well as the agency Policy A115.322 and facility Standard Operating Procedure 115.322, outlines the duties of both the agency/facility and DCSO. Additionally, the Special Victims Response Team (SVRT) MOU outlines the investigative duties of DCSO as the primary law enforcement agency for SVRT.

The agency PC, as well as the PREA Administrative Investigator, ensures that a criminal and then an administrative investigation is completed for all allegations of sexual abuse. The only case where both investigations would not occur is if DCSO declined the investigation due to not having a criminal element. In that case, the Administrative Investigator completes an administrative investigation for all allegations of sexual abuse and sexual harassment. The PREA Administrative Investigator ensures receipt of the DCSO criminal investigation and includes it in his administrative investigation documentation, which is securely retained in locked files.

The agency, DCDC, exceeds standard 115.322 by requiring and ensuring ALL allegations with a sexual component are referred to DCSO and that all allegations are investigated to a finding: Criminal investigations by DCSO and Administrative Investigations by the agency PREA Investigator.

**Additional Documentation Reviewed: Agency 2021 annual PREA Report:** reporting zero allegations for DCJDC. Zero allegations since 2016; **DCJDC Coordinated Response Plan Charts** (staff-on-youth, and youth-on-

	<p>youth); Spreadsheet of Investigations and Information for SSV Reports: <b>Zero allegations; CSYC: 2021:</b> one allegation of staff sexual misconduct was investigated and determined: not PREA and unfounded. Investigation and Report uploaded to CSYC audit reviewed and found compliant; <b>PREA Administrative Investigation Report:</b> Documentation of reports of sexual abuse and harassment and documentation of investigations, including full investigative report with findings. (CSYC);</p> <p>DCDC publishes its PREA policies on its website: <a href="https://douglascountydistrictcourtspreaagency.com/prea-policies/">https://douglascountydistrictcourtspreaagency.com/prea-policies/</a>. This includes 115.322 Agency Criminal and Administrative Investigations Policy. This policy describes the responsibilities of the agency and law enforcement. (115.322c)</p> <p>DCDC exceeds compliance with standard 115.322.</p>
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115.331	Employee training
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>115.331: Employee Training</b> Compliance Determination: Compliant</p> <p>Acronyms used in this standard report: <b>DCDC:</b> Douglas County Ninth District Court; <b>OAS:</b> Online Audit System; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator; <b>PCM:</b> DCJDC facility PREA Compliance Coordinator/Operator</p> <p><b>115.331 a, c, and d: Agency Standard Requirements:</b> <b>a.</b><i>The agency shall train all employees who may have contact with residents on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' right to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities; (6) The common reactions of juvenile victims of sexual abuse and sexual harassment; (7) 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; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; (11) Relevant laws regarding the applicable age of consent;</i> <b>c.</b> <i>All current employees who have not received such training shall be trained within</i></p>

one year of the effective date of the PREA standards, and the agency shall 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. In years when an employee does not receive refresher training, the agency shall provide information on current sexual abuse and sexual harassment policies; **d.** The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.

**Compliance Assessment:** 115.331 a, c, and d:

The agency Douglas County Ninth District Court (**DCDC**) **Policy, A 115.331 Agency Employee Training.** The agency policy states that *facility staff, who have contact with youth by position, must complete initial training in PREA and will complete prescribed refreshers as necessary and as determined by the PREA Coordinator in coordination with PREA Compliance Managers.* This policy requires all employees to be trained and comply with the following: **PREA standards** before contact with youth, completed every year, in addition to Policy Training; All training must include an **employee signature of understanding or electronic verification of understanding;** The facility PREA Compliance Manager (PCM) **keeps records of the dates staff training occurred** and ensures staff receives refresher training at a minimum every year; **Training data** shall be provided to the agency PC; Zero-tolerance; youths' rights; retaliation, and the right to be free from it; dynamics of sexual abuse; common reactions; residents with disabilities; limited reading, limited English speaking; detect and respond to threatened sexual abuse and distinguish consensual from sexual abuse; avoid inappropriate relationships; work and communicate effectively and professional; relevant laws regarding consent; mandatory reporting; gender-responsive training; and the unique needs and attributes of residents in the facility setting; Employee minimum training: PREA background; PREA standards, zero-tolerance, reporting requirements, youth relationships, communication, signing training acknowledgment Form; **PREA Signature Form:** sign at hire and yearly, kept in background file; **Advanced Training** Components: recognizing an allegation is criminal/ harassment; interviewing juveniles; interviewing juvenile victims of sexual abuse/sexual harassment; investigations in confinement settings, use of Garrity, sexual abuse evidence collection in a confinement setting; National Institute of Corrections courses required: for Staff: **PREA-Your Role to Responding to Sexual Abuse;** For Medical: **PREA Medical Health Care for Sexual Assault Victims in a Confinement Setting;** For PC: **PREA Coordinators Roles and Responsibilities;** PREA Audit Process and Instrument Overview; For Mental Health Providers: **PREA Behavioral Health for Sexual Assault Victims in a Confinement Setting;** for Medical and Mental Health Providers: **PREA 201 for Medical and Mental Health Providers;** •For Investigators: **PREA Investigating Sexual Abuse in a Confinement Setting;** and PREA; Investigating Sexual Abuse in a Confinement Setting Advanced; For all staff: **Communicating Effectively and Professionally with LGBTQIA Offenders,** Respectful Communication with LGBTQIA Youth; NICIC Courses: **PREA Youth Education Video in English and Spanish and with captions**

To collaborate, as well as ensure compliance, the agency PC instituted monthly meetings with facility PCMs. These meetings have monthly, quarterly, and yearly tasks. A review of the meeting notes confirmed that staff training is a quarterly discussion; however, issues or additions can be discussed monthly.

The agency PC requires all training dates and signatures of training understanding, to be turned in to the PC for oversight and compliance monitoring/ documentation.

**Facility Compliance Assessment:**

Required employee training is outlined in the agency's, Douglas County Ninth District Court (DCDC), Policy on Staff Training A115.331. This is documented above in the agency section. Additionally, the DCJDC (facility) Policy and Procedures, Training and Education, comply with the agency requirements, as well as outline the standard operating procedures of the facility to implement the agency's approach to educating employees about sexual abuse and sexual harassment.

DCJDC Policy and Standard Operating Procedures: Training and Education includes: *The Detention Manager/PREA Compliance Manager (PCM) oversees employee training; All training is tailored to the unique needs of every detainee of the facility; Training will be updated to stay current with new trends; Training includes all eleven requirements of PREA standard 115.331, and the agency requirements; Additional requirements include appropriate interactions with detained juveniles; maintaining a professional relationship with detainees; identifying red flags related to inappropriate conduct; imminent sexual abuse; compliant practices for detainees with disabilities, limited reading, and those with limited English proficiency; gender-responsive training; unique needs and attributes of juveniles in a correctional setting; Attendance records are kept, as well as completed certificates, or signed documentation verifying understanding of the training; All staff sign the PREA disclosure form before contact with youth and sign it annually.*

New staff, employed at Douglas County Juvenile Detention (DCJDC), complete an initial training that is eight hours in length. It covers all 11 PREA training requirements. PREA Training for New Staff (8-hour training). During new staff training, the DCJDC PREA Compliance Manager conducts training. PowerPoint includes: *Responding to abuse allegations and filing reports; Read, review, and sign off on all DCJDC PREA Policies and Procedures per standard; Read, review, and sign off on DCJDC Immediate Response Plan, Chain of Command, and Investigation Binder; Review and answer the questionnaire on the PREA Youth Educational Video; Complete and Pass NIC Learn, PREA: Your Role in Responding to Sexual Abuse; Complete and Pass Police One, PREA – Prison Rape Elimination Act; Complete and Pass Police One, LGBTQIA Community; Complete and Pass NeoGov, Sexual Abuse Prevention at Camp; Complete and review, Cross Gender Pat Down Search & Exigent Circumstances; Complete PREA: Conducting Pat Searches on Transgender Juveniles; Complete and Pass NeoGov, Understanding Gender & Gender Identity; Complete and Pass NIC Learn, Respectful Communication with LGBTQIA Youth; Complete Webinar and Questionnaire: Advocating for LGBTQIA+ Young People in School and Juvenile Justice Facilities; and Understand the Nevada Age of Consent*

*and no consent in facilities.*

**Each new staff member's action steps in the training:** Watches and participates in a webinar on the National Criminal Justice Training Center website: **Child Abuse: The Know & Tell Program.** Complete and receive a Certificate of Completion. This program teaches new staff the signs of neglect, physical and sexual child abuse, and to report to authorities, recognize the warning signs of sexual abuse, identify characteristics of perpetrators and how they groom potential victims, why people fail to report these crimes, and legal penalties for not reporting; Review the **PREA Policy Procedures Binder**, reading all Facility Policies, and incorporating PREA standards. Then, review each policy with the Detention Supervisor, who ensures they understand it. The New staff member then signs a statement of understanding of all PREA policies and procedures; Review the Immediate Response Plan, Chain of Command, and Investigation Binder. Discuss action steps required in the case of an allegation or assault; Review the **PREA Video**, that residents watch in PREA Orientation, and answer the questionnaire. This educates staff on resident rights, reporting, grievances, and March 2022 training: Mandatory Child Abuse Training; Proper Reporting of Sexual Abuse and Harassment; Mental Health; Jireh; Use of Force; Watch the National Institute of Corrections Interactive Video: **PREA: Your Role in Responding to Sexual Abuse** and pass the exam. Elements of The Prison Rape Elimination Act include defining sexual abuse, inmate-on-inmate sexual abuse, staff sexual misconduct, vulnerable populations, duties to report and respond, and effective communication methods. Seven Modules: Defining Sexual Abuse; Inmate on Inmate Sexual Abuse; Vulnerable Populations; Staff Sexual Misconduct; Duty to Report, Duty to Respond, and Communication Methods; Participate in the Neo Gov **Sexual Abuse Prevention at Camp; Cross Gender Pat Down Searches and Exigent Circumstances**, PowerPoint and questions (PRC); **PREA Refreshers:** PREA Basics: Effects of Abuse; Professional Communication and Boundaries; Resident Privacy; and signed statement of understanding; **PREA Refreshers:** Ways Residents can Report; Resident Support Services; Helping Residents who Primarily speak Another Language; Reporting Knowledge, Suspicion, or Information; and signature of understanding; **PREA Refresher:** First Responders Duties; Completing an Incident Report; Investigations; Encouraging Residents to Report Sexual Abuse; Monitoring for Safety and Security; and signature of understanding; After completing the above training, passing understanding checks/tests, and **signing their understanding on their training forms**, staff: Know what steps to take, when and who to call, and how to document a Child Abuse Report; Can define neglect and physical and sexual abuse; Recognize the warning signs of sexual abuse; Understand and identify the characteristics of perpetrators and how they groom potential victims; Know the reasons behind failing to report crimes of child abuse and the legal penalties; Understand how all policies and procedures related to preventing, responding to, and eliminating abuse, and know their role; Know that cross-gender searches are prohibited, understand what an exigent circumstance is, and Understand the age of consent in Nevada.

**The above staff training, for new staff**, as well as the following required



existing staff training, ensures training and understanding of the following 11 requirements in this standard: **The zero-tolerance policy** ensures staff understands it before they sign their understanding. • Employee PowerPoint training - all staff, new or existing; Training in policies and procedures; Existing staff training; New employee training; Police 1 training.

**Reviews all PREA policies** and ensures understanding of their responsibilities for sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; **Staff Training PowerPoint; PREA Refresher 1-4; PREA Refresher PREA Basics:** including **zero-tolerance policy; PREA policies sign-off** (new and existing employees); New Hire **NIC training PREA: Your Role in Responding to Sexual Abuse; Existing Staff 2022 training**

**Residents' right to be free from sexual abuse and sexual harassment:** (policies, video, Know and Tell Program, Immediate Response Plan, Residents Video): Refresher training 1-4 PREA Basics; NIC training: PREA: Your Role in Responding to Sexual Abuse; New and existing 2022 staff training

**The right of residents and employees to be free from retaliation** for reporting sexual abuse and harassment (policies and procedures, Staff video, Youth video, Neo Gov training, Immediate Response Plan); PREA: Your Role in Responding to Sexual Abuse; Refresher training 1-4; Policies sign-off: New and existing staff; and the Immediate Response Plan.

**The dynamics of sexual abuse and sexual harassment in juvenile facilities** (PREA: Your Role, youth orientation video, policies, and procedures, Child Know and Tell program); Refresher training 1-4; PREA: Your Role in Responding to Sexual Abuse; New Hire and Existing staff training

**The common reactions of juvenile victims of sexual abuse and sexual harassment** (Know and Tell program; PREA: Your Role Video; Youth orientation video; PREA: Your Role; Refresher Training #2: PREA Handling Disclosures of Abuse; New Hire and Existing Staff Training; Refresher Training #1: PREA Basics

**How to detect and respond to signs of threatened and actual sexual abuse** and distinguish between consensual sexual contact and sexual abuse between residents (Know and Tell Program; policies and procedures; Immediate Response Plan; Video: PREA: Your role in Responding to Sexual Abuse); NIC: Your Role; Refresher #2: PREA Handling Disclosures of Abuse; New Hire and Existing Staff Training; Refresher #1: PREA Basics; All staff Immediate Response Binder-checklist

**How to avoid inappropriate relationships with residents** (PREA: Your Role in Responding to Sexual Abuse; policies and procedures); Existing Staff yearly Training; Police 1: PREA- lesson plan; New Hire training; PREA refresher: #3: Professional Communication and Boundaries; Policy training: DCJDC P&P 1.6 Professional Conduct

**How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender**

**nonconforming residents**, (Policies and procedures and LGBTQIA education); New Hire: NIC learns: Respectful communication with LGBTQIA youth; Police 1: LGBTQIA for all staff in 2022; PREA Refresher (2022) Professional communication and boundaries; Pat Searches on Transgender juveniles—All Staff in 2022; Police 1: LGBTQIA.

**How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities** (Policies and procedures—including Mandatory Reporting policy; PREA: Your Role to Responding to Sexual Abuse); Existing Staff Mandated Reporter Training (2022); PREA Refresher #8: Reporting, knowledge, suspicion, or information-Existing Staff 2022;

Relevant laws regarding the **applicable age of consent**. PREA PowerPoint for new and existing staff. Also, see training on this later in the refresher; Mandatory Reporter Training -just completed again in March 2023; NCJTC website: Teaching kids about consent and talking to children about sexual abuse; PREA PowerPoint

This initial training required for all staff is just the beginning of the training that DCJDC staff receive.

The existing staff receives training at monthly staff meetings, refreshers, and annual training, which exceeds this standard's requirement for training every two years, with refreshers in between. Included in this audit documentation is the 2022 existing staff completed annual training.

PREA Training for existing staff, 2022 training; Existing staff will watch and participate in a webinar on the NCJTC Website - **Talking to Children about Child Sexual Abuse, Teaching Children about Consent** and complete with a printed certificate; The existing staff will research **Nevada laws** regarding consent and write up a brief synopsis; Existing staff will participate in the **PREA; Police One Training**; Existing Staff will review the **Facility PREA Policy and Procedures Binder**; • Review, answer questions, and sign understanding; Existing Staff will review the **Immediate Response Plan, Chain of Command, and Investigation binder**; Existing Staff will review **PREA Standards with PREA Refreshers** and sign off their understanding; PREA Refresher: **First Responders Duties; Completing an Incident Report; Investigations; Encouraging Residents to Report Sexual Abuse; Monitoring for Safety and Security; and signature of understanding**; After completing the above training, passing understanding checks/tests, and signing their understanding on training forms, staff: Have developed a working definition of "consent" in the context of sexual assault prevention, recognize mixed messages, and consider age-appropriate messages that establish healthy boundaries and promote healthy relationships; Know the history of PREA; and the impact of sexual abuse; will understand the PREA standards; Code of silence, red flags, and legalities; Understand their role in the facility regarding PREA and any allegation that may occur; Understand how all policies and procedures related to preventing, responding to, and eliminating abuse, and How to conduct action steps in case of any allegation.

**Agency policy A 115.331** requires staff to complete the prescribed refreshers, as

necessary and as determined by the PREA Coordinator, and in coordination with PREA Compliance Managers. DCJDC provides refresher training in monthly staff meetings, and various times during the year, as well as the annual training listed above. Staff training is updated every year to keep up with new trends.

**Additional All Staff Training** conducted included, but is not limited to: NIC Training, Respectful Communication with LGBTQIA Youth; Police One: The LGBTQIA Community: Recognize the diversity of the LGBTQIA community and their respective terminology; Identify effective policies, procedures, and training on interactions with the LGBTQIA community; Explain recommendations to better serve the LGBTQIA community both as an agency and an individual officer; New Staff Training: Staff will watch a 16-minute video and answer a questionnaire regarding child abuse and abuse and neglect reporting in the state of Nevada; Existing staff will watch and participate in a course on Neo-Gov Mandatory reporters on Child Abuse and Neglect. In addition, staff reviewed Facility Policy #1.5 Mandatory Child Abuse Reporting. They discussed it at the June staff meeting their understanding of what steps to take, when and who to call, and how to document a Child Abuse Report; Refresher: Juvenile Detention: Duty to Report: Knowledge, Suspicion, or Information: Knowledge, suspicion, or Information; How to report; Written report right away; report to proper authorities (number and after-hours number); March 2022 training: Mandatory Child Abuse Training; Proper Reporting of Sexual Abuse and Harassment; Mental Health; Jireh; Use of Force; Sexual Abuse and Consent. (Relevant laws regarding consent...); NCJTC Website – copy and paste the links below for two (2) courses about sexual abuse and consent and talking to children about sexual abuse- <https://ncjtc.fvtc.edu/trainings/TR00251864/TRI0251888/talking-to-children-about-child-sexual-abuse-1>; Teaching children about consent - <https://ncjtc.fvtc.edu/trainings/TR00004773/TRI0004774/teaching-children-about-consent>; PREA Basics, Effects of Abuse; Professional Communication and Boundaries; Resident Privacy; Zero-Tolerance Policy; Dynamics of Sexual Abuse in Juvenile Facilities; Detecting Signs of Sexual Abuse; Detainees' Rights to be Free from sexual abuse and sexual harassment; Common Reactions to Sexual Abuse; Handling Disclosures of Abuse; Professional Communication; Intervene and Redirect, When Staff Fail to Show Professionalism; PREA Refreshers: PREA Basics: Effects of Abuse; Professional Communication and Boundaries; Resident Privacy; and signed statement of understanding; PREA Refreshers: Ways Residents can Report; Resident Support Services; Helping Residents who Primarily speak Another Language; Reporting Knowledge, Suspicion, or Information; and signature of understanding.

In addition to the above training and refreshers, the staff has initial and annual refreshers in **Jireh**. While this training does not specifically address PREA requirements, just like PREA requirements reduce other kinds of abuse, Jireh appears to include training and techniques to assist in preventing, responding to, and eliminating abuse of any kind. This includes Prevention of crisis rather than reacting to a crisis; Making the workplace safer; greatly reducing or eliminating crises, reducing the potential for liability or litigation, increasing staff confidence and morale/decreasing stress levels; providing life-changing benefits to staff and residents; safe “least restrictive” intervention and diffusion techniques; assists in

eliminating inappropriate staff responses, includes competency-based skills and written exams; and is a hierarchical approach which provides a range of choices to respond with.

JIREH annual training: Crisis prevention, showing staff how to PREVENT Crisis Situations from occurring. By looking at the Root Causes of Conflicts, practitioners will learn Five Steps to Reach Troubled Youth. These prevention principles emphasize and provide resolutions to the causes of personal conflicts that may arise with clients or staff. Participants learn to recognize and assess conflicts, then restore and build the individual, thereby preventing future crises. This reduces the potential for staff to respond inappropriately to others and decreases the risk of abuse and potential liability; Crisis intervention and de-escalation: teach staff how to recognize the signs and symptoms of a potential crisis and safely intervene and de-escalate the situation before it gets out of control. The training emphasizes nonverbal and verbal techniques to diffuse aggressive or disruptive behavior. Skills are taught that allow staff a range of choices to diffuse any type of situation; Safe "least restrictive" control techniques: We do not encourage physical restraint; however potentially harmful situations cannot always be prevented. If these situations occur, the Jireh training will provide staff with several "Safe" techniques to bring the situation under control using the least restrictive means necessary. These techniques allow for both Individual and Team approaches to be utilized with equal effectiveness. The use of these techniques has many potential benefits. They are safe and easy to apply, and they bring the situation under control quickly without risking potential harm to staff and clients.

- Restorative Counseling: The goal in each of the training components is to restore the individual to a healthy, successful life. The individual who has acted out needs to be restored into their program and relationships. Emphasis is placed on Tension Reduction and re-establishing relationships damaged as a result of the crisis Practitioners learn therapeutic skills and methods of improving the client's ability to assess and resolve their conflicts; The above-listed training is documented by statements of understanding, of which samples from all staff are included in this audit's documentation. Also, included in audit documentation and reviewed: individual training records, and a staff training spreadsheet.

**PRE-Site Review: 115.331 a, c, d:**

The agency and facility were asked to upload documentation that showed compliance in policy/procedure/paperwork, practice, and how what they uploaded demonstrated compliance with the required actions being ingrained in the culture of the facility. The facility uploaded the following documentation, as well as a statement of how each item uploaded demonstrated compliance with standards 115.331 a, c, and d. In addition, written questions were sent, and answered by one person from each category of staff/management, to give me a basis of practice at the facility.

The following **documentation**, for 115.331 a, c, and d was uploaded by the facility and agency, and reviewed in a paperwork assessment included in this audit.

**DCDC (Agency) Policy A 115.331 Agency Employee Training; DCJDC P and P**

1.10; DCDC Employee Training Curriculum: PowerPoint Training; DCJDC P and P 115.331 *Training and Education*; *New Hire PREA Training: Proper Reporting and Assist in Investigation of Sexual Harassment of Sexual Abuse Allegations*; DCJDC P and P 1.13: *Records and Document Management*; *PREA Training for existing staff: Proper Reporting and Assist in the Investigation of Sexual Harassment or Sexual Abuse Allegations (Police one website; DCJDC 1.6 Policy: Professional Conduct; PREA Basics: refresher training; Spreadsheet of completed trainings; NIC Your Role to Responding to Sexual Abuse; Refresher training 1, 2, 3 and 4 and statement of understanding; review of all 11 PREA requirements and matched it to the trainings at DCJDC; PREA Refresher Handling Disclosures of Abuse; PREA Immediate Response Procedures; Police One Training: PREA; PREA Refresher: Professional Communication and Boundaries; DCJDC Professional Conduct Policy and Procedures: Conducting Pat-searches on transgender juveniles; NIC Training Respectful Communication with LGBTQIA youth; Police One: the LGBTQIA Community; Existing staff training: Reporting of Suspected Abuse-Mandated Reporters; Refresher: Juvenile Detention: Duty to Report: Knowledge, Suspicion, or Information; March 2022 training: Mandatory Child Abuse Training; Proper Reporting of Sexual Abuse and Harassment; Mental Health; Jireh; Use of Force, and facility statement of compliance.*

A Paperwork Assessment Chart was completed, reviewing the above documents, in a spreadsheet with categories of standard, requirements; documentation name; description of documentation; action or additional documentation needed; interviews conducted or needed on-site; and onsite review needed.

**Site Review:** Both first site visit and second site visit at the end of corrective action:

The auditor must assess whether the staff is putting their PREA knowledge and training into daily practice in the facility.

**Interviews:** Staff: All staff has been trained in the 11 requirements, under this standard, in New Employee Training and/or Existing Staff Annual Training, and Refreshers- in staff meetings or as needed.

During the site visit, this auditor observed a Resident Intake. It was conducted in one of the most professional and considerate manners this auditor has ever observed. Initially, the resident was in cuffs, and the Law Enforcement Officer was present. The officer respectfully and professionally asked the resident questions, explained what would have happened to the resident, if he was an adult, and encouraged the resident to use this lesson to stop and turn it around. The resident was crying and trying to wipe the tears off but couldn't- due to cuffed hands. The detention staff grabbed some tissues, swiftly dabbed the tears off, and moved away. Both the Law Enforcement Officer and the Detention Staff recognized the stress the resident was under, and even though the resident may have behavior that brought the resident here, treated the resident respectfully. After the Law Enforcement Officer left, the Detention Staff continued the intake process, and gave constant reassurances of the resident's safety, even mentioning that the cameras were there to ensure the resident's safety, while moving through the intake. Every step was

explained patiently, respectfully, and courteously. The resident took off extra clothing (jacket, second shirt, jewelry, belt, socks, shoes) and put them in a pile by the staff's desk. Great respect was given to the residents' clothing and personnel items, and in confirming that every item was listed in the inventory. In this manner, the resident was reassured of the ability to retrieve every single item the resident came in with when leaving the facility. Additionally, the staff was respectful and professional throughout the process of the youth experiencing a Pat down search, showering behind a screen and shower curtain, and changing into detention clothing in a room. After returning to the intake area, with the resident carrying the clothing he had worn into the room, the staff then, respectfully, asked the resident to carefully fold each piece of clothing and put it into a storage bag. The resident carefully, and almost reverently folded each item of clothing and placed it into the bag. As the resident folded each item, it was added to the inventory sheet and confirmed with the resident. The staff once again checked with the resident about each item on the inventory list, confirming they had recorded everything. The resident was taken on a tour of the dayroom, pointing out where the phone numbers and mailing addresses for outside services and reporting were, as well as paper and envelopes available. The resident was directed to the computer, put on headphones, watched the youth PREA education video, and then asked if there were any questions. At this point, the resident was escorted to a bookcase, picked out a couple of books, and was escorted to the resident's new room, (it was a different wing and room from when the resident was processed through the intake, showered, and changed). The staff said to this auditor, that a lot of times the youth just needs time to decompress, after the trauma of entering the facility. After going back to the intake area and double-checking the paperwork, the staff brought the resident out into the dayroom to meet the other residents. The staff said to this auditor, "But, not too long." Soon, this auditor observed this resident playing cards with another resident and while still pale, was beginning to smile. Later, in an interview, this auditor was reminded to use the same respect and professionalism as observed by the staff. The resident was polite and even after coming into the facility under traumatic circumstances, had acquired and recalled the PREA information needed on zero-tolerance and reporting- received during the intake, video, and the services, phone numbers, and mailing addresses shown, to report and call. This is not an all-inclusive report outlining every step during intake, simply an observation of professionalism, respect, and consideration that exhibited exemplary staff behavior towards a resident at intake.

**DCJDC exceeds standard requirements in 115.322 a, c, and d**, by providing more training than the standards require. The required PREA training is met; however, DCJDC also provides additional training on a monthly, Quarterly, and yearly basis instead of every two years with refreshers in between the two years.

DCJDC also tracks all employee training, ensures staff understanding, and staff signs statements of completion and understanding. In addition, the agency PC tracks training of both operated facilities, and it is a discussion topic in monthly meetings, between the PC and the facility PCMs, to assure compliance.

**115.331b:**

Standard Requirements: **b1:***Training is tailored to the gender of the residents at the facility; b2: Employees who are reassigned from facilities housing the opposite gender are given additional training;* The PREA standards state in 115.331a and b:

The **agency**, Douglas County Ninth District Court (DCDC) has an agency policy on staff training. **DCDC, agency policy A 115.331:** page 1, section I.I: I. *Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and the gender of the residents at the employee's facility.*

The **facility** DCJDC has a policy and Standard Operating Procedures 115.331 (SOP): page 1: *The Detention Manager/PREA Compliance Manager will oversee employee training. All training is tailored to the unique needs of every detainee of the facility and will be updated to stay current with new trends. Training will include Gender Responsive training.*

**Pre-site Visit review:**

Review of documents and training listed in 115.331 a,c,and d sections above, to determine if the training was tailored to the unique needs of every detainee of the facility, and the genders of the juveniles in the facility.

**On-site:**

DCJDC is a secure juvenile detention facility and houses both male and female residents. Their employee training is geared towards working with juveniles in confinement and includes training and practice for working with residents who are limited English proficient and have other disabilities, both visual and non-visual; are on probation and have current and past law violations.

Staff training for new staff and existing staff is geared to the unique needs and attributes of this population. Training is, but not limited to: professional boundaries; immediate response techniques; professional communication; respectful communication; Professional conduct; mandatory reporters and reporting; mental health; Jireh; Use of force; common characteristics of sexual abuse victims; dynamics of sexual abuse; working respectfully with LGBTQIA residents. effects of abuse; resident privacy, zero-tolerance for sexual abuse and sexual harassment; residents' rights; intervention and redirect; restorative counseling; Five Steps to Reach Troubled Youth; vulnerable populations; resident support services; adolescent brain development; and many more.

Interviews confirmed staff completed training in the 11 required standards listed, and reviewed training in 115.331a. Between the pre-site review, onsite interviews, and observations, the determination was made that DCJDC was compliant with tailoring training to the unique needs and attributes of the residents.

DCJDC is a secure facility that houses both females and males, as well as Gender non-conforming youth. It is required to additionally tailor its training to the gender of the residents of the facility. There are significant differences in working with

	<p>females and males and different reactions to sexual abuse, mental health, and confinement.</p> <p>A review of training submitted and reviewed contained no reference to gender-responsive training, except in policy. This is the only element of required training that needs corrective action.</p> <p>Compliance Statement: 115.331b:          PREA standard 115.331 lists all 11 required training topics, and then requires such training to be tailored to the unique needs and attributes of residents of juvenile facilities, and the gender of the residents at the employee's facility.</p> <p>DCJDC training is tailored to the unique needs and attributes of confined residents; however, during corrective action, must be tailored to the genders of the facility in gender-responsive staff training about both male and female residents.</p> <p><b>During Corrective Action:</b></p> <p>DCJDC conducted gender-responsive training for all employees. The training, End of Silence-Responding to Sexual Abuse of Youth in Custody: Addressing the Needs of Boys, Girls and Gender Non-Conforming Youth. All staff completed the training and test.</p> <p><b>Documentation:</b> The training curriculum is included in this audit documentation, as well as the web address of the training: <a href="https://www.prearesourcecenter.org/sites/default/files/content/mod_14js.pdf">https://www.prearesourcecenter.org/sites/default/files/content/mod_14js.pdf</a>. In addition, 11 sample post-tests, completed by employees, are documented in this audit.</p> <p><b>Interviews:</b> On a second site visit, at the end of corrective action, staff answered gender-responsive questions, and confirmed training and tests on the material. In addition, an interview with the PCM confirmed the addition of this training to the regular curriculum of new employees. Interviews with four new staff, on the return site visit, confirmed new employees received the training and correctly answered questions concerning gender-responsive staffing.</p> <p><b>Compliance statement for standard 15.331:</b></p> <p>DCJDC exceeds compliance with standard 115.331, by exceeding the training required by this standard.</p>
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<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Standard: 115.332 Volunteer and Contractor Training</b>



Compliance Determination: Compliant

**Acronyms** used in this standard report: **DCDC**: Douglas County Ninth District Court; **OAS**: Online Audit System; **DCJDC**: Douglas County Juvenile Detention Center; **PC**: Agency PREA Coordinator; **PCM**: DCJDC facility PREA Compliance Coordinator/ Operator

**Standard Requirements:** **a)** *The agency shall ensure 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;* **b)** *The level and type of training provided to volunteers and contractors are based on the provided services and the level of contact with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents;* **c)** *The agency maintains documentation confirming that the volunteers and contractors understand the training they have received.*

### **Compliance Assessment**

Douglas County Ninth District Court (DCDC) is the parent agency of Douglas County Juvenile Detention Center (DCJDC). DCDC's PREA Coordinator (PC) created and implemented an agency policy that requires volunteers and contractors to complete PREA training. Policy A 115.332 requires all contractors and volunteers to be notified of the Agency's Zero-Tolerance Policy and how to report incidents of sexual abuse and harassment. Additional training may be provided based on the provided services and the level of contact with youth, The agency maintains documentation that the volunteers and contractors understand the training they received.

**DCDC Policy, A 115.332 Agency Volunteer and Contractor Training:** Agency Volunteer and Contractor Training: *Facility volunteers (including interns) and contractors, who have contact with youth, must complete training in PREA and their responsibilities under the Agency's sexual abuse and harassment prevention and response. Training topics for volunteers and contractors include: Prison Rape Elimination Act Background; Prison Rape Elimination Act Juvenile Facility Standards; Zero-Tolerance Policy; Reporting requirements; Youth relationships; Communication; The signing of the PREA Acknowledgement Form; Signing Training Acknowledgement and Understanding Form*

Douglas County Juvenile Detention Center (DCJDC) developed and implemented Standard Operating Procedures to outline how DCJDC will implement the agency A 115.332 Policy. This facility policy requires that the PREA Compliance Manager/ Detention Manager provides oversight for all volunteer and contracting training for the facility. All contractors and volunteers receive additional training, based on services and level of contact. These training requirements include Medical and Mental Health Practitioners.

**The DCJDC facility Standard Operating Procedure 115.322** outlines training for contractors and volunteers, including:*The Zero-Tolerance Agency Policy for*

*sexual abuse and sexual harassment; How and to whom to report allegations or suspicions of sexual abuse and sexual harassment; How to fulfill their responsibilities as mandated reporters; Detainee's right to be free from sexual abuse and sexual harassment; The right of detainees and employees to be free from retaliation for reporting sexual abuse and sexual harassment; Avoiding inappropriate relationships with juveniles; Annual signature PREA Disclosure Form;*

The facility PREA Compliance Manager (PCM) maintains all training records, including certificates or signed documentation verifying understanding of the training. This is documented by the spreadsheet of all employee, contractor, volunteer, and intern training, and individual training records, which are a part of this audit's documents. In addition, confirmed during interviews with the PCM and the current contractor.

The Pre-Audit Questionnaire, staff training spreadsheet, and the site visit confirm that Douglas County Juvenile Detention Center (DCJDC) has a contract with the Douglas County School District special education teacher; two nurses to conduct only physicals, when occasionally needed, and a physician who is not in the facility regularly.

**Training received by Volunteers, contractors, and Medical and Mental Health Practitioners** includes the training PowerPoint. The 2022 training PowerPoint has training for individual groups, including contractors, investigators, and Medical Care providers. All volunteers and contractors do the following reviews of policy and sign the disclosure form annually.

**The Training for Teachers:** a review of PREA standard 115.311 Zero-Tolerance of sexual abuse and sexual harassment; 115.351 Detainee Reporting; 115.354 Third Party Reporting; 115.361 Staff Reporting duties, and a signature form confirming they read and discussed with my supervisor these PREA policies and Procedures.

**Medical Training:** Contractors review the PREA standard 115.311 Zero-Tolerance of sexual abuse and sexual harassment; 115.351 Detainee Reporting; 115.354 Third Party Reporting; 115.361 Staff Reporting Duties; 115.362 Facility Protection Duties; 115.381 Medical and Mental Health Services; and complete a signature form confirming they read and discussed with the facility PCM these PREA policies and Procedures. Additionally, the NIC PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting. The NIC training includes detecting, assessing, and responding to sexual abuse and harassment, preserving physical evidence of Sexual Abuse, and reporting allegations and suspicions.

All contractors, volunteers, and interns, sign the disclosure form asserting they have never: *Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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, if the victim did not consent or was unable to consent or refuse; Been civilly or administratively adjudicated or have engaged in the activity described above; Any substantiated allegations of sexual abuse or a history of sexual activity facilitated, by force, the threat of force, or coercion;*

*Convicted for domestic violence; Convicted for child abuse; Convicted for child abuse' Convicted for stalking; Convicted for any sexual offense; Convicted of any felony; or Substantiated Sexual Harassment.*

Included in this audit's documentation is the documentation of training for the Special Education Teacher, and medical contractors. This documentation confirms the review of the required policies (prevention planning, Reporting, and Official Response), and the review of each with the facility PREA Compliance Manager (PCM) for knowledge and understanding determination, additionally, signing the PREA Disclosure Form.

**PRE-Site Review:**

Volunteer, Contractor specialized and Medical Care Training PowerPoint; DCDC Agency Policy A 115.332; DCJDC facility Standard Operating Procedures, Training and Education Policy 115.332; PAQ-1 contractor; DCJDC Policy and Procedures 4.1: The assigned teacher will undergo a component of the Juvenile Detention PREA training 115.332 and must understand their responsibility as Mandated Reporters; Signed Teacher disclosure Statement; Signed Teachers policy training, review, and understanding; Medical Practitioner training;

Interviews with the facility PCM: and the agency PC confirms training and documents volunteer and contractor training. Confirmed DCJDC has one contractor who is in the facility on an ongoing basis, and three medical contractors who are in the facility on a very limited basis.

Staff, volunteer, and contractor training documentation spreadsheet documents all training and disclosure forms signed, by date.

**Site Review**

Interviews: Interviewed and talked informally with the only contractor. The contractor confirmed training and understanding of zero-tolerance, youth reporting methods, and how he could report any suspicion, knowledge, or information - including to the Detention Manager and Douglas County Sheriff's Office. Also confirmed that he is never alone with the resident. Additionally, he has completed an initial training and a yearly refresher training. Also training in professional conduct components, including no favors, contact, doing favors, joking, and touching.

This review also included a Visitors Log and PREA Acknowledgement Form that details the zero-tolerance policy, reporting, and to whom (phone numbers), including the Douglas County Sheriff's Office, and the agency website. This form is signed every time a volunteer or contractor enters the facility.

<https://douglascountydistrictcourtspreaagency.com/prea-reporting-page/>

**Observations:** While the teacher worked with the resident, it was in the dayroom, and he was not alone with the resident.

**Compliance Statement:**

	<p>The secure facility, Douglas County Juvenile Detention Center (DCJDC) meets compliance with standard 115.332 Volunteer and Contractor Training. Both the DCDC (agency) policy and procedures A 115.332, and Douglas County Ninth District Court (DCDC) Standard Operating Procedures 115.332 are compliant with requiring training of all volunteers and contractors who have contact with residents This training includes policy review and understanding of their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p>Policy, training, and interviews confirm the level and type of training provided to volunteers and contractors is based on the service they provide and contact with residents. All contractors and volunteers receive training in the zero-tolerance policy how residents report and how the contractor reports by reviewing and discussing each policy with the facility PCM and signing a statement of understanding. Additionally, every time the contractor enters the facility, he signs a visitor Log and PREA acknowledgment form (zero-tolerance, how-to report and phone numbers and agency website, third-party reporting), and signature understanding of this policy and its terms.</p> <p>Documents confirming the date and what was covered in training, as well as the statement of understanding, and the PREA Disclosure form, are completed and maintained, by the facility PCM - with a copy to the agency PREA Coordinator (PC) to track compliance.</p>
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<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>Standard: 115.333 Resident Education; Compliance Determination:</b> Exceeds Compliance</p> <p>Acronyms used in this standard report: <b>DCDC:</b> Douglas County Ninth District Court; <b>OAS:</b> Department of Justice Online Audit System; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator; <b>PCM:</b> DCJDC facility PREA Compliance Coordinator/Operator; <b>SOP:</b> Standard Operating Procedure - facility</p> <p><b>Standard Requirements: 115.333 a, b, c, d, e. and f: a)</b> <i>During the intake process, residents shall receive information explaining, in an age-appropriate fashion, the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment; b)</i> Within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents; <b>c)</b> <i>Current residents who have not</i></p>

*received such education shall be educated within one year of the effective date of the PREA standards and shall 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: d) Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient. Resident PREA education is available in formats accessible to all residents, including those who are deaf. Resident PREA education is available in formats accessible to all residents, including those who are visually impaired. Resident PREA education is available in formats accessible to all residents, including those who are otherwise disabled. Resident PREA education is available in formats accessible to all residents, including those who have limited reading skills.e) The agency maintains documentation of resident participation in PREA education sessions: f) The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.*

### **Compliance Assessment**

**PRE-Site Review:** During the pre-site review, the following documentation was reviewed:

DCDC Agency Policy A 115.333 Agency Youth Education; 13 completed resident intake including Intake PREA Education; PREA Staff Training PowerPoint; DCJDC Training and Education Policies and Procedures; Spreadsheet of resident training; Ten 10-day review/comprehensive resident education; residents admitted in last 12 months-booking and releases spreadsheet; Intake Orientation Form and Video sign off of understanding; Zero-tolerance Flyer; PREA Brochure; DCJDC new Standard Operating Procedures; PREA Review Form: used for comprehensive PREA education and knowledge check; and the DCJDC Disability Assessment. Pre-Audit Questionnaire; Spreadsheet of resident intake and comprehensive training dates-last 12 months; PREA Review Forms; Outside Reporting source; Posters; Flyers; Youth Handbook.

### **Policy and Procedures:**

Douglas County Ninth District Court (DCDC) is the parent agency of Douglas County Juvenile Detention Center (DCJDC). DCDC's PREA Coordinator (PC) created and implemented an agency policy, A 115.333 Agency Youth Education, during the 2022 DCDC agency audit (compliant).

**Agency (DCDC) policy A 115.333** includes: *Youth shall receive, during the intake process, information explaining in an age-appropriate fashion the Agency's Zero Tolerance Policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse or sexual harassment. Agency policy requires that resident training: Occur during the intake process, and within 72 hours of arrival; Is presented through written, verbal, and visual education platforms; and Is age-appropriate, including how to report Incidents or suspicions of sexual abuse and sexual harassment; In addition, requires residents to have PREA comprehensive education within 10 days of arrival. It also requires the training to be age-*

*appropriate and includes education regarding residents' rights. This includes: Be free from sexual abuse and sexual harassment; Be free from retaliation from reporting; How the agency and facility will respond to reports; and Youth shall sign a documentation of their understanding of this training.*

DCDC also requires its operated facilities, Douglas County Juvenile Detention Center (DCJDC), and China Spring Youth Camp (CSYC), to have standard operating procedures (SOP) aligning with agency policy. DCJDC's Standard Operating Procedures 115.333, outlines facility practice.

The secure juvenile facility, Douglas County Juvenile Detention Center (DCJDC), is an operated facility of the agency DCDC. In compliance with agency policy A 115.333, the facility PREA Compliance Manager (PCM) created and implemented Standard Operating Procedures (SOP) 115.333 Youth Training. This SOP was created and implemented during the pre-site portion of this audit, to outline how DCJDC will implement agency A 115.333 Policy.

**The DCJDC facility Standard Operating Procedure (SOP) 115.333 states:***Every detainee booked into Douglas County Juvenile Detention will participate in a language age-appropriate **PREA Orientation immediately at intake and no more than 24 hours after booking.** The PREA Orientation Form is read to every juvenile booked into the facility and is completed during the intake process: The staff member conducting the orientation will initial each statement to confirm it was read to the juvenile. The juvenile will then initial each statement after they have stated their understanding of the statement in their own words. Both the staff and juvenile will sign and date the PREA Orientation form after all statements are initialed; Juveniles will also watch the PREA: Youth Educational Video and initial the document, upon completion. Additionally, every youth must view the PREA: Youth Educational Video within 24 hours of being detained In Douglas County Juvenile Detention. This must be done no later than 24 hours after arrival. The staff will document the date and time the video was viewed and both staff and residents initial this and sign and date the form at the bottom;*

**115.333b:** *After 10 days of intake, detainees will complete a PREA Review, comprehensive education regarding their rights. This is conducted with a staff member and signed by both staff and juvenile upon completion.*

DCJDC is a juvenile detention facility and typically residents are only there for a short duration. Every resident who is at the facility for 10 days is required to complete comprehensive PREA education.

#### **Paperwork/Forms:**

**The PREA Orientation Form** is the tool used at intake, to document initial PREA education. This form uses the term sexual assault in many places and the correct terminology is sexual abuse and sexual harassment. In addition, #3 is incorrect, physical sexual abuse is not verbal; #14 needs to include victims and witnesses; #10 may keep residents from reporting; and the information does not address the intake education requirements of "*receiving information explaining, in an age-*

*appropriate fashion, the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment."* The form is in English and Spanish, and to assist in resident comprehension, staff are directed to read each point and ensure the residents' understanding by initialing each point;

**Youth Handbook:** At intake, the residents receive the Youth Handbook, which is easily readable in large, spaced-out sentences, basic 5th-6th grade reading level, and has information about reporting to staff, complaint form and box, letter, speaking to staff, JPO, clergy, counselor, lawyer, medical and mental health, and to Douglas County Sheriff's Office. It also gives the phone number and address of the Family Support Council, DCFS Child Mental Health, and the Crisis Call Center; The Youth Handbook also has: A zero-tolerance flyer with information about the right to report and what happens after the report; How to report phone numbers for outside services and third-party reporting, and How to Report on someone else's behalf. In addition, has an End of Silence Flyer (large print, spaced out, and basic language) that outlines zero tolerance for sexual abuse and sexual harassment, the right to report and how to report, what sexual abuse and harassment are, examples of staff voyeurism, and the phone number for the PC and PCM.

**Acknowledgment of Rights, Privileges, Problem-Solving, Grievance, Minor, Major Rules,** and Detainee Orientation Manual:

**PREA Resident Education Video:** Residents watch this video after completing intake [https://www.youtube.com/watch?v=TRqJd\\_tZh1A](https://www.youtube.com/watch?v=TRqJd_tZh1A). A review of this video confirms coverage of the following: Why PREA came about; Prohibited sexual abuse and sexual harassment behaviors; Sexual abuse has two categories: staff-on-resident; and resident-on-resident; Zero tolerance policy for sexual abuse and sexual harassment; Definitions of sexual abuse and harassment; How to report sexual abuse and harassment, anonymously, to staff, people you trust, outside agencies and individuals, a grievance, JPO, parent/guardian/ and scenarios; What Physical sexual abuse is and what body parts it covers (not allowed on top of or under clothing; Sexual Harassment Definitions and Scenarios; Report any knowledge of sexual abuse and harassment.

This video is aimed at juveniles in confinement and has juveniles talking. It is clear, basic language, and easily understandable. It generally covers zero-tolerance regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse or sexual harassment, but is not facility-specific. It also has captions.

**PREA Education Review Form (115.333b):** This is a form used for the 10-day resident comprehensive education. It includes:*Questions about reporting and protection, cost of services, help if not naming the abuser; if sexual abuse does not include rude, insulting comments about another person because they are perceived to be LGBTQI; Statements the resident initials knowledge of, including zero tolerance against sexual abuse (left out sexual harassment); where the Sexual Abuse Reporting Form is located (on the back of the grievance form); alternate*

*forms of reporting sexual abuse/harassment; and able to describe how to file a report with an outside agency; A statement about sexual abuse or sexual harassment should be immediately reported if happened to you or someone else. (Staff to youth; youth-to-youth); A yes or no question, asking if the resident has anything to report; A statement about the Detention Manager responding to all reports within 1 day, except weekends and holidays. Asks the resident to notify staff when it is suitable, for a swift response, and a statement about Whether you are the victim or witness, your report will never lead to retaliation: retaliation will NOT be tolerated,*

### **Documentation**

**13 Completed PREA Orientation Forms:** These forms were dated the same as the intake date, which is compliant with the PREA Standard requirement to provide initial education within 24 hours. This form also has a signed confirmation of watching the PREA Youth Video; **14 Completed Intake Packets** (including the initial PREA Orientation Form). In a review of 14 completed intake packets, all residents completed the PREA Orientation Form and signed completion of the PREA video; however, on one form, the resident did not initially understand each statement; and on six of the forms, the staff initialed the top statement and drew a line down to the bottom statement and initialed the bottom statement. These packets included the signed *Acknowledgment of Rights, Privileges, Problem-Solving, Grievance, Minor, Major Rules, and Detainee Orientation Manual.*; **10 completed and signed Comprehensive Review Forms:** The facility, DCJDC, uses the residents' PREA Education Review Form to conduct the required residents' PREA comprehensive education, within 10 days of intake. A review demonstrated the following: The first section has different answers of true and false. Some of the forms have corrected true/false sections; however, the changed items demonstrate conflicting corrections; and some forms show wrong answers and no corrections; **The PREA Resident Tracking Spreadsheets:** The agency and facility policy and procedures, as well as the PREA standards, require documentation of resident participation in PREA education. The Facility, Douglas County Juvenile Detention Center (DCJDC) provided this auditor with spreadsheets of detainees who entered the facility in 2021, 2022, and 2023. It included the date of entry, intake, initial PREA education, and comprehensive education, as well as the date of release.

In a review of the 2022 Detainee PREA Resident tracking spreadsheet, 81 residents came into the facility, and all residents completed the DCJDC PREA Orientation form at intake and watched the video. In a review of the 2023 spreadsheet, all residents who had entered the facility, until the on-site audit visit, completed the intake PREA Orientation Form and watched the video.

In a review of the 10-day resident Comprehensive Review, from October 2021 to February 2023: 36 facility residents were in the facility for 10+ days; 9 forms were completed within the 10-day requirement; 21 residents did not complete the required PREA education; and 6 forms were completed late.

### **Site Review, Observation, and Practice:**



During the site visit, this auditor observed two intakes. Both staff conducted intakes respectfully and professionally; however, in one case, the staff conducted this intake with the best demeanor this auditor has ever witnessed. The staff displayed a non-judgmental, compassionate, and caring manner, in a professional and respectful approach. He stated, "It is how I would want someone to approach my kids, in a similar circumstance."

For this standard's purpose, these intakes included observing PREA intake education, using the PREA Orientation Form; **The Youth Handbook, Acknowledgement of Rights, Privileges, Problem Solving, Grievance, Minor, Major Rules and Detainee Orientation Manual Form; and the PREA video.** After the resident is booked, showers, and changes into detention clothing, the resident is escorted back to the booking area to complete intake. The resident is given the Youth Handbook and staff asks the resident to read the Basic Rules out loud to determine reading ability and comprehension. At this time, adjustments would be made and documented, to the intake process, if needed for low reading ability, LEP, vision issues, hearing issues, or other disabilities. Next, the resident is given the acknowledgment of the handbook, Rights, Privileges, Problem-Solving, Grievance, Minor, Major Rules, and Detainee Orientation Manual Form. The residents were asked to read the form and initial understanding and receipt of the Youth Handbook. The residents read the form silently and initialed each statement, dignifying understanding. The form contains information about: Detention Hearings; The Problem-Solving procedure; **The Grievance procedure**, and Signifies that he/she fully understands the Detainee Rights and Privileges, outlined in the Detainee Orientation Manual,

After completing additional intake tasks and assessments, **A PREA Orientation Form** was handed to the resident (both intakes). The residents were requested to read each statement, on the orientation form, and initial each one for understanding. (Reads silently and initials each) For one intake, the staff signed the form when the resident was done, and initialed each point; for the other intake, the staff waited until the intake was complete, and went back and initialed and signed the form, when checking his work.

This practice does not align with the DCJDC facility Standard Operating Procedure 115.333, requirements of *reading each statement to the resident, having them repeat it back to the staff to ensure understanding, and then the staff initialing each statement to demonstrate reading it to the resident and ensuring understanding, and the resident initialing each to indicate their understanding. (See Corrective Action.*

At the end of the intake, the staff walked the resident into the dayroom to view the PREA Youth Video, with headphones to block out any outside noise. The staff brought the facilitator guide to answer any questions the resident might have; however, there was none and no discussion after the video. One, of the two staff conducting intakes, pointed out the addresses and phone numbers for The Douglas County Sheriff's Office, The Family Support Council-emotional support services; and the address and phone number for advocacy services at the Crisis Call Center,

located in the dayroom window. This staff also pointed out the paper and envelopes, under the addresses and phone numbers, for writing or calling these services. This provided the residents with the facility-specific services that the PREA video alluded to and a way to contact them; however, it was not clear how the resident could call or write these services confidentially, and only one staff made sure of this. (See Corrective Action)

**Comprehensive resident PREA education** is required to be completed within 10 days of intake. The PREA requirements, of comprehensive PREA education, were completed by the resident viewing the youth video, and within 10 days, completing the Comprehensive Review Form; however, the video was viewed on the same day as intake, and residents and staff were unclear about this process. In addition, the following was reported by staff as the process for completing the 10-day comprehensive review: *Staff give the resident the PREA Review Form, within 10 days of intake; The residents fill it out and sign the form; The resident gives it to staff, and Staff sends it up to the Detention Manager to scan into their file.* This process was confirmed by informal conversations with staff who administer this form, and interviews with residents. (see corrective Action 115.333b)

In informal conversations and interviews with staff, the process of comprehensive PREA Education was explained. When a resident has been in the facility for 10 days, The PREA Review form is given to the resident to fill out. When completed, the staff sends the form to the Detention Manager/PCM to scan into the resident's file. No additional information is given at this time.

The PREA Review Form (10-day PREA Comprehensive review) has some bold statements that tell the resident about their right to be free from sexual abuse; however, leaves out sexual harassment. It has a statement about being free from retaliation for reporting; however, the only place it says anything about policies and procedures for responding to such incidents is in the true and false questions.

There is no education about specific services that can be accessed from the facility, like the outside reporting source and how to access it confidentially; support agencies and services as well as how to reach them; investigation services and notifications; the confidential mail process for reporting and writing to emotional services or advocate services; confidential phone access to report or call support services or counseling services; the difference between emotional support and advocacy services, and what agencies provide those services; the right to free medical, even if you do not name the perpetrator; or the grievance form having a back side for reporting sexual abuse or sexual harassment allegations...

115.333 d, and f:

Documents: All documents have been reduced in wording, including the Zero Tolerance Poster, Grievance Procedures; Problem-Solving Procedures; Basic Rules, Contraband Policy, Visitation forms, Detainee Rights and Privileges on the walls and in the Orientation Manual; In the booking packet: Video Sign-off Form, PREA Orientation form, and all intake forms translated into Spanish; All documents on the wall and in the Orientation Manual (Youth Handbook): written in Arial 16-20 pt font,

in black print; with headings in bold; all text is aligned on the left-hand side of the page and verified through Word Document readability statistics at a 5th-grade reading level; Translated into Spanish; Documents: Zero Tolerance Poster; Grievance Procedures and form; Problem-Solving Procedures; Basic Rules; Contraband policy; Visitation form; detainee rights and privileges on the wall and in Orientation Manual; Booking Packet; Video Sign off form; PREA Orientation Form; all intake forms; One Spanish Speaking staff, one JPO, court provided translators; Additional Language if needed, access interpreters through court; Deaf/Hard of Hearing: MOU with ASL- American sign language; all documents are written out or can be viewed with close captioning; resident can write out questions; **Vision/Blind:** staff read all documents; ensure understanding of what is read, by having residents restate in their own words; sign paper anywhere to identify understanding; **Speech/Low Reading:** staff member reads all documents signs and initials that they understand; use an ASL interpreter; **Intellectual/Psychiatric/Learning:** Prepare before entry, if possible; give resident more time before conducting booking and education process; read all documents using language the juvenile can understand and have juvenile restate what was said; sign anywhere on the sheet to indicate understanding; Access to their own Medical or Mental Health practitioners, social workers CASA, and the Thrive Line; and all PREA forms for residents are in Spanish and English.

During the site review, this auditor observed (standard 115.333d and f): Emotional Support Services Posters in both Spanish and English; Zero tolerance Posters in Spanish and English, large print, spaced out; Small posters No Means No; Audit notices in English and Spanish, large print, spaced out; Dayroom window: phone and mail address to Douglas County Sheriff's Office, Family Support Council, DCFS Mental Health, and Crisis Support Services, large print, spaced out, in bold; Grievance Procedure-large print, 5th-grade reading level; and Writing paper and envelopes.

Additionally, the staff assesses the following, during the resident intake: Limited English Proficient or English not the first language of the resident; ;Visual Impairment; Hearing Impairment; The following would occur if a resident needed an interpreter or interpreter service: Contacting an interpreter or interpreter service; Contact of a sign language interpreter (this also documents use throughout the resident's stay.) The Disability Assessment, and how to contact or ensure disability accommodations are made, is on the wall in the staff office. Both residents did not have disabilities listed in this standard. The staff told me that this would be revisited if additional information determined a disability, during the resident's stay. One staff spoke Spanish and reiterated that he tried to be available when a resident came in and that English was not their first language. Also, the staff gave the residents their Youth Handbook that had the zero-tolerance flyer- in large letters, bold, basic language, 5th-grade reading level, and End or Silence Flyer-in large words, spaced out, bold, basic language. These included phone numbers for reporting and victim support services. This handbook is also in Spanish.

Due to required and ongoing changes in posters, flyers, and processes (phone and email reporting and access to services), these standards (d and f) required corrective action.

**Interviews:**

**Resident Interviews:** This auditor interviewed all residents in the facility, and 100% of residents stated they would report by grievance, letter, or to staff. They stated that they received this information by video on the first day they arrived. One reported they would report using the staff phone, and the information was on the dayroom window. All residents knew there was zero tolerance for sexual abuse and sexual harassment. The outside reporting source was unknown but one said it may be their Juvenile Probation Officer. All residents reported feeling safe in the facility. Most residents reported being given the PREA form at intake reading it and initialing each one when they were done reading. Regarding comprehensive education, residents were not sure what that was and if they received it or not. One resident thought he remembered a form that staff gave him to read and sign. A returning resident confirmed receiving PREA education every time the resident entered the facility.

**Staff interviews:** All staff conduct resident intakes. Interviews confirmed residents receive the Youth Handbook, complete the PREA Orientation Form, and watch the PREA video, on the first day of intake. The staff did not know who the outside reporting source was or how the residents would reach it. Two staff were observed conducting intakes and informal conversations were completed with them. One staff interviewed speaks Spanish and tries to be available for LEP residents. Staff were not sure about how residents would report by mail or privately by phone. 100% of staff reported all residents receive PREA Education every time they enter the facility.

**Compliance Statement, after the site visit:** 115.333 a, b, c, d, e and f:

During intake, most residents received the PREA Orientation Form to read, initial understanding, and sign at the bottom. By policy/procedure, staff are required to read each statement and ensure the resident understands it, to ensure identification and addressing of any language, reading, comprehension, sight, and cognitive disabilities; or identify and address any hearing disabilities. The form is in English and Spanish.

The practice was not compliant with DCJDC procedures requiring each statement to be read to the resident, and have the resident repeat back in their own words their understanding. Additionally, the policy requires staff to initial each statement to document reading it and ensuring residents understanding; then the resident initials understanding of the statement. This form is not in an easily readable/disability-compliant format, and some statements are not accurate and/or do not apply to the required intake training requirements.

At intake, the residents receive the Youth Handbook. It has information about reporting to staff, examples are the complaint form and box, by letter, speaking to staff, JPO, clergy, counselor, lawyer, medical and mental health, and to Douglas County Sheriff's Office. It also gives the phone number and address of the Family Support Council, DCFS Child Mental Health, and the Crisis Call Center; however, not does not identify the outside reporting source, nor the limits of confidentiality for

each. It is in the process of becoming disability compliant. Documentation is maintained in Tyler Supervision, as well as tracked in a Resident Education Spreadsheet.

115.333b: During the pre-site review, it was established that DCJDC uses the PREA Education Review Form to conduct the required comprehensive PREA education, within 10 days of the intake education, and after review, was found to have inconsistent application and answers. (see corrective action)

115.333c: informal conversations and interviews with both staff and residents confirmed that the PREA education is completed every time a resident enters the facility, and comprehensive education within 10 days of intake. A review of tracking spreadsheets documented that the PREA Comprehensive Education, required within 10 days of intake, was inconsistently completed.

115/333d: A Disability assessment was conducted in the facility of all actions, posters, education materials, procedures, documentation, brochures, forms, interpreter access, accommodations built-in or that could be built into all assessed items, and training.

115.333e: This auditor observed intake documentation, as well as spreadsheets that document the resident's date(s) of entry, initial PREA Education, and comprehensive education This was reviewed pre-site, as well as onsite.

115.333f: Observation of key information about PREA policies being continuously available was completed and the assessment identified many changes made since the Disability Assessment was completed. Some corrective action was identified and will be completed during the corrective action period.

**During the Corrective Action Period,** 115.333 a, b, c, d, e, and f:

The facility, DCJDC, immediately went to work on corrective action and the results were exceptional.

**Policy:** The DCJDC (facility) SOP was changed and implemented to reflect the following: **DCJDC Standard Operating Procedures 115.333:** *The PREA Orientation Form is read to every juvenile booked into the facility and is completed during the intake process: The staff member conducting the orientation will initial each statement to confirm it was read to the juvenile; The juvenile will then initial each statement after they have stated their understanding of the statement in their own words; Both the staff and juvenile will sign and date the PREA Orientation form after all statements are initialed; Within 24 hours, juveniles will watch a PREA Educational Video and review the PREA Education Binder with staff. Staff and juveniles will initial the document upon completion; After 10 days of intake, detainees will complete a PREA Review, comprehensive education regarding their rights. This is conducted with a staff member and signed by both staff and juvenile upon completion; After 30, 60, or 90 days, juveniles will complete a combination of youth education and video; Additional information is found through posters, brochures, and the Youth Handbook; Every juvenile must complete the PREA*

education every time they are booked into the facility within 24 hours.

Documentation will be kept in the Juvenile's file or Tyler Supervision; and Douglas County Juvenile Detention will provide for detainees who are limited English proficient, deaf, visually impaired, or otherwise disabled and juveniles with limited reading skills. Staff will adapt their process, or use an interpreter, to accommodate the booking procedures.

**Paperwork/Forms:**

The Juvenile **PREA Intake Orientation Form** was changed and contains the following (read, explained, and initialed doing this by the intake staff, and initialed understanding by the incoming resident). It is in bold print; basic language, 5th-6th grade reading level; spaced out; in English and Spanish, and includes: *Zero tolerance rules (safety is important; no sexual abuse/harassment is allowed at any time; staff takes all reports seriously; all reports are reviewed; no punishment for false reporting); Sexual abuse can happen to anyone; Physical sexual abuse definition; Verbal sexual abuse definition; Sexual harassment definition; Punishment for filing a report is not allowed; Report abuse, even if it happened a long time ago (staff must file a report); Ways to make a report (staff, friend, JPO, doctor, lawyer, nurse, Sheriff Officer; letter to facility manager (located on the back wall in dayroom); private phone call, private letter, online on student computers; Can keep your name secret on any reports; Outside and agency reporting sources on posters, brochures, youth handbook, and student computers; Safety is serious—let us know if you feel unsafe or want to report it*

**Youth Handbook:** A review of the Youth Handbook verified it is in large, spaced-out print, bold, and basic 5th to 6th-grade language. For this standard, the Youth Handbook included a section on PREA (sexual abuse and sexual harassment) and includes: *Reporting sexual abuse or harassment is private and victims and informers will be protected against payback; Reporting: report to staff; use the complaint form and box, write to staff; ask to speak to the Detention Manager, Chief or Probation officer, clergy, counselor, lawyer, medical or mental health staff; reports can also be made to another person; You can make a report to the Douglas County Sheriff's Office; Call the Family Support Council, DCFS, or Crisis Call Center (victim advocacy) phone number and address, A zero-tolerance Poster (large print, bold, spaced out) with a list of reporting sources (Family Support Council; DCFS (child protection) phone number; grievance; third party reporting sources and phone number; Detention Supervisor; in-facility resources; and reporting on someone else's behalf.); End of Silence Brochure: large print, basic language, bold; Zero Tolerance for sexual abuse and sexual harassment; Phone number for the agency PREA Coordinator and facility PREA Compliance Manager/Detention Manager; The right to report and how to report; What sexual harassment and sexual abuse are; Examples of staff voyeurism; and Tips for avoiding sexual abuse and sexual harassment; After the staff gives the Youth Handbook to the incoming resident, the following form is signed:*

**Rights, Privileges, Problem-Solving, Grievance, Minor, Major Rules, and Detainee Orientation Manual Form:** *The resident can submit a written*

application for a Detention Hearing within 24 hours; The Resident has reviewed, with a staff member, and fully understands the: Detainee Rights and Privileges; the Problem-Solving procedure; the Grievance procedure; Minor and Major Rule Violations; and all other sections, outlined in the Detainee Orientation Manual (Youth Handbook); The Resident initials each statement and at the bottom of the page, signs and dates, and the staff signs and dates.

**PREA Education Binder:** This education binder was developed and implemented during corrective action. All pages have large/bold print, spaced out, basic words, 5th-6th grade reading level, Spanish and English, and it includes a page on each of the following: PREA- Prevent, respond, and Eliminate Abuse, and make a report; Zero tolerance Policy; Retaliation; Places to find zero tolerance information (handbook, PREA orientation, posters, brochure, PREA education video, PREA agency website, Back of Grievance/Compliant form; Ways to Report; More ways to report (External reporting (agencies, where addresses and phone numbers found (by envelopes and brochures, youth handbook, private cell phone for residents, zero-tolerance poster, brochures, next page of this education binder); Outside Support Services (Family Support Council; Crisis Support Services of Nevada; Douglas County Sherriff's Office Investigations) phone, address, website; Juvenile Detention Support Services (confidential support services for anyone who has ever been sexually abused); Crisis Intervention, how to report, follow-up support, emotional support, advocates, and more help for after-release; Help detainees who primarily speak another language (detention staff access language translators through the court; Google translator; detention staff who speak more than one language, approved by management; notify detention staff for a translator); Duty to report: Knowledge, suspicion, or Information (Detention staff have to report sexual abuse, harassment, neglect or violation of responsibilities by staff, and retaliation); Detention Staff-Mandatory Reporters and First Responder Duties; Investigations: (trained investigators-administrative; after DCSO conducts criminal investigation) outcomes: substantiated, unsubstantiated, unfounded. Detainee Notice: (told of investigation outcome, if staff abuser is no longer posted in detention or released from duty; alleged staff or detainee abuser convicted on a charge related to the sexual abuse allegation); How to make a report(phone and instructions): Speed dial 2-Crisis Support Services of Nevada: reporting services for sexual abuse; 3-Agency PREA Coordinator; 4-Family Support Council- Victim services and emotional support services for any survivor of sexual abuse; 5-Douglas County Sherriff Investigations: reporting and callback number to give them 775-781-1734; Privately by mail (confidential-do not have to put your name on the envelope; put it in the complaint box); Privately online: student computers with link (reporting support services on the PREA Incident Report Form and press SEND

**PREA Education Form:** Developed and implemented during corrective action. It includes documentation of the date the resident: entered the facility; watched the PREA Youth Video; and the PREA Education Binder was reviewed with the resident.

**Posters** were developed and posted, including how to report by mail, private phone, and resident computer <https://douglascountydistrictcourtspreaagency.com/>; Emotional Support Services; Zero Tolerance; Outside reporting source (Crisis

Support Services of Nevada and the Douglas County Sherriff's Office); Making a Report; Outside Support Services; Detainee Rights and Privileges... All posters/ brochures/flyers were developed and posted in all areas where residents or staff are. They have large letters; in bold, spaced out, and basic words, are in Spanish and English, and can be easily seen and readable. They also contain phone numbers, addresses, and on some, a website address.

**Training:**

DCJDC (facility) conducted a Disability Assessment of all documents; posters; flyers; PREA education process and forms; orientation manual/youth handbook; and accommodations for LEP and other disabilities. After the assessment, DCJDC incorporated the following changes: Any type of variation of the booking process, including the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment will be documented by the staff: How and why it was adapted, and additional staff members, including interpreters, and the JPO will be present to help with the clarification of information.

All staff were trained in the facility procedures to accommodate any variation of the booking process; Document any variation of the booking process and why it was adopted; All staff were trained in facility procedures to accommodate any variation in the booking process.

Before the first site visit: DCJDC conducted Disability Assessment Results staff training in October and November 2022. The training included: Procedures for any intake that requires additional accommodation; Documentation required; Spanish posters, brochures, and forms; Access to an interpreter through the court (next door); ASL contract for sign language; Staff reading documents to residents and ensure understanding; and Services and assistance for each disability: Deaf/hard of hearing; Vision Impaired/Blind; Speech and Low Reading; Intellectual, Psychiatric, and Learning Disabilities.

**DCJDC Staff Training was completed, during corrective action, and included:**

All staff completed the training and signed their understanding. Staff have the Disability Assessment results on the wall of the staff office and can refer to them when a resident comes in with a disability. Staff training and availability of this form were confirmed in interviews and uploaded and reviewed documentation for this audit. Reading the edited DCJDC Standard Operating Procedure 115.333; and reciting it back in their own words, to the Detention Manager, to ensure understanding; Watching the Resident PREA video, and reviewing training documents; Reviewing the PREA Education Binder, as well as understanding this has to be completed within 24-72 hours of intake, and verify that the resident knows how to file a report, to whom, and why; Comprehensive Education Review and 30/60/90-day reviews; Scavenger hunt to identify posters for certain kinds of reporting and services.

**Documentation:**



**10 Staff Statements of understanding** that staff have reviewed the PREA Education Binder and understand the new PREA education form and process that the resident and staff must complete;

A review of **11 PREA new and completed Intake Orientation Forms** confirmed that the new Intake Orientation Form was implemented. At intake, staff read all statements to the resident-initialing each one to acknowledge they read it. The resident then reviewed the statement, with staff, and initialed their understanding of each.

A review of **13 new and completed PREA Education Forms** confirmed this education was completed within 24-72 hours of intake, documenting the resident watching and understanding the PREA Education Video, and staff reviewing the education binder with each resident. All residents' PREA education was completed within 24-72 hours of intake

**A review of 7 completed PREA Comprehensive Review Forms** that include:*True/false questions (protect from retaliation; medical, mental health, and support at no cost); Where the sexual abuse reporting form is located; How to report sexual abuse, sexual harassment, or retaliation to detention staff, agency staff, and outside reporting agencies; If I have ever experienced sexual abuse, I can speak to someone for emotional support; Sexual abuse, sexual harassment, or retaliation should be reported immediately (yourself or someone else; Questions about any current or past sexual abuse, harassment, or retaliation needed to be reported; Questions for staff; Signed understanding (staff and resident)*

**Interviews:**

**Resident interviews,** on the second site visit, after corrective action, this auditor confirmed the PREA Intake Orientation Form was completed at intake, and staff read each item, initialing confirmation. In addition, the resident confirmed their understanding by initialing each item. In addition, The PREA video and PREA Education binder were completed within two days of intake, and the residents pointed out the posters on reporting, the outside reporting source, how to report by mail, how to report by private phone; how to report by the resident computer; and other ways to report to internal sources and parents/guardians, Juvenile Probation Officer, Clergy, Staff. Residents were well informed, knew where to go to get the information anytime they needed it, and were confident in their ability to report or access services (confidential and privately) by mail, phone, and resident computer. Scavenger hunt for posters and information.

**Seven staff interviews:** on the second site visit, after corrective action, staff confirmed knowledge, training, and conducting the new, initial PREA training, at intake, as well as training on disabilities, accommodations, and how to access and document accommodations. Additionally, staff confirmed that they conduct a secondary training within 24-72 hours of intake, by showing the resident the PREA Youth Video, ensuring understanding, and reading and reviewing the PREA Education Binder with the resident. The staff ensures the resident understands and signs understanding on the PREA Education Form. Staff confirmed that the

comprehensive education starts the day after intake with the PREA video and PREA education binder. In addition, residents complete a Comprehensive PREA education review, within 10 days of intake, if the resident is there 10 days or more. Also, if a resident is there for 30/60/90 days, additional reviews are conducted. Staff reported it is rare if a resident is at the facility for 10 days or more. Some staff reported completing a Scavenger hunt for posters and information

**Practice: after corrective action:**

**Intake:** for all new and returning residents.

For residents with disabilities; the following accommodations are made: Deaf/Hard of Hearing: DCJDC has an MOU with ASL for access to an American Sign Language interpreter and a DCJDC staff member with ASL experience; Vision Impaired/Blind: A staff member reads all documents to any juvenile who is blind or has low vision. The staff ensures the resident understands what is read and has the resident re-state in their own words; Speech and Low Reading Ability: the resident listens while a staff member reads the documents, or they read the document themselves and sign understanding. The resident can write out questions or use an ASL interpreter; Intellectual, Psychiatric, and Learning Disabilities: If needed, the staff will give the resident time before conducting the booking and education process. The staff can read all documents to the juvenile, using language the resident understands, and have the resident restate what was said; and all juveniles have access to their medical or Mental Health practitioners, including Social Workers, CASA, and the Thrive hotline.

Staff read the newly developed and implemented PREA Intake Orientation Form to residents and initialed each statement, after reading it. In addition, the resident initials understanding of each statement after it is read. The resident repeats it in his own words. This includes: Zero tolerance rules (safety is important; no sexual abuse/harassment is allowed at any time; staff takes all reports seriously; all reports are reviewed; no punishment for false reporting); Sexual abuse can happen to anyone; Physical sexual abuse definition; Verbal sexual abuse definition; Sexual harassment definition; Punishment for filing a report is not allowed; Report abuse, even if it happened a long time ago (staff must file a report); Ways to make a report (staff, friend, JPO, doctor, lawyer, nurse, Sherriff Officer; letter to facility manager (located on the back wall in dayroom); private phone call, private letter, online on student computers; Can keep your name secret on any reports; Outside and agency reporting sources on posters, brochures, youth handbook, and student computers; Safety is serious—let us know if you feel unsafe or want to report it

The resident is given a Youth handbook with information on reporting resources and services. Staff reviews it with the resident and it includes: Reporting sexual abuse or harassment is private and victims and informers will be protected against payback; Reporting: report to staff; use the complaint form and box, write to staff; ask to speak to the Detention Manager, Chief or Probation officer, clergy, counselor, lawyer, medical or mental health staff; reports can also be made to another person; You can make a report to the Douglas County Sheriff's Office; Call the Family

Support Council, DCFS, or Crisis Call Center (victim advocacy) phone number and address; A zero-tolerance Poster (large print, bold, spaced out) with a list of reporting sources (Family Support Council; DCFS (child protection) phone number; grievance; third party reporting sources and phone number; Detention Supervisor; in facility resources; and reporting on someone else's behalf.); End of Silence Brochure: large print, basic language, bold; Zero Tolerance for sexual abuse and sexual harassment; Phone number for the agency PREA Coordinator and facility PREA Compliance Manager/Detention Manager; The right to report and how to report; What sexual harassment and sexual abuse are; Examples of staff voyeurism; and Tips for avoiding sexual abuse and sexual harassment; After the staff gives the Youth Handbook to the incoming resident, the following form is signed

Rights, Privileges, Problem-Solving, Grievance, Minor, Major Rules, and Detainee Orientation Manual Form: *The resident can submit a written application for a Detention Hearing within 24 hours; The Resident has reviewed, with a staff member, and fully understands the: Detainee Rights and Privileges; the Problem-Solving procedure; the Grievance procedure; Minor and Major Rule Violations; and all other sections, outlined in the Detainee Orientation Manual (Youth Handbook); The Resident initials each statement and at the bottom of the page, signs and dates, and the staff signs and dates.*

**Within 24-72 hours of intake:**

Residents watch the Youth PREA video: [https://www.youtube.com/watch?v=TRqJd\\_tZh1A](https://www.youtube.com/watch?v=TRqJd_tZh1A) and have a chance to ask any questions they may have. They signify the date and initial they have watched it. The video includes: Why PREA came about; Prohibited sexual abuse and sexual harassment behaviors; Sexual abuse has two categories: staff-on-resident; and resident-on-resident; Zero tolerance policy for sexual abuse and sexual harassment; Definitions of sexual abuse and harassment; How to report sexual abuse and harassment, anonymously, to staff, people you trust, outside agencies and individuals, a grievance, JPO, parent/guardian/ and scenarios; What Physical sexual abuse is and what body parts it covers (not allowed on top of or under clothing; Sexual Harassment Definitions and Scenarios; and Report any knowledge of sexual abuse and harassment.

After the video, **the PREA Education Binder** is reviewed with each resident for facility-specific information. It includes: PREA- Prevent, respond, and Eliminate Abuse, and make a report; Zero tolerance Policy; Retaliation; Places to find zero tolerance information (handbook, PREA orientation, posters, brochure, PREA education video, PREA agency website, Back of Grievance/Compliant form; Ways to Report; More ways to report (External reporting (agencies, where addresses and phone numbers found (by envelopes and brochures, youth handbook, private cell phone for residents, zero-tolerance poster, brochures, next page of this education binder); Outside Support Services (Family Support Council; Crisis Support Services of Nevada; Douglas County Sheriff's Office Investigations) phone, address, website; Juvenile Detention Support Services (confidential support services for anyone who has ever been sexually abused); Crisis Intervention, how to report, follow-up support, emotional support, advocates, and more help for after-release; Help

detainees who primarily speak another language (detention staff access language translators through the court; Google translator; detention staff who speak more than one language (approved by management; notify detention staff for a translator; Duty to report: Knowledge, suspicion, or Information (Detention staff have to report sexual abuse, harassment, neglect or violation of responsibilities by staff, and retaliation; Detention Staff-Mandatory Reporters and First Responder Duties; Investigations: (trained investigators-administrative; after DCSO conducts criminal investigation) outcomes: substantiated, unsubstantiated, unfounded. Detainee Notice: (told of investigation outcome, if staff abuser is no longer posted in detention or released from duty; alleged staff or detainee abuser convicted on a charge related to the sexual abuse allegation; How to make a report(phone and instructions) Speed dial 2-Crisis Support Services of Nevada: reporting services for sexual abuse; 3-Agency PREA Coordinator; 4-Family Support Council- Victim services and emotional support services for any survivor of sexual abuse; 5-Douglas County Sherriff Investigations: reporting and callback number to give them 775-781-1734; Privately by mail (confidential-do not have to put your name on the envelope; put it in the complaint box); Privately online: student computers with link (reporting support services on the PREA Incident Report Form and press SEND; Residents completed a Scavenger hunt where they had to find posters for certain kinds of reporting and services.

**Within 10 days of intake:**

**Comprehensive PREA Review:** This review is conducted within 10 days of intake. It includes: True/false questions (protect from retaliation; medical, mental health, and support at no cost); Residents have been made aware of: Where the sexual abuse reporting form is located, How to report sexual abuse, sexual harassment, or retaliation to detention staff, agency staff, and outside reporting agencies, If I have ever experienced sexual abuse, I can speak to someone for emotional support; Sexual abuse, sexual harassment, or retaliation should be reported immediately (yourself or someone else; Questions about any current or past sexual abuse, harassment, or retaliation needed to be reported; Any questions for staff; and a Signed understanding (staff and resident)

**30/60/90 day PREA Review:** if the resident is in the facility 30/60/90 days, a monthly check-in is completed to ensure the resident is safe and has no reports to make about sexual abuse, sexual harassment, or retaliation. Additional reviews, including another video, are completed, depending on the resident's knowledge and retention of reporting and service sources.

After each education session and requirement is completed. The facility PREA Compliance Manager (PCM) tracks and maintains all resident training records, as required by agency and facility policy and procedures. Tracking is completed on the Detainee PREA Education Spreadsheets. All resident information is retained in Tyler Supervision, and locked file cabinets.

**Compliance Statement,** PREA Standard 115.333 a, b, c, d, e, and f: **Exceeds Compliance**

	<p>After corrective action, DCDC and DCJDC are not only compliant but exceed compliance with this standard 115.333. The facility developed and implemented a high level of staff and resident education about sexual abuse and sexual harassment, zero tolerance, avenues to report, and safety at DCJDC. This includes education at intake, within 24-72 hours of intake, within 10 days of intake, and monthly after that (30/60/90).</p> <p>DCJDC implemented disability and language-compliant training, ensured built-in accommodations to facilitate understanding, by reading the curriculum to residents, and documented understanding of each point of education. In addition, the posters, education, documentation, procedures, brochures, forms, and access to accommodations, developed and posted ensured staff and residents knew the information and if they did not remember everything, knew where to go to get ikey information about PREA policies and requirements. These items are disability compliant and in Spanish and English. Also, monthly PREA check-ins/reviews are conducted as long as the resident is in the facility, and all records are kept in locked confidential files or on the agency's secure computer system, Tyler's supervision</p> <p>A second site visit, including interviews, a tour of the facility, and a review of supplemental information uploaded during corrective action documented exceeding practice required by this standard, as well as the paperwork/documentation and practice being ingrained into the facility.</p>
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<b>115.334</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p><b>Auditor Discussion</b></p> <p>115.334 Specialized Training: Investigations</p> <p>After the site visit: Compliance Determination: DCJDC exceeds compliance with 115.334.</p> <p>Acronyms used in this standard report: <b>CSYC:</b> China Spring Youth Camp; <b>DCDC:</b> Douglas County Ninth District Court; <b>OAS:</b> Online Audit System; <b>PCM:</b> Facility (DCJDC) PREA Compliance Manager; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator</p> <p><b>115.334: a, b, c:</b> Standard Requirements:<b>(a):</b> <i>In addition to the general training provided to all employees pursuant to 115.331, the agency shall ensure that, to the extent, that the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</i>  <b>b):</b> <i>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;</i> <b>c):</b> <i>The agency</i></p>

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

**Compliance Assessment: 115.334 a, b, c:**

**Pre-Site Review:**

DCDC (agency) Policies: Douglas County Ninth District Court (DCDC) is the parent agency of Douglas County Juvenile Detention Center (DCJDC). In 2022, the agency's PREA Coordinator (PC) developed and implemented two agency policies that require specific training for the PREA Administrative Investigator. Policies A115.322 and A115.331. Policy A 115.322 Agency Criminal and Administrative Investigations, responsibilities of law enforcement and administrative investigations. On page 2, section IV *it requires investigators to have special training in Juvenile Victims of Sexual abuse investigations; and Policy A 115.331 Agency Employee Training. Specialized training for investigators: (PREA Administrative Investigator); Page 3, section V.B, C, D, E, F: and V: Advanced PREA Training: Recognizing an allegation as criminal or administrative; Interviewing Juveniles; Interviewing Juvenile victims of sexual abuse/harassment; Investigations in confinement settings; Use of Garrity; and Sexual abuse evidence collection in confinement settings.*

**National Institute for Corrections (NIC) Training:** *PREA Your Role in Responding to Sexual Abuse. (Employee training); PREA Medical Health Care for Sexual Assault Victims in a Confinement Setting; PREA Behavioral Health Care for Sexual Assault Victims in a Confinement Setting; PREA Investigating Sexual Abuse in a Confinement Setting; Communicating Effectively and Professionally with LGBTQIA Offenders; PREA Investigating Sexual Abuse in a Confinement Setting Advanced Investigations, and PREA 201 for Medical and Mental Health Practitioners*

**DCJDC (facility) Procedures:** DCJDC, in compliance with agency policies A 115.331 and A 115.322: completed and implemented a facility Standard Operating Procedure (SOP) 115.334 Specialized Training Investigations. The SOP explains that DCJDC, *the facility, does not conduct criminal or PREA Administrative Investigations. PREA Administrative Investigations are conducted by an agency-approved investigator, and criminal investigations are conducted by the Douglas County Sheriff's Office (DCSO). Specialized training for investigators ( PREA Administrative Investigator) is a component of advanced PREA training listed in Agency Policy A 115.331. The Detention Manager/PREA Compliance Manager (PCM) will keep a record of any facility-level administrative investigative training. (Employee training).*

**DCDC, Agency Documentation Reviewed:**

Background Investigator/PREA Investigator Job Description includes: Responsible for performing various investigative work involving comprehensive background investigations on prospective employees; Preparing a background report, and filing in compliance with all local, state, and federal laws; Conducts and Coordinates all Prison Rape Elimination Act (PREA) related Administrative Investigations; Respond to and process potential crime scenes; Prepares investigative reports associated with and adheres to all PREA Standards regarding the Prison Rape Elimination Act;

REQUIRED CERTIFICATES, LICENSES, AND REGISTRATIONS: Nevada Class C Driver's License; Criminal Justice Information Systems Security Awareness Training Level 2; PREA Investigations Training

Investigators Resume: 38 Years-Sheriff's Officer, including: Crime scene investigator, Background investigator, patrol, SWATT Leader, Field Training Officer; Narcotics Task Force; Gang Task Force, and 7 years PREA Investigator and background investigator for China Spring Youth Camp; Education: Peace Officer's Standards and Training Certifications, Basic, Intermediate, Advanced, Supervisor (DCSO)

2020 PREA Investigator Training (virtual): PREA Investigative Standards training included: First Responder and Evidence Collection; Understanding Trauma; Legal Issues and Agency Liability; A prosecutor's Perspective; Interviewing; Addressing Sexual Harassment, and Report Writing; 10/1/20 Certificate of Completion: Training for Investigators of Sexual Abuse and Sexual Harassment in Confinement Settings (NPRC) 14 hours (Howard Matts); Staff/Volunteers/Contractors Training Spreadsheet: Cross-gender search training; Online investigator training 10/2/20, and Advanced investigator training 10/2/2020 (NIC training)

Interviews: Howard Matts, PREA Administrative Investigator (Q 1, 2): reviewed his extensive investigative background and training; went through his investigative process and background check and interview process. Also reviewed was his training as a PREA investigator with the NIC investigators and advanced investigators course of investigating sexual abuse and sexual harassment in juvenile confinement. In addition, he confirmed that he has been the PREA administrative Investigator for the DCDC facility, China Spring Youth Camp, and is now the PREA Administrative Investigator for DCJDC. There have been zero allegations, and the PREA Background Investigator for DCJDC confirmed. He is also now the Background Investigator for DCJDC, as he has been for seven years at CSYC.

**Annual Employee Training: 2022;** Signed Disclosure Form; Annual Training in PREA PREA Policies: Prevention Planning; Intake Screening; Reporting; Responsive Planning; Investigations, and Discipline, Training and Education: Official Response; Data Collection; Data Review for Corrective Action; Data Storage, publication, and Destruction; Signature of understanding for all training; 2022: Certificate for completing NIC NIC training Communicating Effectively and Professionally with LGBTQIA Offenders; Douglas County Anti-Harassment Course Certificate of Completion; 2023 DCJDC policy and procedures review and understanding, completed and signed

**Transcripts for the PREA Administrative Investigator** (Howard Matts): PREA Coordinated Response; How much do you know about statutory rape; Resident Screening and Vulnerability Assessment; PREA Refresher, Knowledge, suspicion, and reporting; Nevada Anti-Harassment; Cross-gender and Transgender Pat-Search; Residents with Disabilities and LEP; Cultural Competency; HIPPA Policy; Cyber Security; Certificates: NIC (National Institute of Corrections) Training for: Investigators of Sexual Abuse and Sexual Harassment in Confinement Settings, and

Advanced investigators training.

**Practice:**

The agency, DCDC, has an on-call staff who is a retired Douglas County Sheriff's Officer. He is an experienced law enforcement officer, investigator, and trainer, who has served as the PREA Administrative Investigator for over 7 years, at China Spring Youth Camp (CSYC). He is also the background investigator, conducting all background checks, child abuse registry checks, fingerprint checks, and extensive background searches and interviews for CSYC. At the end of 2022, this retired Sheriff's Officer, PREA background investigator, and PREA Investigator agreed to provide the same investigative services to the second DCDC juvenile facility, Douglas County Juvenile Detention Center (DCJDC). This ensures both facilities use a trained and experienced investigator who meets all the PREA standard training requirements and provides continuity of investigative services for DCDC facilities.

This investigator has been a Douglas County Ninth District Court (DCDC) employee since 2016. In addition to his extensive experience, training, and background as a law enforcement professional, he is trained in conducting sexual abuse and sexual harassment investigations in juvenile confinement. He has received specialized and advanced PREA investigator training through the National Institute of Corrections (NIC). The PREA Administrative Investigator/background investigator's resume is a part of this audit's documentation. It includes 16 years as a Sheriff's Deputy, including SWAT Team Leader, Range Master, Field Training Officer, Senior Coroner, Narcotics Task Force, and Gang Task Force; Six years as a Crime Scene Investigator/ Investigation Division; 10 years as a Sheriff's Office Background Investigator; and after retirement, seven years as the PREA background investigator/PREA Administrative Investigator for China Spring Youth Camp. The Administrative PREA Investigator has an office in administration at CSYC and does not oversee/supervise staff or residents, thus ensuring no conflicts exist during the investigation. His training certificates and records are included in this audit documentation. This PREA Administrative Investigator exceeds PREA requirements for training and experience.

The agency PC and CSYC provide the PREA Administrative Investigator with current specialized training documentation, they retain this information and update their file upon additional training completion.

His training includes the National PREA Resource Centers Training for Investigators of Sexual Abuse and Sexual Harassment in: Confinement Settings Basic and Advanced Course; Douglas County Anti-Harassment; Training; PREA Coordinated Response Training; How Much Do You Know About Statutory Rape Training; PREA Refresher-Knowledge, Suspicion, and Reporting; Training; Cross-Gender Search Training; Resident Screening and Vulnerability Assessment Training; CSYC Cultural Competency; Cyber Security; and Communicating Effectively and Professionally with LGBTQIA Offenders (NIC). Interviews with the PREA Investigator confirm a long career in Law Enforcement, plus almost seven years as the CSYC PREA background investigator and PREA Administrative Investigator; NIC training on investigating sexual abuse in confinement and with juveniles; CSYC and DCJDC employee



	<p>training; and a life-long career in experience and investigation training-both as the participant and the trainer.</p> <p>The PREA Administrative Investigator has also completed the CSYC employee PREA training required for all employees to understand processes, rules, training, and requirements for staff and residents, as well as the required Douglas County Juvenile Detention Centers policy training.</p> <p>In 2022, the agency, DCDC, and PREA Coordinator instituted monthly meetings with facility PREA Compliance Managers/Coordinators to ensure agency and facility compliance. PREA Investigations for all operated facilities are reviewed monthly.</p> <p>This auditor certifies that Douglas County Juvenile Detention (DCJDC) exceeds PREA compliance with 115.334, based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by CSYC, DCJDC, and the agency DCDC, as well as interviews, facility site visit observations, interviews, and auditor pre- and post-review.</p>
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<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>115.335 Specialized training: Medical and mental health care</b> Compliance Determination: Exceeds Compliance</p> <p>Acronyms used in this standard report: <b>CSYC:</b> China Spring Youth Camp; <b>DCDC:</b> Douglas County Ninth District Court; <b>OAS:</b> Online Audit System; <b>PCC:</b> CSYC facility PREA Compliance Coordinator; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator; <b>PCM:</b> Facility PREA Compliance Manager; <b>NIC:</b> National Institute of Corrections; <b>SOP:</b> DCJDC Standard Operating Procedures</p> <p><b>115.335 a, b, c, and d:</b> Standard Requirements: <b>a):</b> <i>The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment;</i> <b>b):</b> <i>If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations;</i> <b>c)</b> <i>The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere;</i> <b>d):</b> <i>Medical and mental health care practitioners shall also receive the training mandated for employees under 115.331 or for contractors and volunteers under 115.332, depending upon the practitioner's status at the agency.</i></p>

**Compliance Assessment: 115.335 a, b, c, d:**

**PRE-Site Review: Site Review, Observations, Interviews, and post-site review:**

Douglas County Ninth District Court (DCDC) has an **agency Policy A 115.335. Agency Specialized Training**. A 115.335: *Agency Employee Training. D. Medical and mental health care practitioners shall also receive the training mandated for employees under 115.331 or for contractors and volunteers under 115.332, depending upon the practitioner's status at the agency; Page 1, section III Facility Medical Staff shall complete training in: National Institute of Corrections (NIC) online training entitled PREA: Medical Health Care for Sexual Abuse Victims in a Confinement Setting; and 2. PREA 201 for Medical and Mental Health Practitioners. A Training and understanding statement is required before the renewal of contracts.*

Agency policy and procedures have been created and implemented, which requires medical and mental health staff to complete specialized medical and mental health, policy/PREA training, and signify understanding.

To ensure ongoing compliance, facilitate oversight, and create ongoing communication, the agency PC instituted monthly meetings with both facility PCMs, beginning in September 2022. These meetings include monthly, quarterly, and yearly tasks/discussions and documentation. A quarterly task is to ensure all staff complete the required training and sign statements of understanding. These meetings are documented on the Monthly Meeting Form created by the agency PC for monthly, quarterly, and yearly tasks and discussions. At the first meeting, the agency PC documented all mental health and medical staff/ contractors had completed PREA staff training and required specialized training. Additionally, ensured all staff had completed statements of understanding or tests of understanding for all training received. A review of meeting notes demonstrates the review and collection of this data and assertions of compliance from PCMs.

The agency also required both operated facilities to create Standard Operating Procedures (SOP) that complied with agency policy. The Douglas County Juvenile Detention Center (DCJDC) SOP, 115.335 Specialized Training: Medical and Mental Health Care Practitioners, was created to comply with this agency directive. **DCJDC SOP 115.335:** *Every contracted medical care provider will receive a component of PREA training, depending on the level of contact they have with the juveniles. The Detention Manager will provide training annually on all or components of the following: The Juvenile Detention Zero Tolerance Policy for sexual abuse and sexual harassment; How and to whom to report allegations or suspicions of sexual abuse and sexual harassment; How to fulfill their responsibilities as mandated reporters; The right of detainees and employees to be free from retaliation for reporting sexual abuse and sexual harassment; Avoiding inappropriate relationships with juveniles; PREA Disclosure Form; and Medical and Mental Health Practitioners will complete training on Health Care for Sexual Assault Victims in a Confinement Setting and PREA 201 for Medical and Mental Health Practitioners*

At DCJDC, the facility PREA Compliance Manager is required to maintain the training

records of every medical provider. This includes the two contracted nurses. In addition, the facility PCM is required to provide training data to the agency PREA Coordinator (PC), upon request, and at least quarterly.

The Pre-Audit Questionnaire, filled out by DCJDC, asserted the following: PAQ 115.335c: The new contract was established in 2021 with two nurses. They are only in the facility when needed to conduct physicals. DCJDC does not have medical or mental health staff. The facility has a contract for two on-call nurses, who complete resident physicals when needed and are not in the facility regularly. By the PREA standards, they are not required to complete specialized training; however, DCJDC exceeds compliance by ensuring the nurses complete PREA policy and procedure training and understanding, as well as medical specialized training.

Training the medical contractors have completed, and documentation of completion includes: **1.** NIC Training (National Institute of Corrections): PREA: Medical Health; Care for Sexual Abuse Victims in a Confinement Setting; and PREA 201, for Medical Practitioners (October 2022); Completed certificates for both contracted nurses. **2.** The Outside Personnel Training Spreadsheet, documenting: 2021 and 2022 PREA training for both contracted nurses; NIC 2022 completed training in 1 a and b above; **3.** Signed PREA disclosure statements for both nurses (10/2022); **4.** Policy review and statements of understanding (311, 351, 352, 361, 362, 381,) August 2022; The above NIC training includes training in the following topics: **Medical Health Care for Sexual Abuse Victims in a Confinement Setting: detecting and assessing signs of sexual abuse and sexual harassment, preserving evidence and/or securing the scene, responding effectively and professionally to juvenile victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. PREA 201: including Knowledge, Suspicion, and Reporting; Residents with Disabilities and LEP training; PREA Coordinated Response Training; and for the mental health provider: PREA Behavioral Health Care for Sexual Assault Victims in a Confinement Setting.**

DCJDC maintains training records for medical staff and confirms such training with certificates, transcripts, the Medical Training Spreadsheet, and policy/procedure review forms/statements of understanding. In interviews, both contracted medical nurse confirmed completing PREA policy and NIC training in late 2022. In addition, training on how and whom to report to and to report suspicions and allegations and assigned policy review and understanding statements. Also, affirmed that she does not conduct forensic examinations but understands the process. In addition, affirmed that she and another contracted nurse do not work at DCJDC regularly, but are irregularly called to DCJDC to perform physically as needed.

Medical Staff at DCJDC do not conduct forensic exams. Douglas County Sheriff's Office ensures a SAFE/SANE provides and completes this exam under an MOU with the agency (DCDC).

**Compliance Statement: Exceeds Compliance**

DCJDC medical contracted staff are not regularly at the facility; however, receive more training than this standard requires. This includes NIC-specialized medical

	<p>training, and PREA policy/procedure review and understanding.</p> <p>This auditor certifies that Douglas County Juvenile Detention Center exceeds PREA compliance with 115.335, based upon a review of paperwork, practice, and culture. This compliance determination is based upon information from the agency (DCDC) PREA Coordinator, the facility PCM, DCJDC interviews, facility site visit observations, informal and formal interviews, and auditor pre- and post-review.</p>
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<b>115.341</b>	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.341 Obtaining information from residents.</b> Compliance Determination: Compliant</p> <p>corrective action on 115.341c 5, 7, 8, and 9</p> <p><b>Acronyms</b> used in this standard report: <b>DCDC:</b> Douglas County Ninth District Court; <b>OAS:</b> Online Audit System; <b>PCM:</b> DCJDC PREA Compliance Manager; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator; <b>SOP:</b> Standard Operating Procedures; <b>JPO:</b> Juvenile Probation Officer</p> <p>Standard Requirements: <b>a)</b> <i>Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. a4: The policy requires the resident's risk level to be reassessed periodically throughout their confinement;</i> <b>b)</b> <i>Such assessments shall be conducted using an objective screening instrument;</i> <b>c)</b> <i>At a minimum, the agency shall attempt to ascertain information about: (see below under c);</i> <b>d)</b> <i>This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files;</i> <b>e)</b> <i>The agency shall implement 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.</i></p> <p>Compliance Assessment: 115.341 a, b, c, d, and e:</p> <p><b>Pre-Site Review:</b></p> <p><b>Reviewed:</b> Agency Policy A 115.341: Spreadsheet of Resident Education, Risk Assessment and Placement; DCJDC Standard Operating Procedure 115.341; DCJDC PREA Risk Screening Tool; Booking Packet: Basic Rules; DCJDC Acknowledgement of</p>

Rights, Privileges, Problem Solving, Grievance; Minor, Major Rules; Detainee Orientation Youth Manual; Medical Screening forms; Prescriptions Medication/ Psychotropic medication Form; Suicide Risk Screening Form; MAYSI-2 Mental Health Screening; Suicide Risk Action Plan; PREA Intake Education Form and Video; Form 6c: Residents for the last 12 months Risk Screening history spreadsheet: Education; Written responses to questions for a baseline for practice/interviews; Spreadsheet of staff training; Management interviews; Facility written statement of compliance; completed booking packets; PREA Agency audit; Paperwork assessment; completed Maysi-2 for residents; Completed Risk Assessments for residents.

**Agency Policy:** Douglas County Ninth District Court (DCDC) has an agency Policy, A 115.341 Screen Risk of Sexual Victimization and Abusiveness that requires the facility to incorporate the PREA Risk Screening Tool into their intake process. DCDC agency policy A115.341 Page 1, section I. *A requires within seventy-two (72) hours of arrival, facility staff shall obtain and use: 1. Information about each youth's personal history and behavior to reduce the risk of sexual abuse and sexual harassment by or to youth. page 1, section II A: The facility shall incorporate the PREA Risk Assessment Screening Tool into their intake protocol, section 1: A.3: The facility shall also require the youth's risk level to be reassessed periodically throughout their confinement, including when a youth is involved in a PREA investigation as an alleged victim or alleged perpetrator, due to a referral, or receipt of additional information warranting another assessment.*

DCDC, also requires its operated facilities, Douglas County Juvenile Detention Center (DCJDC) and China Spring Youth Camp (CSYC) to develop Standard Operating Procedures (SOP) to comply with agency policies. To comply with agency policy, Douglas County Juvenile Detention Center, in 2022, created and implemented SOP 115.351 Screening for Risk of Sexual Victimization and Abusiveness. This policy requires the risk assessment be conducted within 24 hours, which exceeds the standard 72-hour requirement.

**Facility** Standard Operating Procedures (SOP), 115.341: *Within 24 hours of the detainee's intake, all juveniles, including youth transferred from another facility, will complete a thorough intake screening. Staff will evaluate history and additional information, including any current sexual abuse investigations, to determine the detainee's vulnerability or abusiveness to sexual abuse. The detainee's risk level will be assessed with the PREA Intake Screening Tool upon intake. Detainees will be reassessed periodically throughout their confinement, including when a youth is involved in a PREA investigation. This information is to be ascertained through: Conversations with the resident during the intake process; Medical and mental health screenings; During classification assessments; and By reviewing: Court records, Case files, Facility behavioral records, and Other relevant documentation from the resident's files.*

**Onsite Review, Practice, and Assessments:**

At the facility, DCJDC, all line staff conduct intakes and risk assessments. This was confirmed by a pre-site interview with the facility PCM, pre-site written questions to

an intake staff, onsite interviews, onsite staff interviews, and observation of two intakes. This auditor observed two intakes, one a mock intake, and the other an actual resident intake. The staff used the PREA Risk Assessment Screening Tool, utilized for every intake and reassessment. In addition, also employed additional booking assessments. This auditor conducted an assessment of how the PREA Risk Assessment Tool and additional assessments in the Booking packet complied with the PREA standards requirements in 115.341c. In addition, incorporating the observed intakes for practice assessment. The following is that review for compliance with each of the 11 standard requirements of this standard:

**1.** PREA Standard 115.341c requires: *At a minimum, the agency shall attempt to ascertain information about:* **(1) Prior Sexual Victimization or Abusiveness:** **PREA Risk Screening Tool:** Vulnerability Section: Staff asks Youth: Have you ever been a victim of sexual abuse? If yes, staff immediately send an email to the PCM/ Detention Manager-who follows up with Douglas County Sheriff's Office, Child Protective Services; Mental Health, and the resident's Juvenile Probation Officer (JJPO) within 24 hours. (Resident must be referred for further medical/mental health screening within 72 hours of disclosure); If already reported, staff provide the date and provider who reported it in the comments; **Propensity section:** Staff asks the Youth: Have you ever been arrested on a sexual offense; and Have you ever engaged in behavior that you would consider sexually aggressive/violent?; **File Review:** *File review: Does the file indicate the youth has been charged with a sex offense?; File review: Does file information suggest sexual aggression/violence or victimization of others?*

In Booking Assessments: For both victims and perpetrators. This auditor observed two intakes that included the following: **Douglas County Detention Medical Screening Form:** Visible trauma; have a history of mental health problems; under doctor's care and why; are you or do you think you are pregnant: current medications; Psychotropic medications; **Suicide Risk Screening Form:** Have been physically or sexually assaulted in the past year; In the last 6 months, I have committed a serious act of violence towards another person; Asking the current date, day of the week, where you are, and what time is it; **Suicide Risk Plan:** Need medical evaluation; Staff constant observation; Special observation status; Contact Reno Behavioral Health; **Nevada Rapid Indicator Tool:** Identify children who may be sex trafficking victims or at risk of being sex trafficking victims; Determines confirmed victims and high risk of becoming trafficked: **MAYSI-II (boys):** working of assessment geared to males: In your whole life had something very bad or terrifying happened to you; been badly hurt or in danger of being badly hurt or killed?; Been raped or been in danger of being raped; **MAYSI-II (girls):** the wording is geared toward females and has no thought disturbance assessment: #8: Referral to MHealth and date of appointment; Screener observations: Notes: counseling, counseling phone calls, restrictions, housing; investigator contacted.

DCJDC is Compliant with this requirement. 115.341c1

**2.** *Any gender nonconforming appearance or manner or identification as Lesbian, Gay, Bi-Sexual, Transgender, or Intersex, and whether the resident may therefore be*

*vulnerable to sexual abuse:* **Risk Screening Tool:** The first question, before asking additional questions, is, “Do you identify as None, Lesbian, Gay, Bi-sexual, Transgender, Questioning, Intersex, or Other?”; In the **Staff subjective assessment**, do not ask of residents, check all that apply section: Gender non-conforming; and Identifies as LGBTI.

DCJDC is compliant with this requirement. 115.341 c2.

**(3) Current charges and offense history:** **Risk Screening Tool:** In the Propensity Section, the staff asks the youth: Have you ever been arrested for a sexual offense?, and Have you ever engaged in behavior that you would consider sexually aggressive or violent?

In the **Staff Assessment section** (don't ask resident): Screener observations (#12), Give restrictions, accommodations, risk level, and supervision requirements; as well as, programming, restrictions from other residents; housing assignment; scheduled date of mental health follow-up (is an assessment or reassessment); who allowed to be out of room with; criminal charges; and any overrides to the risk score and justification; Notes: Charges and current/past behavior; completed assessments had the date of call with mental health and date of Psych evaluation. In the **file review section:** Does the file indicate youth has been charged with a sex offense?; Does the file information suggest sexual aggression/violence or victimization of others?; **Maysi-II boy's** relevant topics assessed: Have you done anything you wish you hadn't when you were drunk or high?;

DCJDC is compliant with this requirement. 115.341 c2

**(4) Age:** In the **Risk Screening Tool:** The top of the Risk Assessment includes the Date of Birth; In the **Vulnerability section**, the staff asks the resident their age; Scoring is broken down into ages 10-12, 13-15, and 16-17 (scores higher for younger ages; In the **staff assessment:** Staff checks boxes for: looks younger than age; appears frail/weak.

DCJDC is compliant with this requirement. 115.341c3

**(5) Level of emotional and cognitive development:** **Risk Screening Tool:** In the **vulnerability section**, the staff asks: Do you get along with people well; Is it easy to make friends; How do you feel about being in a big group of people you do not know well; Have you ever received threats, insults, and harassment from other people; Have you ever been attacked, bullied, or abused by peers; In the **file review section:** Other: evidence this youth is or has been reported as having any Intellectual impairment, learning disability, or Developmental disability; In the **staff subjective assessment** (don't ask residents), the staff assessed: Inappropriate verbal behavior; hunched fearful posture; behaviors likely to irritate or annoy; Suspected cognitive/developmental delays; **Maysi-II boys'** relevant topics assessed: Angry/Irritable; Depressed/anxious; thought disturbance; Traumatic experience; Trouble concentrating or paying attention; **Maysi II girls'** relevant topics assessed: Have you felt angry a lot?; Have you felt that you can't do anything right?; Have you gotten frustrated a lot?

DCJDC is compliant with c5, after corrective action.

**(6) Physical size and stature: Risk Screening Tool:** In the **staff subjective assessment** (not asking residents): the staff assesses: Small build; appears frail; weak; hunched fearful posture.

DCJDC is compliant with this requirement. 115.341c6:

**(7) Mental illness or mental disabilities: Risk Screening Tool:** In the vulnerability section, ask the resident: Do you get along with people well; Is it easy to make friends; How do you feel about being in a big group of people you do not know well; Have you ever received threats, insults, and harassment from other people; Have you ever been attacked, bullied, or abused by peers; In the **staff subjective assessment** (not ask resident) section: The behavior appears related to mental illness or mental health diagnosis; Inappropriate verbal behavior; hunched fearful posture; behaviors likely to irritate or annoy; Staff look at records and/or behavior for this information: Other: evidence; **Maysi-II boys'** relevant topics assessed: Angry/Irritable; Depressed/anxious; thought disturbance; Traumatic experience; Have you seen things other people say are not there; heard voices other people can't hear; other people have been able to control your thoughts?

DCJDC is compliant with this requirement, 115.341 c7, after corrective action.

**(8) Intellectual or developmental disabilities: Risk Screening Tool:** In the **vulnerability section**, ask the resident: Do you get along with people well; Is it easy to make friends; How do you feel about being in a big group of people you do not know well; Have you ever received threats, insults, and harassment from other people; Have you ever been attacked, bullied, or abused by peers; In the **staff subjective assessment** (not ask resident): Inappropriate verbal behavior; hunched fearful posture; suspected cognitive/developmental delays; behaviors likely to irritate or annoy; Suspected cognitive/developmental delays; The staff looks at **records and/or behavior** for this information: Other: evidence this youth is or has been reported as having any Intellectual impairment, learning disability, or Developmental disability; **Maysi-II boys'** relevant topics assessed: Angry/Irritable; Depressed/anxious; thought disturbance; Traumatic experience.

DCJDC is compliant with c7, after corrective action.

**(9) Physical disabilities. Risk Screening Tool:** In the **staff subjective assessment** (not ask resident) section: Check boxes for pronounced disfigurement; physical disability; deaf/hard of hearing.; LEP; Speech impediment(No listing for sight)

DCJDC is compliant with c9 after corrective action.

DCJDC is compliant with c5, 7, 8, and 9, after corrective action. Increased awareness of residents intellectual or developmental disabilities, and mental health or mental disabilities, as well as identifying them was heightened during the corrective action period. The facility PCM reviews all records to identify all resident disabilities, as well as documentation of issues that came up at intake, during



assessments. Form 6c: PREA Specialized Resident Spreadsheet was better utilized to document disabilities of residents. During corrective action, the identification of resident disabilities, including intellectual or developmental disabilities, and mental health or mental disabilities went from 5 in 2022 to 46, from January to October 2023. Also documented were issues identified at screening, even if there was not any diagnosis at the time.

**(10) The resident's own perception of vulnerability: Risk Screening Tool:** In the vulnerability section, ask the resident: Do you feel at risk from attack or abuse from other people?; In the **staff assessment** (don't ask resident): Hunched, fearful posture (very fearful, very shy); Naïve to a criminal culture; Member of a gang that's likely to be targeted; **Maysi-II boys'** relevant topics assessed: Angry/Irritable; Depressed/anxious; thought disturbance; Traumatic experience.

DCJDC is compliant with this standard requirement. 115.341 c10

**(11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents: Risk Screening Tool:** In the **vulnerability section**, ask the resident: Do you get along with people well; Is it easy to make friends; How do you feel about being in a big group of people you do not know well; Have you ever received threats, insults, and harassment from other people; Have you ever been attacked, bullied, or abused by peers; ever been in a locked facility; In the **staff subjective assessment** (not ask resident) section: non-English Speaking, speech impediment, behaviors likely to irritate or annoy, member of a gang, ethnic minority; **Maysi-II** relevant topics assessed: Drug/Alcohol use; Suicide Ideation; Thought Disturbance; Angry/Irritable; Depressed/anxious; Traumatic experience (In the girls MAYSII, no thought disturbance assessment)

In addition to the other assessments, the MAYSII-2 is a mental health assessment completed during the booking process. The purpose of MAYSII-2 is to identify youth who may need immediate attention from a mental health professional.

DCJDC is compliant with this requirement 115.341 c11.

#### **Observation of Intakes:**

The risk screening questions were asked professionally and respectfully.

The PREA Risk Assessment Tool was conducted by both staff and included asking youth questions, checking files for additional information, and subjective staff observations. One of the first questions, on the Risk Assessment, was about sexual orientation and gender identity by asking if the youth identifies as Lesbian, Gay, Bi-Sexual, Transgender, or Intersex, or other. In addition, a subjective staff assessment was also part of the Risk assessment and gender non-conforming was one of the possible perceived statuses.

Staff check existing files and database files for additional information, as well as any documentation that came in with law enforcement. The Risk Assessment, Medical

Screening, Medication, and Psychotropic Medications documentation; Suicide Assessment, mental health evaluation MAYSi-2; and the PREA Intake education and video were completed.

The Risk assessment tool has questions or observations that cover the requirements of this standard: however, of the two intakes this auditor observed, one Risk Assessment was conducted at the beginning of intake, and the other was conducted at the end of the intake process. Conducting this assessment before all intake assessments are complete may prevent staff from observing or gaining information needed to make the subjective assessments on the Risk instrument, as well as taking time to review resident records. During corrective action, the risk assessment was completed at the end of intake.

**Practice:**

The Risk Screening Instrument, in concert with booking assessments and information and understanding signatures, included all 11 requirements of assessment. The staff completes the Risk Assessment, assigns housing, and documents why; assigns a level of staff monitoring (low, moderate, High); and the PCM/Detention Manager reviews and looks at their file to agree with or suggest something different for the resident. The PCM also notes any action steps to take or if there are a lot of action steps, work with the staff together to make sure everything is complete.

When intake and all assessments are complete, the PREA Compliance Manager reviews all forms, adds any information they have, adds restrictions, housing, programming restrictions, staffing supervision level, other residents this resident cannot be put with, makes referrals and appointments, and documents these in the notes section. This was confirmed by reviewing completed intake assessments, including the Risk Assessment Tool, Assessment History Report, and interviews with staff and residents.

This auditor confirmed the risk screening was completed within 24 hours of intake, by a pre-site form review, onsite observations of intakes, interviews, and review of completed intake forms.

Form 6g (auditor Form) Residents for the last 12 months: Education, Risk Screening: This spreadsheet includes intakes from 2/2022 to 3/25/2023. It documents for this standard: Residents' intake date, Youth Sexual Vulnerability/Aggression Assessment date, Reported as Lesbian, Gay, Bi-Sexual, Transgender, or Intersex, Reported sexual abuse (at intake, or later), Report of perpetration of sexual abuse, Disabilities and/or LEP; Released Date; and Reassessed for Risk (date).

For this standard, **Form 6g** documents that 88 residents were booked into DCJDC during the last 12 months (up to the site visit). Of those 88 residents: 88 completed the risk assessment during intake, One resident completed a reassessment, after being in the facility for almost 60 days, Only one resident was documented with any kind of disability or LEP, and Zero residents were documented with emotional and cognitive development issues; Mental illness or mental disabilities; Intellectual or

developmental disabilities; or Physical disabilities including hearing or vision.

**During corrective action**, this assessment included review for identification of disabilities, including intellectual or developmental disabilities, and mental health or mental disabilities. Identified disabilities, or concerning behaviors were identified on Form 6c PREA Specialized Resident Spreadsheet, and went from 5 identified disabilities in 2022 to 46, from January to October 2023. This report documented, for this standard: Date of assessment, Risk score, Supervision Level: low, medium, high, and very high, disabilities, identification of LGBTQI, and Notes/other information . This assessment history report documents the score given to the risk assessment, each time the resident entered the facility. In addition, documented the level of supervision necessitated, and noted any special circumstances, or information about charges being sexually related. It demonstrated how risk assessment ensured supervision according to risk level, increased safety for residents, identification of disabilities, and referral for medical and mental health services.

As demonstrated above, the DCJDC PREA Risk Assessment is completed on time, every time a resident is booked into DCJDC. The intake screenings, including the PREA Risk and Vulnerability Screening, are given to all new and returning residents.

**Interviews:** Staff responsible for Risk Screening (Q 1,2,3,5,6, 7); Random Resident (Q7); PREA Coordinator (Q4): **Intake Staff:** Confirms that once all information is input into Tyler Supervision, it generates a risk assessment for Vulnerability and propensity. That determination is sent to the PCM for review. An email is sent to incoming staff about risk determinations and accommodations made; **PCM:** Confirms review, after the staff completes the Risk Assessment, assigns housing, and documents why; assigns a level of staff monitoring (low, moderate, High); the PCM/Detention Manager reviews it and looks at their file to agree with or suggest something different for the resident. The PCM also notes any action steps to take or if there are a lot of action steps, work with the staff together to make sure everything is complete. and completing the final determination. In addition, all risk assessments are stored in the database, and no hard copies are in files in the facility; **Residents:** All residents interviewed confirmed being asked if they have ever been sexually abused; identify as LGBTI; and if they think they might be at risk at DCJDC. All residents said this was asked at intake on the first day; A **resident informal interview** confirmed the resident was on an IEP, and not documented on the Risk Assessment or spreadsheet; however, in an interview with the PCM, the IEP was not known until the school contacted the facility. The risk assessment was not updated.

**Compliance Statement: 115.341 a, b, c, d, e:**

**Practice:**

Staff interviews, informal conversations, and observations of intakes confirmed the process and practice of staff completing: a Medical Screening; Medication and Psychotropic Medications documentation; Suicide Assessment; a mental health evaluation -MAYSi-II, as well as conducting the PREA Risk assessment, in the

	<p>booking process. This information is ascertained through conversations with the resident during the intake process and medical and mental health assessments during booking/intake; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files. This can be challenging as detention will often be conducted on residents who are new to the juvenile justice system and there are few records to review. This process is conducted for every new, and returning resident, (115.341b), and includes sending the completed assessments to the Detention Manager for further review and completion; and using the same objective instrument for every resident entering DCJDC.</p> <p>The Resident Education/Risk Assessment tracking spreadsheet documented 88 residents entering the facility between 2/2022 to 3/25/2023, and 88 residents completing risk assessments within 24 hours; however, only one resident, out of 88, had any listing in the LEP/Disabilities category. Of the 11 required areas of assessment, by the PREA standards, DCJDC is compliant with eight of them however: <b>after corrective action</b>, was deemed compliant on the other four standards (c5,7,8 and 9). These include Levels of emotional and cognitive development; Mental illness or mental disabilities; Intellectual or developmental disabilities; and Physical disabilities. In 2023, out of 99 Residents entering the facility, from January to October 2023, 99 residents participated in an intake, including the Risk Assessment and all above named assessments. In 2023, 46 residents were identified with disabilities or concerning behaviors for evaluation. Almost all were intellectual or developmental disabilities, and mental health or mental disabilities. Of those 46, 18 were documented with mental health follow-ups.</p> <p>The facility stores risk assessments and booking records in the Tyler Supervision database, and there are no hard copies of resident risk assessments in facility files, which risks privacy concerns; however, some resident and staff files are in unlocked files and at times in unlocked areas.</p> <p>After corrective action, DCJDC is compliant with this standard 114.341.</p>
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<b>115.342</b>	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p><b>Auditor Discussion</b></p> <p><b>115.342 Placement of Residents</b> Auditor Compliance Determination: ExceedsCompliant</p> <p>Acronyms used in this standard report: <b>DCDC:</b> Douglas County Ninth District Court; <b>OAS:</b> Online Audit System; <b>PCM:</b> DCJDC PREA Compliance Manager; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator; <b>SOP:</b></p>

Standard Operating Procedures

**Compliance Assessment:**

**Pre-Site Review** for 115.342 a-h

This auditor reviewed the following prior to the site visit: Agency Policy A 115.341: Screening of Sexual Victimization and Abusiveness; Spreadsheet of Resident Education, Risk Screening and Placement for last 12 months; DCJDC Standard Operating Procedure 115.42; Facility Written Statement of Compliance; Pre-Audit Questionnaire: 342b; Spreadsheet of Housing assignments of Residents for the last 12 months; Interviews: PC, PCM, written question for intake staff (base for practice/ interviews); Ten Completed Risk Screening Assessments and MAISI-IIs; management interviews; PAQ; Specialized Staff identification listing; PC/PCMs monthly meeting notes; Isolation logs - zero for the last 12 months; Staff training spreadsheet: all policies and procedures PowerPoint, review, and understanding, Understanding gender and gender identity, Ensuring Equality: LGBTI/GNCT Youth and the Juvenile System, Advocating for LBVTQI+ youth in schools and JJ facilities; Maysi/Tyler Supervision, Disability Assessment Review, floor Staff 40 hour instruction; Complete Intake packets; completed Maysi, suicide assessment, Risk assessment.

**115.342a, Standard Requirements:** a) The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse;

**Policy/SOP:**

**Agency:** The agency, Douglas County Ninth District Court (**DCDC**) **policy A 115.341** covers requirements for its facilities to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. DCDC Policy 115.341, page 2. *B: The PREA Compliance Manager shall review the PREA Risk Assessment and all relevant information pertaining to the youth's vulnerability for victimization or propensity to abuse, prior to ensuring appropriate placements: 1. Housing; 2. Bed; 3. Program; 4. Education, and 5. Work assignments; Page 1: Each staff member will use the information during the intake and screening process to determine housing, bed, program, education, and work assignments; Page 2: Re-evaluation of the housing placement and programming will occur on a day-to-day basis. This will take place with staff checking in with the youth to review any threats or safety issues experienced by the juvenile. If it is found that any detainee is feeling threatened or at risk, accommodation and programming changes will occur, and if any rule violations have occurred, disciplinary actions will be taken for the offender. All housing and program assignments are determined on a case-by-case basis.*

DCDC also requires its facilities to create and implement standard operating procedures that comply with the agency policy. The facility, Douglas County Juvenile Detention Center (DCJDC) Standard Operating Procedure 115.341 with action requirements that comply with agency policy:

**Facility: DCJDC Policy 115.341, Page 1:** Each staff member will use the information during the intake and screening process to determine housing, bed, program, education, and work assignments; **Page 3:** Reevaluation of the housing placement and programming will occur on a day-to-day basis. This will take place with staff checking in with the youth to review any threats or safety issues experienced by the juvenile. If it is found that any detainee is feeling threatened or at risk, accommodation and programming changes will occur, and if any rule violations have occurred, disciplinary actions will be taken for the offender; **Page 3:** The PREA Screening Tool will be completed again if any behavioral incidents alert staff to a needed reassessment, or if the detainee is in detention for 90 days. The reassessment will be kept in the juvenile's file and documented in the Tyler Supervision Booking Events Section. In the event a detainee is identified as a potential victim or perpetrator on the PREA Intake Screening Tool, a supervisor will be notified.

DCDC policy and DCJDC SOP are compliant with the requirements of standard 115.341a.

**Interview About Practice:**

The PREA Compliance Manager (PCM) confirmed that DCJDC is a small facility whose average population has been 2 to 3 residents for the last year. Taking into consideration the juvenile's age, charges, behavior, gender, gender identity, and risk level, most residents are housed by gender. If charges or behavior qualify a juvenile to be separated from the general population, they are housed in whichever wing is open. Other factors taken into consideration are victimization, perpetration, behavior around certain populations, co-defendants, and medical reasons. Most times juveniles are out together, at school, for free time, recreation, and meals, and are monitored closely by staff for any violations to separate the group. The rooms are individual, showers are individual and one at a time, and the rest of the group is either in their rooms or in the day room with another staff member.

**Documentation:**

The **facility, DCJDC spreadsheet of Resident Education**, Risk Screening, and Placement, Form 6g (auditors required form) that lists all residents of DCJDC within the last 12 months, date of intake, what housing was assigned, reason for housing selection, if resident previously reported or perpetrated sexual abuse, and if the resident identified as LGBTI.

DCJDC is a detention facility and has individual locked rooms for each resident.

Residents are separated by gender; however, this form also documents residents housing due to suicidal ideation and contains the resident's risk level, risk assessment score for victimization or propensity, and any additional safety or security supervision concerns to be considered. Decisions made to separate a juvenile are recorded in Tyler Supervision. This usually occurs for incidents, behavior issues, or PREA violations.

**The DCJDC Risk Assessment History**, a report generated by Tyler Supervision,

documents the resident's risk assessment date, score for victimization or propensity, and risk level: low, moderate, high). Staff check into Tyler Supervision when arriving for their shift, to ensure they have the latest information on new residents, including placement, risk, and supervision levels required for all residents. This includes residents who are not allowed association with each other, or with special programming.

**The Onsite Review :** Observations:

Residents are usually separated by gender and on different wings. Even same-gender residents usually have an empty room between them when possible; however, also noted separation by risk level, when necessary. During the site review, education for a resident on an IEP was observed, with staff supervision in the room at all times. Interviews were conducted with the teacher and the staff, as well as informal conversations. Observations and interviews confirmed the supervision of residents, while out of their room. In addition, confirmed that during education, or activities, supervision was conducted appropriately to the risk level and any separation requirements. Observations confirmed ongoing, active supervision of residents while out of their rooms.

Interviews: Risk Screening Staff; IEP Special Education Teacher; PCM-both on-site, pre-site, and post-site

**Compliance Statement:**

DCDC and DCJDC are compliant in policy/procedures and practice, requiring the use of the information from the risk screening, and intake assessments to inform housing, programming, and education assignments to keep residents safe and free from sexual abuse.

The practice includes staff knowledge and understanding of housing determinations and reasons, risk assessment level of determination of victimization and propensity, and restrictions or accommodations required for each resident to keep everyone safe.

**115.342 b, h, and i: Standard Requirements: b)** *The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.; b2:* *The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, and special education services, and if a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged; h)* *If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged; i)* *Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine*

*whether there is a continuing need for separation from the general population.*

### **Compliance Assessment: Pre-site Reviews**

#### **Policy/Procedures:**

**The agency,** Douglas County Ninth District Court (DCDC) has an agency policy addressing the placement of residents in isolation, due to the risk of sexual victimization: DCDC Policy A 115.342: Page 2: *Detainees at risk of victimization shall only be isolated, as a last resort, from the group if the juvenile is a danger to others or in fear of abuse. If any detainee is isolated from the group for reasons of safety, staff will review daily the reason for the isolation in order to determine if a threat still exists or if there is a better solution to the separation.* The agency, DCDC, requires its operated facilities to create and implement standard operating procedures (SOP) of required actions at the facility level to comply with the agency policy.

**The Facility:** Douglas County Juvenile Detention Facility SOP 115.342: Page 2: *Detainees isolated from the group: Shall only be isolated, as a last resort if the juvenile is a danger to others or in fear of abuse; Staff will review daily the reason for the isolation to determine if a threat still exists or if there is a better solution to the separation; Will have alternating time outside of their rooms; During this time, they may participate in an education program, exercise time, hygiene, meals, and some free time; The juvenile will have access to medical and mental health clinicians, lawyers, caseworkers, phone calls, parents, and JPO if necessary; Documentation of the separation will be in Enterprise Supervision, Detention Activities and reported to the State of Nevada.*

#### **Documentation Reviews:**

This Auditor conducted the following documentation reviews: **Review of isolation logs**, demonstrating zero residents were isolated for risk of sexual abuse in the last 12 months; **PREA Assessment History** documents housing placement: zero isolation placements; **Education Risk Screening, and Placement** documents room placements by gender, behavior, suicidal ideation, but zero isolation for risk of sexual abuse; **Review of 10 Risk Assessments and Maysi-II mental health assessments and notes:** zero residents were placed in isolation for risk of sexual abuse; and **PAQ:** Zero residents placed in isolation in the last 12 months.

**Pre-Site Interviews** to determine practice: PCM/Detention Manager: Juvenile Detention is a small facility and has individual rooms. Residents are not and have not been isolated for risk of sexual abuse. The policies are in place to facilitate this if it were to ever happen; however, it has never happened.

Detainees were in Quarantine due to Covid-19. Each detainee was allowed out of the room for an hour at a time, alternating between each juvenile to ensure time out of the room to complete hygiene, school, phone calls, and recreation. None of these juveniles were placed in isolation due to the results of intake risk screening.



At times the facility is on separation, due to behavior around certain populations, co-defendants in a case, medical reasons, etc. Most times the juveniles are out together, at school, have free time, recreation, and meals, and are monitored closely by staff for any incidents of violations to separate the group. The rooms are individual, showers are individual one at a time, and the rest of the group is either in their rooms or in the dayroom with another staff member.

**Onsite Observation/Review:/Interviews**

During the onsite review, zero residents were isolated for risk of sexual abuse. The facility has averaged 2 to 3 residents for the last year and there has never been the need to place residents in isolation for risk of sexual abuse. When residents were out of their rooms, they were in the dayroom, and staff supervision was maintained at all times.

**Interviews:** Informal conversations determined that even when residents have been on separation, rotating schedules for all residents to have time out of their rooms are maintained and as soon as possible, all residents are in the dayroom, with appropriate level of supervision; The facility uses risk screening information to determine the need for supervision, additional safety precautions, and/or the need to separate youth from other youth. The information is used to determine housing, bed, program, education, and work assignments. Reevaluation occurs daily.

Residents are not and have never been isolated for risk of sexual abuse; Youths are confidentially identified through the intake screening and the information is kept in Tyler Supervision and maintained in the youth's file. The file is kept in the control room or filed in the cage and is only used to determine youth needs; Access to information in Tyler Supervision is role-based. Access to the office and cage area is by assignment in the detention facility, Use of the information is limited to the needs of the youth including the need for mental and medical health access.

Interviews: Risk Screening Staff, PCM, informal interviews with residents, staff, PC

**Compliance statement:**

The agency and facility have policies and procedures that ensure practice if a resident is ever isolated due to risk of sexual victimization; however, it has never happened in this facility due to logistics, small population, and staff supervision while residents are out of their rooms.

Included in staff supervision is awareness of the level of supervision required for every resident and the victimization and propensity score for each. Facility policy 115.342 requires that residents at risk of sexual victimization who are placed in isolation have: Access to legally required educational programming, and special education services, and if a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged. This is documented in Tyler Supervision and all staff alerted to the change in supervision level; if a resident is isolated, the facility shall document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason why

no alternative means of separation can be arranged, in Tyler supervision.

The facility policy exceeds this standard requirement of review every 30 days, by requiring a review every day to find a solution to the separation, and the residents would still not be in isolation as they would be scheduled alternative time out of their rooms for education, exercise, activities, phone calls, visits, and interaction with staff and other residents with appropriate risk and supervision levels. Any supervision is required to be documented in Tyler Supervision, and Detention Activities and be reported to the State of Nevada.

Interviews, documentation reviews, and onsite reviews confirm that DCJDC exceeds compliance with standards 115.342 b, h, and I in policy/procedure, practice, and ingrained in the culture of DCJDC.

**115.342 c, d, e, f, and g: Standard Requirements:***c) Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually abusive; d) In deciding whether to assign a transgender or intersex resident to a facility for male or female residents and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems; e) Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident; f) A transgender or intersex resident's own view with respect to his or her own safety shall be given serious consideration; g) Transgender and intersex residents shall be given the opportunity to shower separately from other residents.*

**Compliance Assessment:** 115.342 c, d, e, f, and g:

**Pre-site review:**

**Policy/Procedures:** The facility DCJDC has a **Standard Operating Procedure 115.342** that complies with the agency policy and includes actions taken at the facility level to be compliant: DCJDC (Facility) Policy 115.342: Page 2: *Juvenile detention prohibits placing lesbian, gay bisexual, transgender, or intersex detainees, in particular, housing, bed, or other assignments solely on the basis of such identification or considering the status as an indicator of the likelihood of being sexually abusive. Page 3: All housing and program assignments are determined on a case-by-case basis.*

**Documentation Review:**

The PREA Assessment History Report documents vulnerability and propensity risk levels that have been assessed during intake, using the PREA Risk Screening Tool, Maysi-II mental health assessment; Suicide assessment; and medical screening. This form lists the risk level for vulnerability to sexual abuse and propensity to

commit sexual abuse and required supervision levels for each resident.

Form 6g, Education Risk Screening, and Placement Form: Report DCJDC compiled, at this auditor's request, that documents housing placement and reason for housing selection. It also lists if the resident is LGBTI or Gender Non-Conforming. Zero housing placement reasons were due to status as LGBTI or Gender Non-Conforming. All housing placements are individual rooms and residents are placed with one open room in-between, whenever possible.

10 Risk Assessments and Maysi-II mental health assessments and notes on placement and separation: Zero residents were placed in a particular status based on their LGBTI status. In addition, zero residents who identified as LGBTI were scored at a higher risk level of being sexually abusive.

The residents' own perception of their safety was taken into consideration for vulnerability and staff supervision levels. In addition, housing assignments were made on a case-by-case basis, and not due to identification as LGBTI.

Interviews, PRE-and on-site:

In housing decisions, LGBTI residents are placed in male or female wings by personal preference. Staff check in daily with all residents on safety issues. Regarding showers, all residents shower separately and one by one.

The Detention Facility Policies and Procedures prohibit placing lesbians, gay, bisexual, transgender, or intersex detainees in particular housing, beds, or other assignments solely on the basis of their identification or status.

Each staff member will consider on a case-by-case basis whether assigning a transgender or intersex juvenile to a wing with male or female detainees would ensure the juvenile's health and safety and whether the placement would present management or security problems.

All youth in the Facility shower separately, including detainees who are Lesbian, Gay, Bi-sexual, Transgender, or Intersex.

If any youth, including LGBTQI, feels threatened or at risk, accommodation and programming changes will occur, and if any rule violations occur, disciplinary actions will be taken for the offender.

The Facility policies and procedures prohibit considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually abusive.

If any detainee is isolated from the group for reasons of safety, staff will review daily, through a Disciplinary Hearing, the reason for the isolation in order to determine if a threat still exists or if there is a better solution to the separation.

Interviews: PC and PCM; LGBTI residents.

**Site Review, Observations, and Interviews:**

	<p>Residents were placed in housing by gender. There were zero Lesbian, gay, transgender, or intersex residents in the facility: however, one bi-sexual resident. During the site review: observation of the shower facilities, as well as observing two intakes, and interviews confirmed that all residents shower individually and one by one. Housing is not and was not determined based on LGBTI status but by gender and risk factors. There are no units just for LGBTI residents; however, placement on male and female units for LGBTI residents use preference, be determined on an individual basis, and maintain a room separation on each side, and Housing and programming assignments for LGBTI residents are assessed daily and monthly.</p> <p><b>Compliance Statement:</b></p> <p>DCJDC procedures exceeds compliance with the requirements of 115.342 g, l, j, k, and l.</p> <p>LGBTI residents are not placed in a particular housing, bed, or other assignments, solely on such identification or status, nor is identifying as LGBTI considered an indicator of being sexually abusive. Placement on the male or female unit is by preference of the Transgender or Intersex resident. Safety and security concerns are addressed by ensuring a room on either side is empty. The placement of Transgender or Intersex residents is reassessed daily to ensure the resident’s own view of safety is given serious consideration, and the Risk Assessment is conducted anytime an incident or allegation occurs, and/or every 30 days, and All residents, including LGBTI residents, shower separately, one by one.</p>
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<b>115.351</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>115.351 Resident Reporting</b> Compliance Determination: Exceeds Compliance</p> <p><b>Acronyms</b> used in this standard report: <b>DCDC:</b> Douglas County Ninth District Court; <b>OAS:</b> Online Audit System; <b>PCM:</b> DCJDC PREA Compliance Manager; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator; <b>SOP:</b> Standard Operating Procedures</p> <p><b>Standard Requirements:</b> <i>a. The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents; b. The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration</i></p>

*purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.; c. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports; d. The facility shall provide residents access to tools necessary to make a written report; e. The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.*

**Compliance Assessment:** 115.351 a, b, c, d, and e:

**Pre-Site Review:** To determine compliance, the following documentation was reviewed (pre-site):

Agency, DCDC Policy A 115.351; Facility, DCJDC facility SOP 115.351; PREA Brochure-End of Silence; Zero-Tolerance Poster; DCJDC (facility) Detainees Rights, Rules, and Discipline Policy 2.6; Youth Handbook; Allegations Report (12 months); Youth Grievance Form; Staff Training and understanding 115.351; DCFS Child Protective Services Hotline call; National Sexual Assault Hotline call; Interviews: PC; PAQ; Training Policy 2.6: Detainee Rights Policy 2.6

**Interviews:** PCM; PC; Random Staff; all residents; Resident who identify as LGBTI; National Sexual Abuse Hotline staff; DCFS Child Protective Services Hotline staff, and DCSO Investigative unit Officer; Crisis Line staff.

To determine compliance the following agency and facility policies and procedures were evaluated (pre-site):

**Agency:** Douglas County Ninth District Court (DCDC) has an agency **policy, A 115.351**, that addresses youth reporting: *Policy: The agency shall provide multiple internal manners for youth to privately report sexual abuse and sexual harassment, retaliation by other youth, and staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents;* This DCDC policy, 115.351 requires all its operating facilities to have multiple mechanisms to privately report. These are to include: *Grievance Form; staff, teacher, counselor, case manager, Probation Officer, PCM, trusted adult; calling PREA Coordinator or in writing; Private, Confidential Letter; Facility Website; and the Outside Reporting Source. The agency also required all of its operated facilities to have standard operating procedures (SOP) that take action steps and comply with the agency policy and PREA standards.*

Facility: Due to the agency directive, Douglas County Juvenile Detention Center (DCJDC) created and implemented **SOP 115.351** Youth Reporting; Reporting methods in this policy include the following: *Direct reporting to a staff member; and use of the grievance box. The back of the grievance form is specific to Sexual Abuse and Sexual Harassment; Written correspondence; Request to speak with the Facility Manager, Chief Deputy or Chief Probation Officer, or the Sheriff's Office; Request to speak to outside clergy, counselor, or attorney; Through the teacher; Through the health nurse or mental health practitioners; Anonymously through a third party; fellow detainees, staff members, family members, attorneys, clergy, and youth advocates; Calling the designated external reporting contact;* The policy also states:

All allegations are documented in Enterprise Supervision and Staff will allow for confidential access to outside agencies or persons, by allowing the juvenile to take the handset outside of the office door to conduct the call.

**During Corrective Action**, the DCJDC (facility) Standard Operating Procedure (SOP) 115.351 was edited to include the following reporting methods:

**Revised Facility (DCJDC) Policy 115.351 Youth Reporting:** Juvenile Detention provides multiple ways to make a sexual abuse, sexual harassment, retaliation, or staff negligence or violation of policies that may contribute to an incident: **Direct reporting** to a staff member; **Use of the grievance box.** The back of the grievance form is specific to Sexual Abuse and Sexual Harassment. The Detention Manager will respond to all reports within 1 day, If a report is filed over the weekend or holiday, please notify staff, when suitable, for a swift response. If the Detention Manager is unavailable, the Chief JPO has access to the grievance box; **Written correspondence;** Request to speak with the Facility Manager, Chief Deputy or Chief Probation Officer, or the Sheriff's Office; Request to speak to **outside clergy, counselor, or attorney;** Through the **teacher;** Through the **health nurse or mental health practitioners;** **Anonymously** through a **third party;** fellow detainees, staff members, family members, attorneys, clergy, and youth advocates and Call the designated **external reporting contact.** Facility staff will meet with any detainee requesting to **verbally report** a sexual abuse or sexual harassment allegation; **All allegations are documented** in Enterprise Supervision; Staff will allow **confidential access to outside agencies or persons**, by allowing the juvenile to take the handset outside of the office door to conduct the call; Staff are to **immediately report any knowledge, suspicion, or information** they receive regarding an incident of sexual abuse or sexual harassment and comply with mandatory child abuse reporting procedures; and Staff are to fully cooperate in any investigation being conducted internally.

**Practice: using pre-site review, interviews, and onsite review:**

Documentation, available in the facility and/or given to residents about reporting:

At intake, residents are given a **Youth Handbook**, as noted in observing two intakes. The handbook includes the **PREA Brochure End of Silence** (large print, bold, spaced out) with a list of ways to report and third-party reporting. This brochure included the agency PREA Coordinator (PC), facility PREA Compliance Coordinator (PCM) and their phone numbers, as well as phone numbers for the Child Protective Services reporting hotline, and the Crisis Line. The Youth Handbook also included a **Zero-Tolerance Flyer** (large print, 5th grade reading level, bold print). It includes the number for the Family Support Council, and Child Protective Services Report Line, as well as the multiple ways to report in the facility. Both are available in multiple places throughout the facility on posters and flyers. (onsite review). The Youth handbook, zero-tolerance flyer, and brochure are in English and Spanish, large print, bold, spaced out, and in basic language at a 5th-grade reading level, though it is unclear who the outside reporting source is. This was reflected in resident interviews, as residents and staff were not clear about this. (corrective action)

The **training** on resident reporting sources, reporting sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents begins with the intake and then the PREA video. After intake, the resident views the PREA Youth Education Video. This video includes juveniles completing the training and includes basic language and multiple learning styles (visual, reading, scenarios). Multiple ways to report are given to residents (staff, medical/mental health, management, parent, probation officer, mail, phone, third party, grievance...) and reporting outside of the facility or agency the resident is in. After the video staff pointed out to the resident the Dayroom window where there are phone numbers and mailing addresses of reporting sources (onsite review and included in audit documentation). These are in large print, spaced out, and include the Douglas County Sheriff's Office; Family Support Council; Nevada Child Protective Services; and Crisis Line. In addition, there is paper and envelopes for mailing a report. (115.352d)

**In the audit documentation**, there were five resources listed as outside reporting sources: On the **Zero-Tolerance Poster**: The National Sexual Assault Hotline 1-800-656-4673. This auditor called this resource and was asked for the zip code and was transferred to the local Rape Crisis hotline. Staff told this auditor that they would not be the outside reporting source, as they would not report back to the facility management due to confidentiality issues. (**see corrective action**); On the **PREA Brochure**: the same number as above for reporting; In the Youth Handbook; The number for the Douglas County Sheriff's Office was given; The Family Support Council 775-782-8692: said they provide emotional support services and support for medical and counseling; Crisis Call Center said they provide victim advocacy and cannot report back to the agency due to confidentiality issues. (**see corrective action**); DCFS Child Protective Services: said the phone number was the incorrect one for a child to call and report sexual abuse. Gave me 833-571-1041. DCFS staff told me they would take a report and report it to DCSO; however, not every report would reach that status after review, and in that case, there would be no report to DCSO - thus no report to DCJDC or DCDC. (**see corrective action**)

The facility provides resident Intake PREA education (115.333), after the PREA video, to supplement the video's general reporting training with specific facility internal and external reporting sources. Included would be how to access them privately, and the confidential nature of this reporting (mail, phone), as well as other required PREA training about zero-tolerance, and agency policies and procedures in response to an allegation.

**Pre-site management interviews** confirmed that the facility provides residents with access to tools, to make written reports of sexual abuse or sexual harassment. These tools are in the dayroom (paper) or office for safety reasons (pens and pencils); however, both residents and staff were unclear about the confidential aspect of mail sent to designated reporting sources and services; When a resident addresses mail to a designated reporting source, emotional support service, or advocacy service, it is required to be treated like legal mail. Also, it does not have to have a return address on it, so the resident can report anonymously. Staff can

check the address it is going to, to ensure it is a designated confidential reporting source or service; however, they cannot unseal it, read it, or require the resident to put a return address on it. This will be addressed in corrective action and can be easily attached to practices already in place in the facility. In addition, although the residents are given tools to make a written report, it is much more difficult to privately report by phone. Currently, the staff dials the phone and hands the corded handset out the office door to the resident to talk to the reporting, or services source. The facility is working on a cordless handset with only certain preprogrammed numbers to enable the residents to report or access services, without other residents knowing who they are talking to (a report or service). This is in corrective action; however, is being put into practice, and a site visit at the end of corrective action will assess compliance.

Another avenue for reporting is the **Grievance Form**. There are forms and a lock box in the dayroom of the facility. On the back side of the Grievance Form is a Sexual Abuse and harassment reporting form. The instructions are posted: Use the back side of the form if you want to report an instance of Sexual Abuse or Sexual Harassment: On the back of the Grievance form is the **Douglas County Juvenile Detention Center Sexual Abuse and Harassment Report Form**: This form is the first step in addressing claims of sexual abuse and harassment; The Detention Supervisor will reply to all reports within 1 day not including weekends and holidays; Due to the delicate nature of this report, it is advised that it be given directly to the Detention Supervisor, a trusted staff member, or the Chief JPO; An investigation will immediately be started.

**In management interviews** this auditor confirmed that DCJDC does not detain residents solely for civil immigration purposes; however, may occasionally detain an undocumented resident based on a law violation, or probation violation. By standard DCJDC is not required to provide contact information for consular officials and relevant officials at the Department of Homeland Security; however, because these residents worry about immigration issues, provides information in the Youth Handbook. This information includes **The US Immigration and Customs Enforcement** Agency's address in Las Vegas and the phone number. Residents may request to call this number and staff will assist with this call.

Information for residents is constantly available in posters, flyers, brochures, and in the Youth Handbook; however, the posters and flyers, in the facility, are under **corrective action** in Disability Standard 115.316. They need to be large, in all areas of the facility where staff and residents are, with phone numbers and addresses large enough to read, and with accurate information about reporting sources, including the outside reporting source,

Standard 115.333 Resident education is in **corrective action**, to be compliant with new resident intake training, including the outside reporting source.

Finally, this standard, 115.351, will have to be compliant with the designation of an outside reporting source and their ability to report directly back to facility management. This new information will need to be corrected on posters and flyers,



and education completed for residents and staff, including signed statements of understanding. **(see corrective action)**. This will include a return visit to document practice, understanding, and if the compliance is ingrained in the culture of the facility.

The standards work with each other to ensure the safety of residents and staff, and often one standard's compliance is intertwined and dependent on another standard's corrective action or compliance.

**Interviews on site:** Random Staff; Residents; PCM.

To ensure staff receive, document, and report sexual abuse or sexual harassment allegations, the agency, DCDC, and the facility DCJDC also include in Policy and Standard Operating Procedures:

**Facility: DCJDC DOP 115.351:** *Douglas County Juvenile Detention takes seriously all reports of sexual abuse, including but not limited to reports made verbally, in writing, anonymously, or through a third party. Facility staff will meet with any detainee requesting to verbally report a sexual abuse or sexual harassment allegation. All allegations are documented in Enterprise Supervision; and Staff are to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment and comply with mandatory child abuse reporting procedures.*

**Agency (DCDC) Policy A 115.351** page 1, section II.B; and page 2, F: B. *Facility staff shall meet one-on-one with any youth wanting to verbally report a sexual abuse or sexual harassment allegation. 1. This allegation shall be documented. F. Staff shall accept reports made verbally, in writing, anonymously, or from a third party. a. Youth are not required to document their report in writing.*

Interviews and staff training curriculum confirm staff have completed training on resident and staff reporting, and complete annual refreshers. All staff understood many ways a resident and staff could report sexual abuse and sexual harassment. Staff reiterated they would write an incident report and report to the Detention Manager and law enforcement immediately; however, when faced with an auditor-created scenario of the abuse happening at the management level, all would report directly to law enforcement (DCSO) or the agency reporting line. When staff were asked what the outside reporting source was, as there was confusion and varied answers. This is addressed above, and in the corrective action narrative, about identifying the outside reporting source that would immediately report back to facility management, ensuring posters/flyers were changed to identify this resource, and training staff and residents. Finally, an auditor return visit at the end of corrective action will assess practice and if the process is ingrained in the facility culture.

Another aspect of reporting is staff reporting. This standard **115.351e** requires the provision of a private method for staff to report sexual abuse and sexual harassment of residents. The **agency**, DCDC, has **policy A 115.351** that addresses staff reporting; DCDC Policy A115.351: Page 2: I.1: *Staff shall immediately report*

*any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment and comply with mandatory child abuse reporting laws per NRS 432B.220. 1. Staff who do not feel comfortable reporting to their designated supervisor may report to the Chief/Director of a facility, PREA Coordinator, or a Douglas County District Court Judge. 2. Staff who do not feel comfortable reporting to any individual listed may report through the agency's online PREA report form.* The PAQ also states that staff can report through the same avenues as the residents: writing, calling any of the reporting hotlines, direct call to PREA coordinator or DCSO. In addition, Douglas County established a hotline for employee reports: 833-430-0004; [www.lighthouse-services.com/douglascountynv](http://www.lighthouse-services.com/douglascountynv); [reports@lighthouse-services.com](mailto:reports@lighthouse-services.com), with a required response time of 24 hours. The majority of staff confirmed that they could report directly to the Douglas County Sheriff's Office but did not know the reason for doing that unless the allegation was against the Detention Manager. This Auditor sent a test report to ensure the proper functioning of this reporting source and made a call. This auditor received a form, they had filled out with all the details I had sent, and the review was conducted at Lighthouse (a hotline that takes confidential calls, and then sent to a senior member of Douglas County. 215-884-6150 Lighthouse Management. I received a call confirming receipt from the Douglas County manager and an email after the call.

The process of what occurs once a call is received in Douglas County Policy 115.351: *B. Fraud, Waste, and Abuse Hotline: Employees are free to report without fear of reprisal. Reports will be investigated. 1. The time frame will include an initial response within twenty-four hours of receiving a report. a. Updates to investigations are given to those with a need to know. 2. Delegation a. The Administration will handle internal investigations. b. The Sheriff's Department will handle criminal investigations or decide for the Agency Investigator to conduct an internal investigation. c. Human Resources, the County Manager, and/or the District Attorney's Office will conduct sexual harassment investigations.*

Interviews consistently confirmed that staff would report sexual abuse or sexual harassment of residents to management, and when probed for what they would do if it was about a management person, said the agency hotline or straight to the Douglas County Sheriff's Office.

**Compliance Statement: 115.351 a, b, c, d, and e:**

Residents have multiple internal and external ways to report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

These resources are provided to residents of Douglas County Juvenile Detention Center (DCJDC), and include telling staff, the PCM, the Detention Director, their JPO, parents/guardians, grievance, phone, mail, and third-party reporting or assistance.

Reporting Sources are identified in policy/procedures, training, the Youth Handbook, posters, flyers, and on the dayroom window.

After the site visit, DCJDC also set up the ability of residents to report on the

computer with the reporting system set up by Douglas County. This will be evaluated over the corrective action period and at the return site visit at the end of corrective action.

Staff training, statements of understanding, and interviews confirmed the practice of all staff accepting reports made verbally, in writing, anonymously, and from third parties, and promptly documenting verbal reports. There was no misunderstanding about this for the staff, even though a historical review shows zero allegations of sexual abuse or sexual harassment, staff know what to do if they know, have a suspicion of, or receive allegations of sexual abuse, sexual harassment, retaliation, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Staff consistently said they would report sexual abuse or sexual harassment to the Detention Manager and complete an incident report; however, they would call the Douglas County Sheriff's Office or use the Douglas County reporting hotline, set up for employees to report, only if the report was about the Detention Manager.

Due to the hard work already accomplished by DCDC and DCJDC, there are just a few corrective actions to be completed for this standard's compliance. Most can be attached to processes already in place.

Some corrections are in corrective action in other standards and will ensure working on that standard's compliance before this one can be completed, or vice versa.

Those corrections are in standards 115.316 Residents with Disabilities, and 115.333 Resident Education. 115.316 involves changes to posters/flyers, placement of posters, and ensuring accurate information is relayed to residents on an ongoing basis. The information that intersects with that corrective action from this standard is identifying the outside reporting source, that when receiving a report of sexual abuse or sexual harassment, reports back to facility management. Once that is done, accurate information can be put on flyers, brochures, and posters and they can be placed throughout the facility, and 115.333 resident education. For this standard, DCJDC is already working on a change to PREA Intake Education, completing it after the PREA Video, instead of during intake. PREA Intake Education would reinforce the PREA video's general reporting sources, zero-tolerance, and required resident education information: with facility-specific sources and contact information, as well as the outside reporting source. Part of the PREA Intake Education would train residents about what and who the outside reporting source is, as well as how to contact it confidentially, as standard 115.351 requires. As you can see, the standards work with each other to ensure the safety of residents and staff, and often more than one standard is involved and has to be compliant before the other one can be.

For this standard, 115.351, correction also needs to be made in the area of "private" reporting by both mail and phone. DCJDC is already working on a solution to ensure private phone contact of the outside reporting source, and emotional and advocate services, using a phone with preprogrammed numbers.

Mail reporting or contact of designated services also needs to be private. It is

required to be treated like legal mail and it does not need a return address, so a resident can privately report anonymously. This will be addressed in corrective action and can be easily attached to practices already in place in the facility. Both residents and staff were unclear about the confidential aspect of mail sent to designated reporting sources and services.

Additionally, in interviews and review of staff training records and understanding statements, staff are trained initially and annually on reporting and documenting every allegation of sexual abuse and sexual harassment, as well as the resident's right to report confidentially and ways to report. (Staff training spreadsheet, PREA PowerPoint, interviews with staff and management).

**During the Facility Corrective Action Period: 115.351a and b:**

**115.351a.** *The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents;*

**The Facility, DCJDC** developed and implemented documentation, training, oversight, and requirements, to ensure: Residents can “privately” report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. These included the ability to report: Privately by phone: including instructions for using the phone for reporting privately, confidentially, and if desired, anonymously, or both, as well as signing a confidentiality form on the limits of confidentiality. Privately by mail: Including instructions for mailing a report, How to mail it confidentially (address, seal it, put it in grievance box) . The PCM puts on stamps and puts it in the mailbox. The resident does not have to be put on the return address, so the mail can be anonymous or confidential, and it is treated like legal mail (check for the appropriate address on the front, but do not open it or read it, and as Part of the curriculum for PREA Intake training. The instructions to access the above resources are in posters in every area where staff or residents may be. They are in large print, spaced out, bold lettering, and basic language. Privately by Computer: On the desktop of residents computers is an icon to click to report sexual abuse or sexual harassment. This report is sent to the agency management and responded to quickly. The instructions for reporting by computer are above resident computers.

**DCDC Agency Policy A 115.351:II. FACILITY REPORTING MECHANISM FOR YOUTH AND STAFF A.** *Each facility shall have multiple mechanisms available for youth to privately report incidents including: 1. Filling out and submitting a grievance form; 2. Telling any staff member, including a teacher, counselor, case manager, probation officer, medical staff, mental health staff, PREA Compliance Manager, or any other trusted adult; 3. Calling the PREA Coordinator; 4. Writing a letter at the facility's expense (i.e. DCJD) a. Facility staff shall not unseal any correspondence to PREA Coordinator; b. This correspondence is to be mailed without disturbance. c. Further, this mail may be sent out without a return address. 5. Submitting a report online*

through facility web site 6. Calling the designated external reporting contact.

**DCJDC Facility Policy 115.351: II. FACILITY REPORTING MECHANISM FOR YOUTH AND STAFF** A. Each facility shall have multiple mechanisms available for youth to privately report incidents including: 1. Filling out and submitting a grievance form; 2. Telling any staff member, including a teacher, counselor, case manager, probation officer, medical staff, mental health staff, PREA Compliance Manager, or any other trusted adult; 3. Calling the PREA Coordinator; 4. Writing a letter at the facility's expense (i.e. DCJD) a. Facility staff shall not unseal any correspondence to PREA Coordinator; b. This correspondence is to be mailed without disturbance. c. Further, this mail may be sent out without a return address. 5. Submitting a report online through facility web site 6. Calling the designated external reporting contact. Facility staff will meet with any detainee requesting to verbally report a sexual abuse or sexual harassment allegation; All allegations are documented in Enterprise Supervision; Staff will allow confidential access to outside agencies or persons, by allowing juvenile to take handset outside of office door to conduct the call; Staff are to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment and comply with mandatory child abuse reporting procedures; staff are to fully cooperate in any investigation being conducted internally.

The **Youth handbook** was updated to include: *Compliant steps: An emergency complaint will be followed up quickly, including any PREA violations on the back of the compliant form, in bold, large print, spaced out printing, basic 5-6th grade language, and in Spanish and English.*

**Posters:** Individual posters, that included reporting by mail, phone, outside source, compliant form, internal reporting resources, in English and Spanish, were developed by a resident and the facility PCM. They are in large print, bold, spaced out, and in basic wording. Each gives specific instructions about reporting by the specific source named. They are in all areas where staff and/or residents may be. Posters included: Zero tolerance; Making a report by phone, including limits to confidentiality form; making a report by mail; ways to make a report; computer reporting (resident computer); hearing aid access and how to change the language on a phone report; as well as all posters in English and Spanish.

**Training:**

**Resident Education:** The resident intake orientation form was changed to include zero tolerance, ways to report: phone, writing, online, anonymously, outside reporting source; and internal reporting sources on posters, brochures, handbook and student computer.

In addition, within 72 hours, the PREA video is viewed, and the PREA Education Binder gone over with all new residents. PREA Educational Binder; any reports of sexual abuse/harassment, questions; sign and verify you understand how to file a report, to whom, and why. The residents had also completed a PREA scavenger hunt that included: Outside Reporting Resources; Explanation of Services Provided; Ways to Contact Services; Emotional Support Services; Zero Tolerance; Services

Provided on Computers; Retaliation; Complaint/Grievance Steps.

**The PREA Education Binder** included pages on: the Zero tolerance Policy; Retaliation; Places to find zero tolerance information (handbook, PREA orientation, posters, brochure, PREA education video, PREA agency website, Back of Grievance/ Compliant form; Ways to Report; More ways to report (External reporting (agencies, where addresses and phone numbers found (by envelopes and brochures, youth handbook, private cell phone for residents, zero tolerance poster, brochures, next page of this education binder); Outside Support Services (Family Support Council; Crisis Support Services of Nevada; Douglas County Sherriff's Office Investigations) phone, address, website; Juvenile Detention Support Services (confidential support services for anyone who has ever been sexually abused) Crisis Intervention, how to report, follow-up support, emotional support, advocates, more help for after release; How to make a report, including: (phone and instructions) Speed dial 2-Crisis Support Services of Nevada: reporting services for sexual abuse; 3-Agency PREA Coordinator; 4-Family Support Council- Victim services and emotional support services for any survivor of sexual abuse; 5-Douglas County Sherriff Investigations: reporting and callback number to give them 775-781-1734; Privately by mail (confidential-do not have to put your name on envelope; put in complaint box); Privately on-line: student computers with link (reporting support services on the PREA Incident Report Form and press SEND; Help for detainees who primarily speak another language (detention staff access language translators through the court; google translator; detention staff who speak more than one language (approved by management; notify detention staff for a translator; Duty to report: Knowledge, suspicion, or Information (Detention staff have to report sexual abuse, harassment, neglect or violation of responsibilities by staff, and retaliation; Detention Staff- Mandatory Reporters and First Responder Duties; Investigations: (trained investigators-administrative; after DCSO conducts criminal investigation) outcomes: substantiated, unsubstantiated, unfounded. Detainee Notice: (told of investigation outcome, if staff abuser is no longer posted in detention of released from duty; alleged staff or detainee abuser convicted on a charge related to the sexual abuse allegation

Within 10 days, a PREA review is conducted to ensure understanding of all ways to report, both internal and external. Additional check-ins occur every month. Residents were interviewed on the return site visit, and all knew about all reporting sources, where the posters are to describe them, and how to access all reporting methods.

**Staff Education:** 10 statements of review and understanding are included in corrective action documentation. This includes staff training on the revises facility SOP on reporting standards. Staff read the policy, repeated back the meaning in their own words, to the facility PCM, and signed understanding. Additionally, staff training on all reporting methods and access (computer, phone, mail, outside reporting source and reporting internally, and statements of review and understanding. On the return site visit, all staff knew the reporting methods, where the posters are to describe how to report, and how residents access all reporting methods. Staff also reported completing a PREA scavenger hunt that included:

Outside Reporting Resources; Explanation of Services Provided; Ways to Contact Services; Emotional Support Services; Zero Tolerance; Services Provided on Computers; Retaliation; Complaint/Grievance Steps.

**Auditor testing:**

Resident Computer reports: this auditor sent a test report by a resident computer, and got a response in my email right away that said if this was a real report, an immediate assessment and response would have been put into action;

Resident Phone reports: Had to sign form verifying that I understand confidentiality and reporting: Speed dial #2: Crisis Support Services: checked to see if I was making a sexual abuse report, that they would report back to agency management. This was confirmed; #3 went to the Agency PREA Coordinator and I left a message- PC told me she got the message and would respond to the youth immediately; #5 Douglas County Sherriff's Office: Investigations-said they would take the report and investigate;

Resident Mail Reports: Envelopes and paper in the day room; instructions to mail a report; do not have to put a return address or use your name; seal the envelope and put it into the locked grievance box; PCM checks the box, and will mail the letter. The addresses, phone numbers, and instructions are on the window where the supplies to write the letter are.

After corrective action, DCJDC exceeds compliance with standard 115.351a. Both agency and facility policy and SOP were changed to reflect the reporting methods and privacy rights; Resident PREA intake education was changed to reflect the requirements and education of residents on reporting. Staff were educated about the new reporting methods, resident education, posters, and limits of confidentiality; and posters were created for each reporting method, in disability compliant language, formatting, and reading level, as well as in Spanish and English.

**115.351b:** *The agency/facility must develop and implement documentation, training, oversight, and requirements, to ensure: The resident's outside reporting source is identified, and It must be a public or private entity or office that is not part of the agency (DCDC); It must be able to receive, and immediately forward residents' reports to agency officials; It must allow the resident to remain anonymous at request.*

**During the corrective action Period:**

**Reviewed:** MOU Washoe County Northern Nevada Response Team (CARES/SART); MOU with Douglas County Sherriff's Office (DCSO); Staff Training; Family Support Council MOU; Crisis Support Services of Nevada MOU; Youth Handbook update; PREA Resident Spreadsheet; Staff Training Spreadsheet; Posters (reporting by mail, phone, outside source, complaint, Internal Reporting, Outside Reporting; Juvenile PREA Intake Orientation; PREA Education Binder; PREA Education Video; PREA Poster Scavenger Hunt; 24-72 hour PREA education; 10-day comprehensive education

(resident)

To determine compliance, the following people were interviewed on the second site visit: PREA Coordinator; PREA Compliance Manager; New and existing staff; residents; and the Crisis Support Services Staff. Interviewees confirmed that the outside reporting source is Crisis Support Services. A call to this resource confirmed that they take reports from residents and will report back to agency management. On the poster, for the outside reporting resource, it tells residents that these services have to report to agency management and if the resident wants, they can write a confidential letter to the outside reporting resource anonymously. In addition to this source, the Douglas County Sheriff's Office, Investigations is #5 on the resident private phone and they can also make a report to them. It is reported to Agency Management as well.

**Resident Education:** The resident intake orientation form was changed to include zero tolerance, ways to report: phone, writing, online, anonymously, outside reporting source; and internal reporting sources on posters, brochures, handbook and student computer.

In addition, within 72 hours, the PREA video is viewed, and the PREA Education Binder gone over with all new residents. PREA Educational Binder; any reports of sexual abuse/harassment, questions; sign and verify you understand how to file a report, to whom, and why. The residents had also completed a PREA scavenger hunt that included: Outside Reporting Resources; Explanation of Services Provided; Ways to Contact Services; Emotional Support Services; Zero Tolerance; Services Provided on Computers; Retaliation; Complaint/Grievance Steps.

**The PREA Education Binder:** Outside Support Services (Family Support Council; Crisis Support Services of Nevada; Douglas County Sheriff's Office Investigations) phone, address, website

**Staff Education:** 10 statements of review and understanding are included in corrective action documentation. This includes staff training on the revised facility SOP on reporting standards. Staff read the policy, repeated back the meaning in their own words, to the facility PCM, and signed understanding. Additionally, staff training on all reporting methods and access (computer, phone, mail, outside reporting source and reporting internally, and statements of review and understanding. On the return site visit, all staff knew the reporting methods, where the posters are to describe how to report, and how residents access all reporting methods. Staff also reported completing a PREA scavenger hunt that included: Outside Reporting Resources; Explanation of Services Provided; Ways to Contact Services; Emotional Support Services; Zero Tolerance; Services Provided on Computers; Retaliation; Complaint/Grievance Steps.

**Posters:** reporting by mail, phone, outside source, compliant form, internal reporting resources, in English and Spanish; Disability Compliant.

DCJDC exceeds compliance with PREA Standard 115.351b. Residents and staff were educated about the Outside Reporting Source, confidentiality limits of these



	<p>sources, and how to report anonymously. Disability compliant posters were put in every area where residents and staff might be, and this auditor, while onsite in a second visit, tested the outside reporting sources and found they report back to agency management, if they receive a report of sexual abuse or sexual harassment.</p>
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<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.352 Exhaustion of Administrative Remedies:</b> Compliance Assessment: DCJDC is compliant with standard 115.352.</p> <p><b>Acronyms</b> used in this standard report: <b>DCDC:</b> Douglas County Ninth District Court; <b>OAS:</b> Online Audit System; <b>PCM:</b> DCJDC PREA Compliance Manager; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator; <b>SOP:</b> Standard Operating Procedures; <b>DCFS:</b> Division of Child and Family Services</p> <p><b>115.352a Standard Requirements:</b> (a): <i>The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</i></p> <p><b>Pre-Site Review:</b> Douglas County Ninth District Court (DCDC) agency Policy A115.352; DCJDC SOP 115.352: DCJDC Spreadsheets of Complaints and Grievances (20221-2022); Sexual Abuse Reporting and Grievance Form</p> <p><b>Interviews:</b> PREA Compliance Manager (PCM); RPREA Coordinator (PC); residents who reported sexual abuse (zero).</p> <p><b>Policy/Procedures:</b></p> <p>Douglas County Ninth District Court (DCDC) agency Policy A 115.352 Agency Exhaustion of Administrative Remedies policy statement is: Agency will allow submission of grievances regarding allegations of sexual abuse at any time, both at the Agency and Facility level, regardless of when the incident is alleged to have occurred.</p> <p>Douglas County Juvenile Detention Center (DCJDC) Facility SOP 115.352: The following Juvenile Detention PREA Standard Operating Procedures will outline how Juvenile Detention will implement the agency's approach to reporting any sexual abuse and sexual harassment. Douglas County Juvenile Detention allows detainees to have access and time to submit a grievance at any time.</p> <p><b>Practice:</b></p> <p>All grievance forms that contain allegations of sexual abuse are removed from the</p>

standard grievance procedure and processed under this agency policy/procedure, A115.352, and the coordinating facility procedures.

Allegations of sexual abuse, received as grievances, are reported to law enforcement for review and determination of criminal elements and thus investigation; or, to return the allegation to the agency to conduct an administrative investigation, by the agency PREA Investigator.

The Youth Handbook states: You are allowed to file complaints without concern for revenge. Other people can file a complaint for you. An emergency complaint will be followed up quickly, including any PREA violations on the back of the complaint form.

The following reviews all requirements of policy and practice at the agency and facility.

**115.352b:** Standard Requirements: **(b1):** *Allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred;* **(b2):** *Requires a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.*

**Policy/Procedure:**

**Agency:** DCDC Policy 115.352, Page 1: Policy: *The agency will allow submission of grievances regarding allegations of sexual abuse at any time, both at the Agency and Facility level, regardless of when the incident is alleged to have occurred.*

**Facility:** DCJDC SOP 115.352. Page 1: The detainee will not have to submit the grievance to, nor resolve the grievance with the staff whom the complaint is against.

**Interviews** with the agency PREA Coordinator (PC) and facility PREA Compliance Manager (PCM) confirmed that there are no time limits for the submission of grievances regarding sexual abuse. All grievances alleging sexual abuse, regardless of when the incident is alleged to have happened, are reported to law enforcement for their review and investigation, or if it is revealed that they were already reported and investigated, follow-up services are offered. The back of the grievance form is specific to Sexual Abuse and Sexual harassment.

Residents confirmed they would use the grievance for anonymous reporting.

**115.352 c:** Standard Requirements: **(c1):** *The agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint;* **(c2):** *The agency's policy and procedure require that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.*

**Policy/Procedure:**

**Agency:** DCDC Policy A 115.352, page 1, C: *The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse; E. Staff whom a complaint is alleged against shall have no role of the investigation except when interviewed as part of the investigation. Page 1, section II b: Youth alleging sexual abuse or harassment do not have to submit the grievance to the staff whom the complaint is against.*

**Facility:** DCJDC facility SOP 115.352: Page 1: *The detainee will not have to submit the grievance to, nor resolve the grievance, with the staff whom the complaint is against. The detainee grievance alleging sexual abuse will not be referred to the staff member who is the subject of the complaint.*

**Practice:**

The agency, DCDC, and the facility, DCJDC, provide multiple ways for residents to privately report sexual abuse and/or sexual harassment. The grievance form; resident and third-party reports on the website; verbally, anonymously, by phone, and by mail.

The onsite visit documented a locked grievance box located in the dayroom as well as grievance forms in Spanish and English. The back of the grievance form is a Sexual Allegation Report form. These areas are under camera surveillance and ensure that there is no interference in resident access. The resident does not need to submit the grievance to any staff member.

Interviews with the DCJDC PREA Compliance Manager confirmed that allegations are submitted to law enforcement for review and determination of criminal element, and/or to the agency PREA investigator. They are not referred to staff or any staff member alleged in the complaint.

**115.352 d: Standard Requirements:** *d1: The agency's policy and procedures require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance; d5: In cases where the agency requested an extension of 90 days to respond to a grievance, and that had reached final decisions by the time of the PREA audit, some grievances took longer than a 70-day extension period to resolve; d7: The agency always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.*

**Policy/Procedure:**

**Agency:** DCDC Policy A 115.352: II. C. *Agency and Facilities will issue a final decision on any portion of a grievance alleging sexual abuse within ninety (90) days of the initial filing of the grievance.*

**Facility:** DCJDC SOP 115.352: *Once a report is received: Investigation parties will decide on the merits of the allegation, or a portion of the grievance alleging sexual abuse within 90 days of the report. A final decision on any portion of the grievance alleging sexual abuse will be issued to the detainee within 90 days; If a decision*

*cannot be made in 90 days, written notification of an extension of up to 70 days will be made to the juvenile, in writing by the Detention Manager, with an expected completion date; Staff whom a complaint is alleged against shall have no role in the investigation except when interviewed as a part of the investigation.*

**Practice:**

A PCM interview confirmed that any investigation into a sexual abuse grievance would include written notice of any extension beyond 90 days and would include a date it would be completed. There have been zero allegations made.

In the last 12 months, according to the DCJDC spreadsheet of Complaints and Grievances, as well as an interview with the facility PCM, there have been zero grievances alleging sexual abuse. DCJDC always has staff closely supervising residents who are out of their rooms. An overheard conversation raised a concern; however, after checking in with the resident twice, reported no issue. In addition, the DCJDC reports to the Nevada Division of Child and Family Services monthly, with any grievance reports alleging sexual abuse. This spreadsheet documents the date DCJDC reported to DCFS every month for the last 12 months. There were zero received.

**115.352e:** Standard Requirements:**e1:** *Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents; e2:* *Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline; e3:* *Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to have the grievance filed on their behalf.*

**Agency: DCDC Policy A 115.352:** page 2, F: *Third parties such as other youth, staff members, family members, attorneys, and outside advocates will be permitted to assist youth in filing requests for administrative remedies relating to allegations of sexual abuse and will be permitted to file such requests on behalf of the youth; H: If a third party, other than a parent or legal guardian, files a request on behalf of the youth; The agency/facility may require the alleged victim to agree to have the request filed on their behalf and may require the alleged victim to personally pursue any subsequent steps in the administrative remedy process; 1. If the youth declines to have the request processed on his or her behalf, the agency shall document the youth's decision; I. A parent or legal guardian of a youth shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile, a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.*

**Facility: DCJDC facility SOP 115.352:** *Third parties such as other youth, staff, family members, attorneys, and outside advocates will be permitted to assist youth in filing requests for administrative remedies relating to allegations of sexual abuse*

*and will be permitted to file such requests on behalf of the youth. When this occurs, the youth may be required to agree to the third-party request and may be required to personally pursue any subsequent steps in the administrative remedy process. If the youth declines, a statement of declination will be signed by the detainee and uploaded into Enterprise Supervision. The youth is not required to agree to have the request filed on his or her behalf if filed by a parent or legal guardian.*

**Practice:**

One avenue for third-party reporting is available on the DCDC (agency) website: <https://douglascountydistrictcourtspreaagency.com/> The website ensures reporting information is available and accessible in a PREA Incident Report Form. This form allows for third-party reporting of sexual abuse, harassment, retaliation, and other PREA. It also allows for reporting anonymously. Testing of this form received a fast response from Douglas County Management and an email follow-up with information this auditor entered on the form.

**Interviews: Staff** confirmed training and understanding of immediately documenting and reporting all reports of sexual abuse or sexual harassment. This included documenting third-party reporting and reporting this allegation to law enforcement; **PCM:** all reports of sexual abuse, for residents under 18 are reported to law enforcement, even if received from third parties. If a resident was 18 and declined to have a third-party report made, it would not be, and services would be offered to the resident.

The facility has just made available the same computer reporting source, used for third-party reports, for residents of DCJDC. One computer has access to this form, and it is also used for schoolwork, so other residents would not know that the resident was reporting. The computer report goes to Douglas County Management. A check of the transmittal of a test report was answered the same day, by phone and email.

**115.352f:** Standard Requirements: *(f1): The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse; (f2): The agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours; (f5): The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.*

**Policy/Procedure:**

**Agency:** DCDC Policy 115.352: page 2: *J: After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination of*

*whether the resident is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.*

**Facility:** DCJDC SOP 115.352: *Emergency Grievance: Once an emergency grievance is filed alleging a detainee is subject to a substantial risk of imminent sexual abuse, the facility will immediately forward the grievance to a level of review at which immediate corrective action may be taken; Staff, who received the emergency grievance can call in local law enforcement and immediately notify the Detention Manager / PREA compliance Manager and JPO. Staff will complete an incident report with their action steps, and upload it into Enterprise Supervision; The initial response, within 48 hours, and a final Agency decision, within 5 days, shall document steps taken to determine whether the detainee is at substantial risk of imminent sexual abuse and what corrective action steps were taken in response to the emergency grievance; The initial response and final decision will be completed by the Detention Manager / PREA Compliance Manager and reviewed with the Agency PREA Coordinator and Chief JPO. All parties will sign the documentation. All documentation will be uploaded into the juvenile's file in Enterprise Supervision.*

**Documentation: Spreadsheet of Complaints and Grievances** (12 months): no sexual abuse threats or allegations received; **Grievance Report**, reported monthly to DCFS, for the last 12 months alleging sexual abuse: zero

**Practice:**

Formal and informal interviews confirmed that a final finding decision would be made no later than 5 calendar days and as soon as possible, including ensuring the resident's safety at all times. This decision would be communicated to the resident, alleging the abuse, in writing. DCJDC would ensure action is taken on an emergency grievance immediately upon receipt. (PCM)

**115.352** (g1): *The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.*

**Policy/Procedure:**

**Agency:** DCDC policy A 115.352: page 2, K. *The agency may discipline a youth for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the youth filed the grievance in bad faith, L. The agency may seek legal remedies against a parent/guardian/third party for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the allegation was filed in bad faith.*

**Facility:** DCJDC SOP 115.352: *Any reports of sexual abuse made in good faith that prove to be unsubstantiated will not constitute false reporting or lying. Any reports found to be made in bad faith will be appropriately addressed following disciplinary policies and procedures and may result in legal remedies against third parties.*

**Practice:**

There were zero documents of such disciplinary action taken, and both formal and informal interviews confirmed that any discipline would only be taken after an investigation confirmed the resident filed the report, knowing it was false. In addition, every allegation receives an incident review, and this determination would be made at this level.

**Compliance Assessment:**

During the agency PREA audit, completed after the DCJDC audit was started, the agency developed policy/procedures A115.352, to ensure all facilities under its operational control developed Standard Operating Procedures to comply with the agency policies.

DCJDC (facility) developed Standard Operating Procedures 115.352 to comply with agency policy and create action steps the facility follows regarding sexual abuse and sexual harassment grievances. In addition, interviews, site observations, and informal and formal conversations confirm staff and resident training and understanding of using the grievance form to report, as well as responding quickly and confidentially to any allegations received.

**Interviews:**

The DCJDC PCM confirmed that zero grievances alleging sexual abuse were received in the last 12 months. In addition, zero residents had been disciplined during this audit cycle for submitting a false report. Also, the process is in place to ensure those grievances are forwarded to the facility PCM, and immediate action is taken to respond to any allegation of sexual abuse received.

The agency PC set up monthly meetings with the facility PCMs, which included monthly, quarterly, and yearly tasks and reviews. One is to discuss and report any allegations of sexual abuse and sexual harassment received, including grievances, and action taken on the report. Progress and timelines are then tracked in these monthly meetings, ensuring practice meets all policy and procedure required actions and timelines.

Residents confirmed the understanding of how to use the grievance process to report any allegations of sexual abuse and the knowledge of how to file an emergency grievance, and all but one resident said they could report anonymously by using the back of the grievance form to report sexual abuse or harassment.

Interviews confirm that the PREA Compliance Manager, who processed grievances, has been trained in all PREA policies and procedures and understands all relevant policies. This was accomplished by completing a yearly policy/procedures review and understanding with each employee, as well as having written the Standard Operating Procedures 115.352 for the facility. If a grievance is received about a sexual allegation, it is processed under this Agency and Facility policy and procedures A115.352, and SOP 115.352. These policies and procedures are for processing only sexual allegations received as a grievance, and not other types of grievances.

	<p>The site review confirmed that there was a locked grievance box in the dayroom, and grievance forms were readily available. Residents and staff knew about the grievance forms and where the lock box was.</p> <p><b>Documentation Reviewed:</b></p> <p>DCDC Agency Policy 115.352; DCJDC (facility) Standard Operating Procedures 115.352; Spreadsheet of Complaints and Grievances (12 months; Grievance Report, reported monthly to DCFS, for the last 12 months; Sexual Abuse Report (on the back of the Grievance Report); Youth Handbook.</p> <p>PAQ:</p> <p>15.352d: The number of grievances filed in the last 12 months (Zero); that alleged sexual abuse (Zero).</p> <p>115.352 e: Grievances alleging sexual abuse in the past 12 months in which the resident declined third-party assistance (Zero).</p> <p>115.352 f: Number of Emergency Grievances in the last 12 months (Zero).</p> <p>115.352 g: Number of resident grievances alleging sexual abuse that resulted in disciplinary action (Zero).</p> <p>Site Visit:</p> <p>The grievance box is locked, and grievance forms are readily available; The back of the Grievance Form is designated as a sexual abuse/harassment report, and it had an emergency grievance designation. The instructions for filing a grievance are posted above the locked grievance box.</p>
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>115.353: Resident access to outside confidential support services and legal representation</b> Compliance:: Exceeds Coompliance</p> <p><b>Acronyms</b> used in this report: <b>DCDC:</b> Douglas County Ninth District Court; <b>OAS:</b> Online Audit System; <b>PCM:</b> DCJDC PREA Compliance Manager; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator; <b>SOP:</b> Standard Operating Procedures</p> <p><b>115.353a: Standard Requirements:</b> <i>The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse;</i></p>



*The facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations; The facility provides residents (by providing, posting, or otherwise making accessible) with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes; The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.*

**Policy/Procedures:**

**Agency:** DCDC (Agency) Policy 115.353 Agency Access to Outside Support Services and Legal Representation: *Page 1: Policy: The agency shall maintain or attempt to maintain agreements with community service providers that are able to provide support for youth with confidential emotional support related to sexual abuse. I. GENERAL; A. Agency maintains documentation of agreements for confidential sexual abuse services; B. Agency shall review agreements yearly. C. Agency shall maintain documentation of efforts made to secure agreements.*

DCDC requires its operated facilities to provide residents with access to outside victim advocates for emotional support services related to sexual abuse. This is required by providing, posting, or otherwise making available mailing addresses, and phone numbers (including local, state, or national victim advocacy or rape crisis organizations). DCDC also requires its facilities to provide contact information for immigration services agencies, for residents who are concerned about their immigration status.

**Facility:** DCJDC Standard Operating Procedures (SOP) 115.353: *Douglas County Juvenile Detention will ensure access to outside victim advocates for emotional support services related to sexual abuse. Upon a Sexual Abuse allegation, detention staff will contact the Douglas County Sheriff's Department. Once the Sheriff's Department is notified the Special Victims Response Team will be initiated,*

The DCJDC SOP requires providing outside victim emotional support services, related to sexual abuse; however, relates it to a current sexual abuse allegation, and details the practice of alerting the Special Victims Response Team (SVRT) for services. The procedures require additional information and posters in the facility of the Family Support Council, Domestic Violence Service, DCFS Mental Health, and the Thrive Hotline for telehealth appointments.

This standard requires providing information about immigration services for residents who are detained solely for civil immigration purposes. Interviews confirm that DCJDC does not detain residents strictly for immigration purposes; however, does provide immigration services addresses and phone numbers in the Youth Handbook.

**Assessment of Documentation provided for this standard's compliance: 115.353:**

The agency Douglas County Ninth District Court (DCDC) has a compliant policy regarding Emotional Support Services. The agency has an **MOU** with the **Family Support Council** to provide emotional support, advocacy, Individual and group counseling, and a 24-hour crisis hotline.

The Douglas County Juvenile Detention Center (DCJDC) SOP is geared towards providing victim advocates for current sexual abuse and alerting the Special Victims Response Team (SVRT); however, this entire PREA standard is about emotional support services for victims of sexual abuse at any time in their life. This facility's SOP needs corrective action, to clarify the purpose and align with the agency policy.

**The Youth Handbook**, uploaded as documentation for this standard, also talks about free support and services for victims of sexual abuse, while in a detention center or program. It lists the Family Support Council, Division of Child, and Family Services; and the Crisis Call Center (victim advocacy). This does not cover the emotional support services required by this standard.

**The Juvenile PREA training and refreshers 5, 6, 7, and 8**, as well as staff-reviewed and signed understanding statements, have a part that lists Detainee Support Services. This training lists free, confidential support services for Detainees who have experienced sexual abuse, in confinement or at any time in their lives, however, it is in a small text box in this training and seems contrary to the DCJDC SOP.

**Staff test and statements of understanding**, after viewing the PREA Youth Educational Video and signing understanding

**The Zero-Tolerance Flyer/Poster** does have the phone number for the Family Support Council and DCFS Child Mental Health to provide survivors of sexual abuse with emotional support services; however, is geared to current sexual abuse: "Right to Report, How to Report; and Victim Support Services, and not documentation of providing access to emotional support services.

**The PREA Brochure**, End of Silence is an excellent resource for residents who are currently experiencing sexual abuse; however, it is not documentation of providing access to emotional support services.

**This auditor called** the listed support services, uploaded as documentation, and received the following information: Family Support Council: they confirmed they are available to provide confidential advocates for emotional support services, for residents of DCJDC who have ever experienced sexual abuse; Mental Health: they confirmed they are available to provide emotional support to residents who have ever been victims of sexual abuse; National Rape Crisis Center: they transferred me to the Rape Crisis Center that serves the Minden area and they confirmed they are available to provide advocates and emotional support services to residents who have ever experienced sexual abuse. This auditor confirmed the above agencies are

available to provide the required emotional support services.

**Interviews:** Staff thought these requirements were about providing services to a victim of current sexual abuse; and residents did not know what the services provided were, except it may be on some posters.

**Compliance Statements:**

In the National PREA Resource Center Standards Overview:

<https://www.prearesourcecenter.org/standard/115-53> It states that the purpose of standard 115.353 is: To provide inmates with access to emotional support services from outside the facility to help inmates heal from trauma. Access to outside support is important because inmates may be reluctant to seek emotional support from within a facility, and some facilities may lack the resources to provide counseling services. A victim will most benefit from a trained support person who can provide a safe environment for discussing issues related to abuse, confidentially.

This misunderstanding is prevalent in juvenile facilities, due to so many standards addressing current sexual abuse and sexual harassment, many assumed that this standard was addressing emotional support services for the same, but it is a separate service; This is addressed successfully in the DCDC Policy.

**Agency:** DCDC, policy is compliant with Standard 115.353a; *This agency policy requires its facilities to provide residents with access to outside victim advocates for emotional support services related to sexual abuse, by: Providing, posting, or otherwise making accessible; Contact information and access to victim advocates for emotional support services; Access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible; Mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services.*

**Facility:** The DCJDC (facility) SOP does not comply with the agency's required facility action requirements, to provide emotional support services for sexual abuse experienced at any time in the resident's life;

Current sexual abuse and services are addressed in other PREA standards; The advocate emotional support services agencies are in place, and maintained by **MOU/agreements** with the agency DCDC, as verified by this auditor; **The Zero-Tolerance Poster** and the **PREA Brochure** are not required to have information about emotional support services and do not have to be changed. They have a purpose, and it is separate from emotional support services. The Youth Handbook has great information for reporting, services, and what to do when a resident is sexually abused; however, does not separate the services. It does not provide clarification about providing emotional support services to victims of sexual abuse at any time in their lives, as well as contact information; **The Youth Handbook** is compliant with providing residents with immigration services contact information, as required by this standard. Immigration concerns. The number is (775) 388-6253; No current posters or flyers are posted about emotional support services and access.

The phone number for the Family Support Council is posted in the dayroom window; however, not referenced as emotional support services; The training for staff and residents does not include information about emotional support services available to any resident who has ever been sexually abused, nor provide information about how to access these services privately.

Immigration services contact information is included in the Youth Handbook.

**During the Corrective Action Period for standard 115.353a:**

**Facility:** DCJDC (facility) updated its 115.353 Standard Operating Procedure to include the requirements for: Posters in the facility: added Crisis Support Services of Nevada and phone number; and Douglas County Sherriff Investigations. (Spanish and English); Page 2: phone access and confidentiality (added mandated reporter laws and confidentiality protocols to what staff notifies the resident about the use of the confidential phone); Added any mail to crisis center or advocacy groups are to be sealed and placed in the locked grievance box. The detention Manager will mail it from the mailbox in front of the sheriff's office; Maintain MOU with providers of confidential emotional support related to sexual abuse; page 1, *Staff will notify the detainee, before giving them access to outside support services, the extent to which all communications will be monitored, mandated reporter laws and confidentiality protocols.*

DCJDC already has an MOU with The Family Support Council to provide emotional support services. They provide both individual and group counseling.

Disability-compliant posters, including Emotional Support Services, were developed and posted in all areas of the facility where residents or staff may be. This included large letters, bold, spaced out, in basic language (5th-6th grade level), in both Spanish and English. The poster for Emotional Support Services lists the Family Support Council, including their phone number, mailing address, and #4 on speed dial for the resident phone. In addition, this poster clearly states the resident has the right to talk to a trained person outside of detention for emotional support services if they have ever been sexually abused or sexually harassed. It clearly states that this help is free and private.

A resident cordless, private phone was attained and programmed, #4 was The Family Support Council for emotional support services. Additional accommodations included hearing access was added to the resident phone, and directions on how to change the language on the resident phone.

**Staff were trained** by reviewing the new 115.353 Standard Operating Procedure, reciting it back, in their own words, to the Detention Manager, and signing review and understanding. There are 10 sample completed training forms as documentation in this audit.

On the return site visit, at the end of corrective action, **staff interviews** concluded that staff understand what Emotional Support Services are,- for any resident who experienced sexual abuse at any time. Staff completed a scavenger hunt to locate

posters and services, including Outside Reporting Resources; also to identify the Explanation of Services Provided; Ways to Contact Services; Emotional Support Services; Zero-Tolerance; Services Provided on Computers; Retaliation; and Complaints/Grievances Steps. **Residents education** was updated and implemented to include: **Intake Orientation** (within 24 hours of arrival): zero-tolerance; ways to make a report; private phone call; private letter, online on the student computer; name secret (anonymously); outside facility and agency reporting sources on posters, brochures, resident handbook, and student computers. Also watched the **PREA Youth Video**.

**PREA Education Binder** (within 24-72 hours). Using the **PREA Education Binder**, staff review and ensure residents understand (for this standard):

- **Outside Support Services** (Family Support Council;) phone, address, website;
- **Juvenile Detention Support Services** confidential support services for anyone who has ever been sexually abused;
- **Crisis Intervention**, how to report, follow-up support, emotional support, advocates, and more help for after release;
- **Phone and instructions) #4-Family Support Council**- Victim services and emotional support services for any survivor of sexual abuse; How to make a report, request services, or send a letter; Privately by **mail** (confidential- do not have to put their name on the envelope; put the completed letter in the complaint box);
- **Privately online: student computers** with link reporting support services on the PREA Incident Report Form and press SEND. Also can contact Emotional Support Services;
- Help detainees who primarily speak another language detention staff access language translators through the court; **Google translator**; detention staff who speak more than one language approved by management; notify detention staff for a translator, and on the **phone line, residents can change the language**;
- Detention Staff- are **Mandatory Reporters**

**10-day PREA Comprehensive PREA Education** (as pertaining to this standard); Emotional Support Services and how to contact them.

**Auditor Testing**, on return site visit: computer, phone, and confidential mail contact:

- **Resident Computer**: This auditor received an email back about services that would be provided if this had been an actual report.
- **Cordless Phone**: This auditor pressed #4 and talked to The Family Council about private, confidential services for residents who have ever experienced sexual abuse and was told they would provide this by phone, in person, or by mail. The resident completes and signs a form, that is read by the staff member to ensure understanding, informing him/her of the confidentiality

limits of the agencies contacted. This includes that most are mandatory reporters, except the Rape Crisis Center.

- **By mail:** This auditor observed mailing envelopes and paper in the day room, as well as the address for The Family Council for emotional support services. In addition, the locked box for grievances was in the day room and used for private, confidential mail, that only the Detention Manager checks and mails out in the mailbox in front of the Sherriff's Office. The instructions, and staff and resident education included: the resident does not have to put his/her name on the front of the envelope.

Additionally, interviews with all residents in the facility concluded that residents understand what emotional support services are, how to access them by phone, mail, or computer, and they are available for any resident who has ever experienced sexual abuse or sexual harassment. Residents showed this auditor where the posters are in the facility for contact information.

Residents also had a scavenger hunt to identify posters, ways to report, how to access services, mail supplies, the Grievance/Private mail lockbox, and computer instructions for contact, as part of their PREA education. This exceeds the requirements of this standard.

At the end of corrective action, DCJDC exceeded the requirements of this standard (115.353a).

**115.353 b and c:**

Standard Requirements: 115.353 **b)***The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored; \*The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law c)* *The agency or facility maintains a memorandum of understanding or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse*

**Compliance Assessment:**

**Policy/Procedure:**

**Agency:** DCDC Policy A115.353: The Douglas County Ninth District Court (DCDC) Policy, in addressing part b of this standard, requires its facilities to: *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 following mandatory reporting laws; And 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 following mandatory reporting laws.*

**Facility:** DCDC Policy also addresses MOUs for emotional support services, addressing part c: *The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide youth with confidential emotional support services related to sexual abuse; The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements; The agency maintains documentation of agreements for confidential sexual abuse services; The agency shall review agreements yearly; The agency shall maintain documentation of efforts made to secure agreements.*

DCDC policy documents the MOUs it maintains, addressing part c: **Memorandums of Understanding:** *Family Support Council: provides victim advocacy services; a 24-hour Crisis Hotline; Group/Individual counseling for victims of domestic violence and/or sexual assault; Domestic Violence Service. The number is (775) 782-9937; Division of Child and Family Services Mental Health. The number is (775) 688-1600; Thrive Hotline. The number is (833) 240-9017 to schedule a telehealth appointment. Not emotional support services.*

**Facility:** The Douglas County Juvenile Detention Center (DCJDC) Standard Operating Procedure (**SOP**) **115.353** was created to comply and provide facility action steps, with the agency policy A 115.353. On page 2, it requires its staff to: *Notify the detainee, before giving them access to outside support services, the extent to which all communications will be monitored.* This facility policy does not include standard and agency policy, facility requirement to notify the resident about The extent to which reports of abuse will be forwarded to authorities following mandatory reporting laws.

DCJDC Policy lists victim support services as: *The Family Support Council's phone number is a 24-hour hotline. The number is (775)782-8692; Domestic Violence Service. The number is (775) 782-9937; Division of Child and Family Services Mental Health. The number is (775) 688-1600; and Thrive Hotline. The number is (833) 240-9017 to schedule a telehealth appointment. Not emotional support services, just an MOU the agency maintains.*

**Practice:**

This auditor called the agency listed and standard recommended emotional support services, and received the following information: The **Family Support Council** confirmed they are available to provide confidential advocates for emotional support services, for residents of DCJDC who have ever experienced sexual abuse. The Family Support Council staff: has an Office of Violence Against Women (OVW) grant-funded Advocate that provides outreach and intervention services. Has individual and group counseling/support.

**DCFS Mental Health** confirmed they are available to provide emotional support to residents who have ever been victims of sexual abuse, however, are not victim advocates, but provide emotional support counseling.

The **National Rape Crisis Center** transferred me to the Rape Crisis Center that

serves the Minden area and they confirmed they are available to provide advocates providing emotional support services to residents who have ever experienced sexual abuse.

This auditor confirmed the above agencies are available to provide the required emotional support services,

**The SVRT MOU**, included in this standard's documentation, lists the following services under **The Family Support Council of Douglas** County: *The Family Support Council of Douglas County is the only 501(c)(3) non-profit domestic violence, dating violence, sexual assault, and stalking victim service agency and shelter program in Douglas County providing a 24/7 crisis hotline and victim advocacy in both English and bilingual/bicultural Spanish. Family Support Council's advocates provide access to victims of domestic violence, dating violence, sexual assault, and stalking, and to their families, 24 hours a day, 7 days a week, for advocacy, safety planning, shelter, transportation, and accompaniment to court or hospital services. The agency provides weekly drop-in support groups and one-on-one peer counseling or therapy with a fully licensed marriage and family therapist on staff. The Family Support Council has been supporting Douglas County victims and their families for thirty-seven (37) consecutive years and has established dozens of regional partnerships. All services for victims and their families are offered free of charge with the highest degree of confidentiality.*

This is a good agency for emotional support services; however, the SVRT MOU is activated when current sexual abuse is reported.

**Interviews:**

**Residents** were collectively pretty unsure of services provided outside of the facility but thought maybe the posters or numbers on the dayroom window might be them. The few that did think there might be outside services, did not think the conversations on the phone would be monitored, recorded, or told to anyone else. It was mentioned that such services were mentioned in the video, and thought they might be on posters, but did not know exactly what they were.

**The PCM interview** confirmed that staff is trained and directed to tell juveniles, upon intake, that staff are mandated reporters, and if staff feel a youth or youths' facility or community safety is at risk, the staff will be required to file a report. But it is also stated that the booking process is private between the youth and staff, to hopefully encourage the juvenile to open up and share more.

Additionally, before giving residents access to make phone calls to designated services, Staff are trained and directed to tell residents the rules of the particular phone call, because parent phone calls are different than lawyer phone calls. This instruction for advocate/support services includes telling the resident of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that applies to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. Due to only having the office phone, all calls, currently, are conducted in front of staff unless the



juveniles request complete privacy, and the staff dials that specific phone number for them. There is no document explaining this, and this auditor did receive information that work was being done on the confidential cell phone and handout. The confidentiality portion will be listed on the handout, as well as addressed in Juvenile education/training. This standard part will be added to the **corrective action** for this standard.

**Compliance Statements:**

**Agency:** DCDC, Policy A 115.353 is compliant with parts b and c of this standard. DCDC is compliant with 115.353c, by maintaining MOU/Agreements with The Family Support Council's phone number is a 24-hour hotline. The number is (775)782-8692; The Domestic Violence Service. The number is (775) 782-9937; The Division of Child and Family Services Mental Health. The number is (775) 688-1600;

**Facility:** Currently, there is no documentation of the facility informing residents, prior to giving them access to outside support services, the extent to which such communications will be monitored; and informing residents, prior to them accessing outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

**During the Corrective Action Period, b and C:**

**Facility:** The **DCJDC Standard Operating Procedure** 115.353 was edited to include: *Staff will notify the detainee, before giving them access to outside support services, the extent to which all communications will be monitored, mandated reporter laws and confidentiality protocols. Additional Information for victim support services is posted throughout the facility on large colorful posters and the youth handbook;*

The **Confidential Phone sign out sheet** was created and implemented. It is in English and Spanish, and includes staff confidentiality instructions: *All staff and outside facility victim advocates have to report abuse; they will share information they have of abuse; they will only share information for medical or investigation reasons.* Residents are informed, by the Detainee Confidential Phone brochure, *These calls are not monitored or recorded, however, the Agency or Facility Management will be notified of any reports to ensure your safety and begin an investigation.*

**Staff Training:** Policy review, stating it back in their own words to the PCM. In addition, training at staff meetings about informing residents about how communications are monitored, mandated reporter laws and confidentiality. In addition, that the Agency or Facility Management will be notified of any reports to ensure your safety and begin an investigation. Protocols for the private resident phone, confidential mail, and computer access.

**Resident Training:** Youth handbook and Youth Handbook sign off, as well as the

PREA Education Binder education given within 24-72 hours after intake. In addition, when making a private phone call to emotional support services, that These calls are not monitored or recorded, however, the Agency or Facility Management will be notified of any reports to ensure your safety and begin an investigation.

**Second Site Visit: Interviews: Resident** Interviews confirmed understanding how to access emotional support services through the private residents phone, mail, and computer. They also understood these communications are not monitored or recorded, and all reports of abuse will be shared with agency or facility management; **Staff Interviews:** Staff confirmed understanding of how residents can access emotional support services and their responsibility to ensure they understand the communication is not monitored; however, all abuse is reported.

**Observations:**

**Signage:** Residents who access the emotional support service provider, The Family Support Council, are read the **Detainee Confidential Phone Brochure**. It has instructions for speed dial #4, and states: *These calls are not monitored or recorded, however, the Agency or Facility Management will be notified of any reports to ensure your safety and begin an investigation.*

**The Emotional Support Services Poster:** posted in every area of the facility, with phone, mailing address, and speed dial #4. This poster is colorful, easy to read, spaced out and basic wording, and in English and Spanish.

**After Corrective Action;** DCJDC is compliant with standard 115.352b and c.

**115.353d** *The facility shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and Reasonable access to parents or legal guardians.*

**Compliance Assessment:**

**Policy/Procedures:**

**Agency:** DCDCPolicy A 115.353, that ensures residents can reasonably have access to their parents or guardians. It requires their operated facilities to *provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.*

**Facility:** The facility, DCJDC has Policy/Procedure 4.4 that addresses residents' access to parents/guardians; *Page 1, sections 3 and 7: Douglas County Youth Detention Counselor and Youth Detention Counselor Trainee's responsibilities include but are not limited to 3. Assisting the detainee in contacting guardians.*

**Documentation/Site Review/ Interviews**

DCJDC residents are allowed phone, visit, and mail contact with parents and guardians. The **Residents' Youth Handbook:** Tells residents that: *Phones are located in the staff office for phone calls to parents and they have 7 days in which*

*to have phone calls at staff opportunity (10 minutes); Outlines practices for family visits. At DCJDC (facility) Sunday between 3 and 4 are family visit time; Special visits can be arranged; They can write to parents or guardians 3x a week.*

Documentation of access to attorneys or other legal representatives is also included in the **Youth Handbook**. The Handbook tells the resident that: *Phone calls can be placed in the first 7 days, at staff opportunity; More phone calls can be placed to lawyers, at staff opportunity and Your lawyer may visit you at any time. Letters from your lawyer or judge are private.*

**Interviews:**

**Residents:** All residents confirmed that contact with parents/guardians includes three calls that can be made in a week; and visits are on Sunday. All residents said they could ask staff for a call to their attorney.

**Staff:** confirmed that if a resident wanted to talk to their attorney, they could ask staff to call the attorney’s office and ask them to call back. If the attorney calls, the call is private and the phone handset is handed out the control room door, with the door closed for privacy.

**Practice**

DCJDC provides confidential access to residents’ attorneys or legal representatives. They can visit detention at any time. These visits, phone calls, or mail are private and confidential with no staff reading or listening to the conversation or reading the mail - in or out.

DCJDC also provides access to the resident’s parents/guardians. Visits are on Sunday; special visits can be arranged; residents can send out three letters a week; and make phone calls at staff convenience.

Resident and staff interviews confirmed this practice.

DCDC and DCJDC are exceeds compliance with standard 115.353d.

DCDC and DCJDC are compliant with standard 115.353, after corrective action.

115.354	Third-party reporting
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>115.354 Third-Party Reporting</b> Compliance Determination: compliant</p> <p><b>Acronyms</b> used in this standard report: <b>DCDC:</b> Douglas County Ninth District Court; <b>OAS:</b> Online Audit System; <b>PCM:</b> DCJDC PREA Compliance Manager; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator</p>

**Standard Requirements:** a) *The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute public information on how to report sexual abuse and sexual harassment on behalf of a resident.*

**Compliance Assessment:**

Pre-Site Review of documentation: DCDC Agency Policy 115.354; DCJDC SOP 115.354: DCDC Agency website: <https://douglascountydistrictcourtspreaagency.com/>; response to the report.

**Documentation Reviewed:**

**Policy/Procedures:**

**Agency:** Douglas County Ninth District Court (DCDC) has **policy A 115.354** Third Party Reporting: *A. Third parties include anyone associated with the Agency, facilities, or youth. B. The agency maintains an easily accessible mechanism for third-party reports through its website; C. The Agency accepts third-party reports of sexual abuse and sexual harassment; D. Third Party Entities' responsibilities are identified through Memorandums of Understanding.1. Understandings: a. Reports will be transmitted immediately to the PREA Coordinator; and b. Allow young people to remain anonymous upon request; E. Third-party reports can be made through: 1. **The agency website; 2. Law Enforcement Agency in any county served; 3. Douglas County Sheriff's Office; 4. In writing; 5. Crisis Support Services of Nevada; 6. Family Support Council;***

DCDC, the agency requires its operated facilities to have Standard Operating Procedures (SOP) at the facility level that comply with the agency policy and include action steps for implementing the agency policy.

**Facility:** DCJDC SOP 115.354 Third Party Reporting includes: *Third parties include anyone associated with the Agency, juvenile, or the facilities; Third-party reports can be made on behalf of the detainee, regardless of whether or not the detainee agrees to have the report filed on their behalf; If the juvenile declines to have third-party assistance in filing a grievance alleging sexual abuse, the Detention Staff will document the youth's decision to decline on the grievance form, but as Mandated Reporters it is required they continue to make the report to the necessary authorities; Third-party reports can be made through the agency website; Law Enforcement Agency in any county served; DCSO; In writing; Crisis Support Services of Nevada; and the Family Support Council. Cases involving staff, volunteers, contractors, and a detainee will be reported directly to the Facility Manager, Chief JPO, HR, Agency PREA Coordinator, and DCSO. The Facility Manager will report the sexual abuse to the Division of Child and Family Services.*

**Practice:**

Douglas County Ninth District Court (DCDC) has a reporting mechanism on its **website** <https://douglascountydistrictcourtspreaagency.com/>. This page explains

what PREA is, the zero-tolerance policy, and how to report sexual abuse or sexual harassment. This includes **reporting online** by clicking on the red statement “ Report an Incident.” This link will take you to a reporting page:

<https://douglascountydistrictcourtspreaagency.com/prea-reporting-page/>

. **The PREA Incident Report Form** includes areas to record the resident's name, type of incident reporting (Sexual Assault, sexual abuse; sexual harassment; Retaliation; other PREA, and details about the incident. It also records where the incident occurred and the incident date. If the reporter would like to be contacted, they provide their contact information or they can submit it anonymously.

This auditor submitted this form to check compliance and it was answered very quickly with an email, as requested, telling me it had been received by the management at Douglas County and that if it was an actual report of sexual abuse, it would have been reported to Douglas County Sheriff’s Office for investigation or if declined, the agency PREA Administrative Investigator would investigate.

The initial page also gives three other sources to report: The Family Support Council phone and address, as well as website; Crisis Support Services of Nevada-phone, address, and website; and the Douglas County Sheriff’s Office address and phone number.

**During Corrective Action:** The facility and agency provided residents of DCJDC access to this reporting form by resident computer. In addition, educated residents on how to use this resource, as well as putting an instruction poster above the available computers.

Observation: While onsite, this auditor observed posted phone numbers and addresses for reporting sources, including law enforcement.

**Compliance Determination:**

DCDC and DCJDC are compliant with providing a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency provides a report on its website that can be filled out online and submitted to Douglas County Management.

In addition, the website lists three additional methods for third-party reporting including law enforcement. Addresses and phone numbers are provided for reporting methods, other than computer.

In addition, the dayroom of DCJDC has reporting addresses and phone numbers posted in the dayroom window, where family visits take place.

DCDC and DCJDC exceeds compliance with standard 115.354. The reporting source is not only available on the agency website, it is also available on resident computers. In addition, four more reporting resources are posted and on the agency website.

<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.361: Staff and Agency Reporting Duties</b> Compliance Determination: Compliant</p> <p><b>Acronyms</b> used in this report: <b>DCDC:</b> Douglas County Ninth District Court; <b>OAS:</b> Online Audit System; <b>PCM:</b> DCJDC PREA Compliance Manager; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator; <b>SOP:</b> Standard Operating Procedures</p> <p><b>Pre-Site Review:</b> External Facility Report (agency website); DCDC Policy A 115.361; DCJDC SOP 115.361; Policy and Procedure Training and sign-off of understanding; Facility written statement of compliance: Medical and Mental Health policy training and understanding. Pre-site Interviews: PCM, PC, Nurse; Nevada Law 432B.220; Staff Training Spreadsheets; PCM/Pc Monthly meetings; NRS. 432B.290; spreadsheet of current nurses and PREA training; signed disclosure statements (2022); Certificate of completion NIC training PREA 201 Medical and mental Health Practitioners; PREA Policy and procedure read, reviewed, and understanding signature for policies/procedures 311, 351, 354, 361, 362, 381.</p> <p><b>115.361 Standard Requirements: a)</b> <i>The agency shall 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation; b)</i> The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.</p> <p><b>Compliance Assessment:</b></p> <p><b>Policy/Procedure/Documentation:</b></p> <p><b>Agency</b> Policy A 115.361: The agency, Douglas County Ninth District Court (DCDC) Policy A 115.361 requires <i>all staff to immediately report knowledge, suspicion, or information received regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation, of staff or residents, that occurs as a result of such report, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</i><b>(115.361a); B. All staff will comply will any applicable child abuse reporting laws. (115.361b)</b></p> <p><b>Facility:</b> As directed by the agency (DCDC) policy, the facility has developed and implemented standard operating procedures (SOP) to comply with agency policy A 115.361. The facility Douglas County Juvenile Detention Center (DCJDC) <b>SOP 115.361:</b> requires <i>all staff, as mandated reporters by Nevada Law NRS 432B.220</i></p>

*section 4, to report according to the agency policy directives. (115.361b); and As required by DCDC policy: All staff are required 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 a part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. (115.361a)*

Both the agency and facility policy and procedures are compliant with standard 115.361 requirements.

**Practice:**

Nevada has a law regarding mandated child abuse reporting. It applies to staff at DCJDC. **NRS 432B.220:** Nevada's law mandates child abuse reporting: "Any person who maintains or is employed by a facility or establishment that provides care for children, children's camp or other public or private facilities, institution or agency furnishing care to a child." "Report the abuse or neglect of the child to an agency that provides child welfare services or to a law enforcement agency, and (b) make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused.

All DCJDC staff complete initial PREA training, including the National Institute of Corrections online training PREA: **Your Role to Responding to Sexual Abuse**-and test of understanding, as well as ongoing training at **monthly staff meetings, refreshers, and annual training. The PREA Refresher #8 Reporting Knowledge, Suspicion, or Information** was a part of staff completed training. Including signed statements of understanding. Additional staff training involves a **review of all PREA Policies**, meeting with the PCM and stating what the policy says in their own words, and both staff and the PCM signing off understanding that policy. This enhances the training already received and understanding of how policy/procedure requirements affect practice. This was completed by DCJDC staff for policy/SOP 115.361.

All staff interviewed stated, with confidence, their understanding and immediate reporting of any: Suspicion, knowledge, or information about sexual abuse or sexual harassment; Retaliation against residents or staff who reported such an incident, and; Staff neglect or violation of responsibilities that may have contributed to such an incident; no matter where the abuse happened. Staff were aware of being mandatory reporters, and in **interviews and informal conversations** expressed their knowledge and understanding of the practice of reporting suspicion, knowledge, or information about sexual abuse and sexual harassment. In addition, report immediately upon learning about such allegations, monitor for retaliation, and report any incident of staff neglect or violation of responsibilities.

The Nevada mandatory reporting Law is listed in agency policy and the facility SOP. The initial PREA training, refresher on mandatory reporting, and annual training include this requirement.

**Interviews:** Random Sample of Staff - Q: 1, 5

DCJDC is compliant with 115.361a and b.

**115.361 c: Standard Requirements:** *c) Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.*

**Compliance Assessment:**

**Documentation/Policy/Procedure:**

**Agency:** DCDC, has a policy that prohibits staff from revealing information related to sexual abuse. DCDC Policy A 115.361, C. *All staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary as specified by this policy. 1. Except, if required for a. Treatment; b. Investigation; c. Security decisions; and d. Management decisions*

**Facility:** The facility, DCJDC, SOP 115.361, states: *Staff are to abide by the confidentiality Facility Policy and Procedures #1.7 and only accept sharing of information necessary to the extent of treatment, investigation, or other security and management decisions; DCJDC Policy 1.7, Confidential Information and Records: The following procedure will be complied with, concerning the security, confidentiality, and release of information on any child who meets the Detention Facility and Detention staff; A. It is the responsibility of all staff of the Detention Facility to ensure the confidentiality of information and records on all children; B. Internal facility communication regarding detained youth is exchanged on a need-to-know basis. The position, responsibilities, and qualifications of the persons involved allow for that exchange; C. No information received by staff will be revealed to or discussed with any person not authorized to receive this information; D. All such information shall be kept in the juvenile's case file. No information or portions thereof are to be removed from the detention facility unless authorized by the Detention Facility Manager or the Chief Juvenile Probation Officer*

**Practice:**

**Staff interviews and informal conversations** confirmed understanding of reporting allegations to law enforcement (DCSO), the Department of Child and Family Services (DCFS), and the PCM; however, only sharing confidential information on a need-to-know basis. Also confirmed training on PREA policies/procedures and signature of understanding, and staff's responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response per agency policy. Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. DCJDC (facility) staff follow Nevada law, NRS. 432B.290 Maintenance of



information by the agency which provides child welfare services. Staff understand the need to keep the information and records of residents and staff confidential. Including internal facility communication, regarding detained residents, including names, court records, copies of court reports, case file reports, reports from law enforcement agencies and community, medical reports, and all other information, oral and written. Also, detainee access to records is not allowed. Informal conversations confirmed that staff take the confidential information of residents seriously, have been trained in Nevada laws, and facility policies and procedures, and understand and follow the confidentiality procedures of DCJDC. Also, reported that if they did not follow policies and procedures around confidentiality, they would be terminated.

Policy and procedures, site observations, and informal conversations verified the knowledge and understanding of keeping resident and staff records and information confidential.

The DCJDC facility PREA Compliance Manager (PCM) attends monthly meetings that the agency PREA Coordinator instituted with all PCMs. The meeting form lists and documents required topics for monthly, quarterly, and yearly discussion/documentation/reporting. The reporting of sexual abuse allegations are reported immediately; however, the review of actions and progress is discussed monthly to ensure compliance. This is documented in the completed monthly meeting form, starting in September 2022, and continuing monthly. Meeting notes in audit documentation. The meeting notes include any sexual abuse or sexual harassment reports received, action taken, and tracked; and current reports being tracked.

Only one concern: Resident files kept in the intake cage were unlocked during the site visit and intake. In addition, the door to the staff office was left open, frequently during the site visit. An inquiry found that it is often the case when staff are in the dayroom, or one staff is in the office and the other in the dayroom, for the staff office door to be left open. Residents are not allowed past the line (just inside the office); however, this may leave information and access to information, or other safety items vulnerable. Most information is kept under Tyler's supervision, but not all. An inquiry of the PCM found that the files in the intake cage are required to be locked and would be addressed. This auditor learned that resident files, when residents are currently in detention, are kept in a desk at the back of the staff office and locked; however, when they are not in detention, resident files are kept in a cabinet in the intake cage.

Random Sample of Staff - Q: 5

**During the Corrective Action Period:** 115.361c:

All files were placed in locked file cabinets. In addition, the door to the staff room and intake cage is kept locked when there are no staff inside. During the second site visit, this auditor ensured files were locked and secure, and the control room/staff office was closed and locked when there were no staff inside. In addition, Interviews with staff and the PCM confirmed the files are locked at all times, as well as the door to the staff office/intake cage, closed and locked when there were no staff inside.

115.361c is compliant with this standard requirements after corrective action.

**115.361d: Standard Requirements: d)** *Medical and mental health practitioners shall be 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. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality.*

**Policy/Procedure /Documentation:**

**Agency:** DCDC, in **policy A 115.361** requires that Mental Health and Substance Abuse professionals shall be required to report sexual abuse to those listed above as well as to designated State or local services agencies where required by mandatory reporting laws. 1. Youth are to be notified at the initiation of services of their duty to report and the limitations of confidentiality.

**Facility:** DCJDC **SOP 115.335** requires: *Medical and Mental Health Practitioners to complete training on Health Care for Sexual Assault Victims in a Confinement Setting and PREA 201 for Medical and Mental Health Practitioners. III. Facility Medical Staff Shall: A. Shall complete training in 1. National Institute of Corrections (NIC) online training entitled PREA: Medical Health Care for Sexual Abuse Victims in a Confinement Setting; and 2. PREA 201 for Medical and Mental Health Practitioners.*

**2022 Completed Nurses Training** (2) for DCJDC: Contact & training sheet for nurses; spreadsheet of current nurses and PREA training completed. The new contract was established in 2021 with Shari Dixon and Patricia Brown. They are only in the facility when needed to conduct physicals; DCDC documents completed medical training of the two on-call nurses to come to the facility if a physical is needed.

**Practice:**

Douglas County Juvenile Detention does not have mental health or medical staff or practitioners that come into the facility regularly; however, the two nurses that can be called to the facility, if needed for physicals, have completed DCJDC policy review, and understanding for medical personnel, as well as the NIC training for medical staff. Documentation, for Nurse's training, is found in PREA standard 115.335 and includes signed disclosure statements (2022); Certificate of completion NIC training PREA 201 Medical and mental Health Practitioners; PREA Policy and procedure read, reviewed, and understanding signature for policies/procedures 311, 351, 354, 361, 362, 381. This training includes an understanding of the confidentiality requirements of standard 115.361c. Phone interviews confirmed understanding of confidentiality, mandatory reporter status, ensuring residents are told of the confidentiality limits when it comes to mandatory reporting addition, reporting not only to facility management, but to the Division of Child and Family Services (Child Welfare), and law enforcement, as protection for the resident, and medical licensure.

The facility is working on a form that will document residents being told about the medical practitioner's confidentiality limits when it comes to mandatory reporting. This will be checked on a return site visit.

Interviews: Medical and Mental Health Staff - Q: 3, 4, 5

**During the corrective action period:**

The Facility, DCJDC made a correction to Standard Operating Procedure 115.361 to include: Medical Contractors: limits of confidentiality form developed and used: DCJDC SOP 115.361: Page 1, *Operating procedures: All staff, contractors and volunteers are required to inform juveniles of their duty as mandated reporters and limits of confidentiality; Medical and Health Care Policy 5 and 5.1: Detainees will be notified about the limits of confidentiality that medical persons must abide by for the health safety and welfare of each individual.*

All medical contractors signed off of medical and health care policies 8/3/23 (medical providers reviewed this policy with the Detention Manager and signed review and understanding, including Dr Holeman letter of notification and understanding signature:

Standard 115.361d is compliant with these standard requirements.

**115.361e and f:** Standard Requirements: **(e):** *(1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. (2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. (3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation; (f): The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.*

**Policy/Procedure /Documentation:**

**Agency: DCDC Policy 115.361** Page 2: *All Reports are referred to: 1. PREA Compliance Manager to coordinate response; 2. Agency PREA Coordinator to ensure response; 3. Law Enforcement to investigate initial response to determine legality and criminality; And 4. Facility investigator to conduct Administrative Investigation; The facility head notifies: 1. Alleged victim's parents; 2. Legal guardian; or 3. Caseworker; and 4. Juvenile legal representative/lawyer.; The agency requires its operated facilities to develop standard operating procedures at the facility level, to comply with agency policy.*

Facility: **DCJDC SOP 115.361** does not include action steps to comply with agency policy 115.361 standard e or f requirements. Corrective Action at the bottom of the

page.see corrective action below.

**Practice:**

DCJDC has not received any allegations of sexual abuse or sexual harassment, occurring in their facility, since before 2016; however, at intake, or at any time during the resident's detention in the facility, a report may be made by a resident.

Once a report of previous sexual abuse is made, staff check to see if it has been previously reported, and if it has, will document to whom, and the date. If it has not been previously reported, it will be reported to law enforcement in the area where the alleged abuse occurred and investigated. If the sexual abuse or sexual harassment is reported to have occurred at another facility, the Detention Manager makes a report to the head of that facility and the law enforcement agency serving that facility.

Confirmed by interviews with the PCM. The PCM and JPO/caseworker will work together on the notification of parents/guardians, legal representatives, or lawyers. If DCJDC receives an allegation of sexual abuse, which occurred in the facility, the staff uses the immediate response binder, which includes Forms A and B, to notify the Douglas County Sheriff's Office, residents JPO, and the PCM; The PCM notifies the agency (DCDC) PC, the PREA Administrative Investigator, the resident parents/legal guardian, the JPO/Caseworker, and the legal representative/lawyer. All contacts are documented, and theThe facility, DCJDC, ensures all sexual abuse reports are researched to see if they have been previously reported. This is documented in the PREA Specialized Resident spreadsheet. There were 18 previous sexual abuse reports made in the last year. Of those, 5 were reported by staff and followed up by mental health, and 13 were found to have been previously reported and investigated.

**Interviews confirmed the facility plan and practice:**

**Agency Head:** Once an allegation is received, the documentation begins. The facility would email DCSO with the allegation and provide any other information as requested by the investigator. The path followed is then determined by DCSO.

There have been zero reports of referrals of sexual abuse or harassment occurring at DCJDC, but if it were to happen, the policies for investigations would be followed.

**Detention Manager:** The responding staff would email/call the Douglas County Sheriff's Office (DCSO) with the allegation. The agency PREA Coordinator would be contacted, as well as the agency PREA Administrative Investigator. DCSO would determine the criminal element and if they are going to investigate or refer back for an administrative investigation. The PCM would make the notification to the resident JPO, or on-call Juvenile Probation Officer (JPO). The parents/guardian, lawyer, legal representative, Caseworker, or JPO would be notified and documented in Tyler Supervision.

Interviews: PREA Compliance Manager - Q: 10, 11, 12; Superintendent or Designee - Q: 13, 14, 15

	<p>At the end of the corrective action period, DCJDC is compliant with standards 115.361 a, b, c. d. and e.</p> <p>Compliance Statement: DCJDC SOP 115.361: Does not cover 115.361 standard e or f requirements, as required by agency policy.</p> <p><b>During the Corrective Action Period:</b> 115.361f:</p> <p>The DCJDC SOP was corrected to read: <i>Staff, contractors, and volunteers are required to report to the Detention Manager, DCFS, the facility’s designated investigators, and law enforcement: 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. Any retaliation, staff neglect, or violation of responsibilities that may have contributed to an incident or retaliation. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports.</i></p> <p><b>Training:</b> All staff completed training on SOP 115.361 and signed understanding. 10 samples of this training and signed understanding are part of this audit's documentation. In addition, this auditor made a return site visit at the end of the corrective action period, and interviews with 7 staff and the PCM confirmed training and understanding of notifying not only law enforcement but the facility-designated investigator.</p> <p><b>Practice:</b> The review determined that there had been zero allegations of sexual abuse or sexual harassment made; however, all staff knew their duties to report and to whom.</p> <p>DCJDC is compliant with standard 115.361e and f, at the end of the corrective action period.</p>
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<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.362 Agency Protection Duties</b> Compliance Determination: Compliant</p> <p><b>Acronyms</b> used in this report: <b>DCDC:</b> Douglas County Ninth District Court; <b>OAS:</b> Online Audit System; <b>PCM:</b> DCJDC PREA Compliance Manager; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator; <b>SOP:</b> Standard Operating Procedures</p> <p><b>Standard Requirements:</b> a1) <i>When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</i></p>

**Pre-Site Review:** PAQ; DCJDC Agency Policy A 115.362; Pre-site Interviews Agency Head - Q: 12, 13; Superintendent or Designee - Q: 8, 9; Random Sample of Staff - Q: 13, 14; Risk Assessment Screening Tool and completed risk assessments: Risk Assessment History Report; Completed MAYSi-2; Coordinated Response Plan for resident-on-resident; and staff-on-resident sexual abuse/harassment; 10-day PREA review and check-in; Youth Handbook-complaint steps, youth rights, Breaking Major Rules, corrective hearings, phone calls, visits, mail, PREA page; How do I report; Thrive information; Monthly Security Checks completed; Room Checks (5-15 minute checks); Grievance Reports; Staff Training Spreadsheet; PC/PCMs monthly meetings.

**Compliance Assessment:** Policy/Procedure/Documentation:

**Agency:** Douglas County Ninth District Court (DCDC) Policy A115.362 has an agency policy requiring its operated facilities to take immediate action when a resident is at substantial risk of imminent sexual abuse. **A115.362 B. II. PROTECTION DUTIES:** *A. The Agency shall take immediate action to protect the youth who are subject to a substantial risk of imminent sexual abuse. Actions may include: 1. Placed in or returned to administrative segregation; 2. Placed in protective custody; 3. Placed in disciplinary segregation; 4. Placed in a medical unit, ward, or hospital; 5. Confined to own cell or room; 6. Given a higher custody level/ different unit within the facility; 7. Transferred to another facility; 8. Transferred to another housing unit or dorm, or given a single room or cell; 9. Separated from the perpetrator; 10. Placed in a camera room, under closer surveillance, or increased supervision; 11. Other resources are known to the facility.*

**Facility:** DCDC also requires its operated facilities to have standard operating procedures (SOP) with action steps the facility takes to comply with agency policy. The facility, Douglas County Juvenile Detention Center (DCJDC) SOP 115.362 states: *All staff members will immediately take action to protect a detainee upon learning the juvenile may be at risk for imminent sexual abuse. This may include but is not limited to: No contact separation; Administrative Separation; Time-out separation; Corrective Room Restriction; Reassignment of room and wings; Removal of predator or victim to another facility; Placed in an observation room; As a last resort, isolation*

The agency policy and the facility SOP are compliant with the requirements of this standard.

**Practice:**

DCJDC has many preventative actions built-in, to prevent sexual abuse and sexual harassment and keep residents safe. These include:

- The risk assessment and re-assessment, at intake and if an allegation or incident occurs,
- Individual locking rooms for residents,
- Resident Intake Education on zero tolerance, reporting
- The 10-day PREA review/education and check-in with residents to ensure no

issues or reports,

- The Youth Handbook, containing youth rights, consequences for breaking major rules, information about corrective hearings, access to phone calls, visits, and mail, and the PREA page explaining the many ways to report- including mail, phone, and computer,
- 5-to-15-minute room checks,
- Unannounced Rounds by management
- Posters/flyers with rights and report information,
- Monthly security checks for room intercoms, locks, video equipment, lights, and night lights,
- The grievance form and locked grievance box, and
- Due to a very small population, staff check in with every resident every day.

Additionally, DCJDC begins the process of assessing resident risk as soon as a resident enters its detention facility, at intake. In concert with other assessments and questions, the PREA Risk Assessment Tool is conducted. This risk screening tool, along with other intake assessments, assesses the resident's risk of being vulnerable to sexual abuse, or to perpetrate sexual abuse.

The combined assessments, after being reviewed by the Detention Manager/PCM, produce risk scores for vulnerability and propensity to offend. Also, the risk monitoring level of low, medium, or high, directly correlates with the immediate action of staff's level of monitoring. (This is documented in the completed risk assessments, MAYSi assessments, notes, and the PREA Risk Assessment History Report).

Residents who experienced prior sexual abuse or report sexual abuse at intake are referred to mental health for follow-up and services, Residents who have perpetrated past sexual abuse, or report any perpetration, are referred for follow-up, further assessment, and treatment needs. Furthermore, residents' safety monitoring-based on assessments, follow-up assessments, behavior, and risk, is reflected in the level of monitoring, restrictions, and/or accommodations.

Actions staff may take, after the risk assessments and information gathered at intake, might be no contact separation; time-out separation, corrective room restriction, reassignment of room and wings, removal of the predator or victim to another facility, place in an observation room, or last resort: isolation.

Staff are not limited to the actions listed above, that may be taken for the separation of high-risk and vulnerable residents.

Demonstrating staff's immediate action to protect residents, are staff requirements and actions to immediately report any suspicion, knowledge, or information received regarding an incident of sexual abuse or sexual harassment. This includes any knowledge, suspicion, or information of the substantial risk of imminent sexual abuse, often beginning as sexual harassment.

Interviews confirmed: upon learning of imminent sexual abuse, staff would

	<p>immediately separate the victim and alleged potential abuser, using no contact separation, document the information, contact the Detention Manager, and evaluate further reports, actions, and protective measures.</p> <p>Observations confirm that residents are either in their rooms, in the dayroom, or in the recreation room; however, the dayroom is the most common area for the occupation of residents. Due to the limited separation options, staff may arrange staggered time in rooms, dayroom, recreation/exercise, education, and other visits or services.</p> <p>Interviews with staff and management confirm there have been zero allegations of sexual abuse, or risk of imminent sexual abuse at DCJDC; however, all staff/management interviews confirmed they will act immediately to separate the residents, upon learning of the risk, or allegation. A report of a victim and a perpetrator being in the facility at the same time, and actions are taken to ensure they had sight and sound separation from each other, as well as immediate steps to quickly move one of them on to their next placement, was received as an example of immediate action and immediate protective measures.</p> <p>To ensure ongoing assessment, actions, and tracking, the agency PREA Coordinator and the facility PCMs meet monthly. One of the monthly actions is to report any allegations, ensure all actions are taken to ensure safety, and track ongoing assessments and actions.</p> <p>Interviews, both pre-site and onsite included the DCDC Agency Head, the Detention Manager/PCM, and random staff.</p> <p><b>Standard Certification of Compliance:</b></p> <p>This auditor certifies that Douglas County Juvenile Detention Center (DCJDC) meets PREA compliance with standard 115.362, based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by DCJDC and the agency DCDC, as well as the facility site visit, interviews, and pre and post-review.</p>
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<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.363 Responding to other confinement Facilities.</b> Compliance Determination: Compliant</p> <p><b>Acronyms</b> used in this report: <b>DCDC:</b> Douglas County Ninth District Court; <b>OAS:</b> Online Audit System; <b>PCM:</b> DCJDC PREA Compliance Manager; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator; <b>SOP:</b> Standard</p>



Operating Procedures; **EFR:** External Facility Report

**Standard Requirements:** *a) Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency; b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation; c) The agency shall document that it has provided such notification.*

**Compliance Assessment:**

Pre-Site Review: The following policies and documents were reviewed before the site visit: DCDC Policy A 115.361; DCJDC SOP 115.363; PAQ: Facility Written Statement; DCDC External Facility Report Form; Facility POLICY 115.365 -Coordinated Response; PREA Immediate Response Procedures and signatures of understanding staff training; Facility Written Statement; Interviews; training records.

**Policy/Procedure/Documentation**

The agency, Douglas County Ninth District Court has a policy relating to reporting to other confinement facilities after a complaint of sexual abuse, that occurred while confined to another facility.

DCDC's PREA Coordinator created and implemented PREA Policy A 115.361 Agency Reporting and Protection Duties. This policy requires the agency PREA Coordinator to be informed of any reports of sexual abuse and harassment within facilities operated or contracted by the Agency.

**Agency:** DCDC A 115.361 Agency Reporting and Protection Duties: *Section IV: Reporting to Other Confinement Facilities, requires, upon receiving a complaint that a youth was sexually abused while confined at another facility, the head of the facility, or appropriate office of the agency where the alleged abuse occurred: to notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. And 2. Notify the appropriate investigative agency; B. Notification shall be provided as soon as possible but not later than seventy-two (72) hours.; after receiving the allegation.; The agency shall document that it has provided the notification; D. The facility head or agency receiving the notification shall ensure the allegation is investigated per PREA Juvenile Standards. Agency policy required their juvenile policies to have written action procedures to provide action steps/procedures to implement agency policies.*

**Facility:** Douglas County Juvenile Detention Center (facility) SOP 115.363: *Upon receiving a complaint that a youth was sexually abused while confined at another facility the head of the facility receiving the report shall: Notify the head of the facility or appropriate office of the agency where the alleged abuse occurred; and Notify the appropriate investigative agency, where the abuse is alleged to have occurred. The notification shall be provided as soon as possible but not later than seventy-two (72) hours after receiving the allegation. C. The agency shall document*

*that it has provided the notification.*

**Practice:**

The agency has a policy requiring that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency. Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

DCJDC has not received a report, in the last 12+ months, that a current resident was sexually abused while in another facility. There is a process in place to document and report any such report.

The staff receiving the report of sexual abuse writes an incident report in Tyler Supervision and reports to the appropriate law enforcement agency. The staff notifies the Detention Manager/PCM; The Detention Manager/PCM, using the External Facility Report Form (EFR), reviews the report and documents: the date reviewed, and the staff receiving the report. Then calls the facility head, of the facility where the sexual abuse was reported to have occurred. This contact is documented on the EFR; In addition to the above facility notification, the Detention Manager ensures the criminal referral was completed and received. Also, further documents if the criminal referral was declined or completed, and if declined, ensure receipt of documentation, and attach it to the External Facility Report. (EFR)

If the referral was completed, document the case number and incident report number on the EFR; The Detention Manager ensures an administrative investigation was conducted after the criminal investigation was declined, or completed; and ensures receipt of the results of the administrative investigation and attaches it to the EFR. The final steps for the EFR documentation, taken by the Detention Manager, involve ensuring all follow-up was completed and communicated on the incident report (mental health, medical) and documents this on the EFR. If the victim and perpetrator are both in the facility, make a safety plan and communicate it to both the victim and perpetrator.

According to the Pre-Audit Questionnaire (PAQ) and interviews, there have been zero allegations sent to other facilities alleging sexual abuse occurred at their facility and was reported at DCJDC. All policies/procedures, action steps, and documentation requirements are in place to facilitate compliance with this standard and ensure notification of the facility where the abuse is alleged to have occurred, providing follow-up services to the resident, and documentation of all actions on the EFR form.

Finally, the Detention Manager attaches the Incident report to the EFR and confirms that all documentation is completed, all services are in place, and the EFR is complete.

**115.363 d:**

Standard Requirements:d) *The facility head or agency receiving the notification shall ensure the allegation is investigated per PREA Juvenile Standards.*

**Policy/Procedure:**

**Agency:** DCDC, has a policy, **A 115.361** Agency Reporting and Protection Duties. It requires that allegations received from other agencies or facilities are investigated per the PREA standards.

**Facility:** DCJDC has a **SOP: 115.363.** that outlines what the facility will do if an allegation of sexual abuse, alleged to have occurred at DCJDC, is received from another facility where the resident is residing: The SOP 115.363 includes: *After receiving the allegation: C. The agency shall document that it has provided the notification, and D. The facility head or agency receiving the notification shall ensure the allegation is investigated per PREA Juvenile Standards.*

**Interviews:**

**Agency Head:** Once an allegation is received, the documentation begins. The facility would email DCSO with the allegation and provide any other information as requested by the investigator. The path followed is then determined by DCSO. There have been zero reports of referrals of sexual abuse or harassment occurring at DCJDC, but if it were to happen, we would follow the policies for investigations.

**Detention Manager:** The facility would email DCSO with the allegation, and the agency PREA Administrative Investigator. DCSO would determine the criminal element and if they are going to investigate or refer back for an administrative investigation.

**PRACTICE:**

Upon receiving notification from another facility, that a former resident reported experiencing sexual abuse while at DCJDC, the Detention Manager immediately ensures documentation of the report, and emails the Douglas County Sheriff's Office (DCSO) of the allegation, as well as the agency PREA Administrative Investigator, and the agency PREA Coordinator (PC). Additionally, responding to the reporting facility, documenting receipt of the allegation and any additional information.

DCSO decides to investigate, due to a criminal element; or returns the investigation to the agency PREA Administrative Investigator to conduct an investigation. If the investigator, during his investigation, discovers further criminal elements, he refers it back to DCSO.

If DCSO investigates, the investigation is tracked and when completed, or given permission by DCSO, the administrative investigation is conducted and completed, and a PREA incident review is completed.

The agency PC, along with the facility PCM monitor the process and ensure all investigations and reviews are complete.

**Standard Certification of Compliance:** This auditor certifies that Douglas County

	<p>Juvenile Detention Center (DCJDC) is compliant with this standard, based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by DCJDC and the Douglas County Ninth District Court, as well as the facility site visit and auditor pre and post-review.</p>
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<p><b>115.364</b></p>	<p><b>Staff first responder duties</b></p>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>115.364 Staff First Responder Duties</b> Compliance Determination: Compliant</p> <p><b>Acronyms</b> used in this report: <b>DCDC:</b> Douglas County Ninth District Court; <b>OAS:</b> Online Audit System; <b>PCM:</b> DCJDC PREA Compliance Manager; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator; <b>SOP:</b> Standard Operating Procedures</p> <p>Standard Requirements: 115.364 a and b: <b>a)</b> <i>Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; b)</i> <i>If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</i></p> <p><b>Compliance Assessment:</b></p> <p>Pre-Site Review:</p> <p>The following documents were reviewed prior to the site visit: DCJDC Facility SOP 115.364; DCDC Agency Policy a 115.364; written facility statement; PREA Immediate Response Training and signature of understanding; DCJDC Policy 115.365: Coordinated Response; Coordinated Response Plan: resident-to-resident, and staff-to-resident; PAQ: all staff are first responders; Suicide Screening-question 5; Suicide Risk Plan; Agency PREA 2022 report; PC/PCM Monthly meeting notes; Isolation logs; Grievance report; Specialized Resident spreadsheet; Sexual Assault form A and B; Agency Incident Report.</p>

## **Policy/Procedure/Documentation**

**Facility:** The Douglas County Juvenile Detention Center (DCJDC) has in place a **First Responder Coordinated Response Plan** per required Agency policy. Douglas County Juvenile Detention Center (DCJDC) SOP 115.364: *Upon learning of an allegation that a juvenile was sexually abused the first staff member to respond is required to: Ensure that the victim and the alleged abuser are separate; Preserve and protect the crime scene until appropriate steps are taken to collect evidence by an investigating agency; If the abuse occurred within a period that still allows for the collection of physical evidence, the staff member will: Instruct the alleged victim and alleged abuser to not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; First responder staff, staff members, and security staff are all the same within the detention facility.*

### **Practice:**

All staff at DCJDC are first responders, as it is a very small facility and has no security staff; however, all staff are trained in their responsibilities as first responders. This was completed using the PREA Immediate Response Procedures training. All staff are required to review the response procedures, coordinated response plans, and Forms A and B. Staff are required to read PREA policies 115.367 and 115.387, go over their understanding of it with the facility PCM, and sign understanding of the policies. Once the training is complete, staff sign and date the training document confirming they understand the steps and forms in the Immediate Response Plan Binder.

**Staff interviews** confirmed that all staff clearly understand their responsibilities to: Separate the alleged victim and abuser; Ensure all residents are in their rooms and the crime scene is protected; Request that the alleged victim does not shower, brush teeth, change clothes, use the bathroom, drink, Eat, or do anything to destroy physical evidence, and Request the alleged perpetrator not shower, brush teeth, change clothes, use the bathroom, drink, Eat, or do anything to destroy physical evidence.

**The Coordinated Response Plan Chart** clearly shows the expected steps outlined above and confirmed in staff interviews. Additionally, in the Immediate Response Binder (in the staff Office), are Forms A and B as a guide and documentation of all steps required to be taken.

In the past 12 months, the PAQ reports zero allegations of a resident being sexually abused. This auditor's review of the Agency 2022 PREA report, and the specialized Resident Spreadsheet confirms there were zero allegations reported. In addition, staff interviews also confirmed zero allegations of sexual abuse were made in the last 12+ months.

### **Interviews:**

Staff: Separate the victim and perpetrator; ensure all residents are in their rooms;

	<p>Use Forms A and B; don't let the victim or perpetrator eat, drink, shower, go to the bathroom, change clothes, drink, or eat; secure the scene; don't touch evidence; notify DCSO, the Detention Manager/PCM, JPO; and fill out and file an incident report.</p> <p>Standard Certification of Compliance: This auditor certifies that Douglas County Juvenile Detention Center (DCJDC) meets PREA compliance with this standard, based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by DCJDC and the Douglas County Ninth District Court, as well as the facility site visit and auditor pre and post-review.</p>
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<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.365 Coordinated Response</b> Compliance Determination: Compliant</p> <p><b>Acronyms</b> used in this report: <b>DCDC:</b> Douglas County Ninth District Court; <b>OAS:</b> Online Audit System; <b>PCM:</b> DCJDC PREA Compliance Manager <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator; SOP: Standard Operating Procedures</p> <p><b>Standard Requirements:</b> a) <i>The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</i></p> <p><b>Compliance Assessment:</b></p> <p><b>Pre-Site Review:</b> The following documents were reviewed prior to the site visit: Facility's written institutional plan; Form B; Form A; Immediate Response Procedures Staff Training; Coordinated Response Plan Chart; Facility Written Compliance Statement; Youth-on-Youth Coordinated Response Plan; Staff-on-Youth Coordinated Response Plan; Facility SOP 115.365; Immediate Response Binder; Interviews: Detention Manager, Administrative Investigator, PC.</p> <p><b>Policy/Procedure/Documentation</b></p> <p>Facility: Douglas County Juvenile Detention Center (DCJDC) Sop 115.365 Coordinated Response: <i>Douglas County Juvenile Detention has developed a written institutional plan to coordinate action steps taken in response to an incident of sexual abuse and sexual harassment among staff; Detailed steps are listed in the Staff on Youth Coordinated Response Plan and Youth on Youth Coordinated Response Plan (attached). Staff are required to fill out Form A and Form B; The</i></p>

*Facility Manager, JPO, Investigations, Washoe County Child Advocacy - SAFE / SANE, Child Advocates, and Mental health practitioners all have steps listed in the Coordinated Response Plan.*

**Practice:**

The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The Immediate Response Binder, in the staff office, is used to confirm all steps are taken to ensure residents' safety, document all required steps, and make all notifications. Staff have been trained on the process and individual roles and signed statements of understanding. Interviews confirmed understanding and practice knowledge.

**The PREA Immediate Response Procedures** require: Until proven, the victim and abuser are considered "alleged."; Upon witnessing or receiving a report of sexual abuse, the first responder shall: Call "911" or dispatch if a physical and or sexual assault is currently in progress, and Escort the victim to a safe location away from others and separate the abuser. 3. Notify the detention supervisor and On-call JPO to ensure: The alleged victim is given medical attention via transport to a medical facility; The reported crime scene is secured until steps can be taken to collect evidence; 4. If an alleged incident occurred within 96 hours, instruct the alleged victim and perpetrator not to shower, brush their teeth, urinate, defecate, eat, drink, change clothing, or do anything that would destroy evidence; 5. No photographs are to be taken by detention staff within 96 hours of the alleged abuse. Photographs are necessary and will be taken by hospital staff; 6. Alleged victims will be offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis; 7. An alleged victim will be offered an opportunity to talk to an outside victim advocate and receive continued care. See contact list.; 8. Ongoing medical and mental health treatment will be made available to detainees who have been victimized by sexual abuse; 9. Alleged victims, and reporting parties, of sexual abuse, must be monitored and protected from retaliation for at least 90 days; 10. Do not interview the victim or anyone else, refer to Form A to gather information regarding the incident. See the attached policy regarding what information to include in the information report and 11. Submit all required written reports and checklists pursuant to DCJDC policy.

DCJDC has two coordinated plans that are demonstrated in charts. They are easily read and followed as their format is basic and step-by-step. A Staff-on-Youth, and Youth-on-Youth plan clearly sets out the response staff must follow.

After an allegation of sexual abuse is received at DCJDC: The staff first responder: Separates the alleged victim and abuser, Requests that the alleged victim and predator not take any actions that destroy evidence, and Follow all steps on Form and B (found in the Immediate Response Binder in the staff office). Form A: This form is used when documenting a sexual allegation and to ensure staff only ask necessary Basic questions, to ensure separation of victim and alleged perpetrator, and safety. This process documents the basics of the allegation, if evidence was preserved, and consent; Form B-used for a sexual abuse/assault incident; only ask

questions on form A; instructions for safety and privacy of victim; instructions to not let victim destroy physical evidence (shower, teeth...) separate victim and alleged perpetrator; place the suspect in a separate pod; secure scene; stop movement in the facility; leave evidence untouched for law enforcement; notifications required (Sherriff, JPO, supervisor, mental health, medical, write an incident report; Report the allegation to: The Detention Manager, The resident's Juvenile Probation Officer (JPO), and Douglas County Sheriff's Office; Then monitor the resident and any other witnesses or reporters for retaliation.

The Sheriff's Office and the Juvenile Probation Officer are part of the Special Victims Response Team (SVRT), and their notification activates that process. That includes medical, mental health, and advocacy, under the SVRT MOU.

The resident's JPO: If appropriate, schedules and transports the resident to Washoe County SAFE/SANE examiner; and Schedules a Child Advocate and a mental health practitioner.

The Detention Manager: Notifies the agency PREA Coordinator, Notifies the Douglas County Human Resources (only if staff-on-resident), and Notifies the Chief Probation Officer, Notifies the PREA Administrative Investigator; When the investigation is completed, updates: The incident report with the findings; and Notifies the Director and appointing authority.

DCSO: Interview staff or residents (depending on what type of allegation); and Conducts the criminal investigation. Coordinates with the agency Administrative Investigator; If criminal, DCSO conducts the investigation, and If not, the PREA Administrative Investigator conducts the administrative Investigation/Review. If DCSO substantiates the allegation, and probable cause is established: Refers the case to the District Attorney.

The PREA Administrative Investigator: Coordinates with DCSO on criminal and administrative investigations. When DCSO gives permission, Completes the Administrative Investigation, and Notifies the PC, PCM, and the resident of the investigation determination.

**Interviews** with the Detention Manager/PCM, PC, Administrative Investigator, and staff confirm training and knowledge about the Coordinated Response Plan, understanding of the steps and individual roles, and practice ingrained into the culture of the facility.

Standard Certification of Compliance: This auditor certifies that Douglas County Juvenile Detention Center (DCJDC) PREA compliance with this standard, based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by DCJDC and the Douglas County Ninth District Court, as well as the facility site visit and auditor pre and post-review.



	<b>abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.366: Preservation of Ability to Protect Residents from Contact with Abusers.</b> Compliance Determination: Compliant</p> <p><b>Acronyms</b> used in this report:<b>DCDC:</b> Douglas County Ninth District Court; <b>PCM:</b> DCJDC PREA Compliance Manager; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator;</p> <p><b>Standard Requirements: 115.366 a, b: (a):</b> <i>Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted; (b):</i> <i>Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of 115.372 and 115.376; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</i></p> <p><b>Pre-Site Review:</b> Facility Written Statement; Interview: Agency Head</p> <p><b>Compliance Assessment:</b></p> <p><b>Practice:</b></p> <p>The facility and Agency do not have any collective bargaining agreements. Information received from the Head of the DCDC agency states that: There is no collective bargaining agreement associated with the Juvenile Detention Center.</p> <p>Interviews: Agency Head; PC; PCM</p> <p>Standard Certification of Compliance: This auditor certifies that Douglas County Juvenile Detention Center (DCJDC) PREA compliance with this standard, based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by DCJDC and the Douglas County Ninth District Court, as well as the facility site visit and auditor pre and post-review.</p>

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

**115.367 Agency Protection against Retaliation** Compliance Determination: Compliant

**Acronyms** used in this report: **DCDC:** Douglas County Ninth District Court; **OAS:** Online Audit System; **PCM:** DCJDC PREA Compliance Manager; **DCJDC:** Douglas County Juvenile Detention Center; **PC:** Agency PREA Coordinator; **SOP:** Standard Operating Procedures

**Standard Requirements:** **(a):** *The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation;* **(b):** *The agency shall employ multiple protection measures, 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 for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations;* **(c):** *For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and 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 and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, program changes, negative performance reviews, or staff reassignments. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need;* **(d):** *In the case of residents, such monitoring shall also include periodic status checks;* **(e):** *If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.*

**Compliance Assessment:**

**Pre-Site Review:** The following policies/procedures, and documentation, were reviewed before the site visit: DCDC Policy A 115.367; DCJDC SOP 115.367; Monthly PC/PCM meeting notes; pre-site interviews of management; written facility statement; DCDC 2022 annual PREA Report; isolation report; grievance report.

**Policy/Procedure/Documentation**

**Agency:**DCDC, PREA Coordinator created and implemented **DCDC Policy A 115.367** Agency Protection against Retaliation, which states: *Youth and staff who report sexual abuse or sexual harassment or who cooperated with investigations of sexual abuse or sexual harassment shall be protected from retaliation from staff or youth at the facilities monitored by the Agency. As a general designation, Facility PREA Compliance Managers are charged with monitoring for retaliation in their respective facilities. The agency requires all of its operated facilities to have standard operating procedures (SOP) that comply with agency policy. Douglas*

*County Juvenile Detention Center (DCJDC) SOP 115.367 states: Douglas County has Zero Tolerance for retaliating against staff or juveniles for reporting allegations of sexual abuse, activity, and or assault. Employees and/or the juvenile who are found to have violated this prohibition shall be subject to disciplinary action immediately; Disciplinary actions may include but are not limited to negative staff evaluations, reassignments, or disciplinary reports. The Facility Manager/PREA Compliance Manager will monitor for retaliation.*

**Practice:**

The agency, (DCDC) developed and implemented a policy to protect all residents and staff who reported sexual abuse or sexual harassment or cooperated with sexual abuse or sexual harassment investigations, from retaliation by other residents or staff.

**Facility:** The **DCDC SOP** contains action steps to comply with the requirements of the DCDC agency policy and names the Detention Manager/PREA Compliance Manager as the staff who will monitor for retaliation. The facility procedures additionally require, in response to a sexual abuse/harassment allegation, that the PCM and staff will: Continuously conduct periodic checks after 30, 60, and 90 days, if evidence of retaliation, continued monitoring will be continued beyond 90 days; Monitor and assess the conduct or treatment of reporting youth and staff, who reported, or suffered sexual abuse or sexual harassment; Monitor for patterns or changes that may suggest possible retaliation; If needed, separately involve juveniles, but maintain daily programming; If determined if staff or volunteers are involved, place them on administrative leave, and; Act promptly to remedy any retaliation. The following may be provided for youth or staff who fear retaliation for reporting or cooperating with an investigation of sexual abuse or sexual harassment: Housing / Room / Work Assignment changes; Transfer of victim or abuser; Removal of alleged staff from contact with victim (“no contact”); Emotional support service for youth or staff

DCJDC has not received any allegations of sexual abuse or sexual harassment. Interviews were confirmed by a review of documents and informal conversations. Included in the documentation is the 2022 Agency PREA annual report. On page 11, it documents zero reports of sexual abuse or harassment since before 2016, when tracking began. Even though the facility has not had allegations of sexual abuse/harassment, since they started to keep records in 2016, staff are trained and understand how to assist the PCM in retaliation monitoring if an incident occurs.

DCJDC staff reviewed DCJDC SOP 115.367, restated what it entails, in their own words to the facility PCM, and signed review and understanding. In addition, initial PREA Training, and yearly refreshers require this policy/procedure to be reviewed for understanding and practice.

DCJDC averaged two residents for the last 12 months, and staff checks in with each resident every day to ensure they feel safe. Resident rooms are individual and locked, and it appears difficult to have a sexual abuse or harassment incident; however, to combat complacency, ongoing training, refreshers, and reminders are

	<p>conducted at this facility.</p> <p>The designation of the Detention Manager/PCM as the staff to monitor retaliation; completion of staff training on this policy and the action steps required; and review and signatures of understanding are all steps taken at the facility level to enhance the protection of staff and residents from retaliation.</p> <p>Additionally, the agency PREA Coordinator (PC) sets up monthly meetings with facility PCMs, and any allegations, investigations, and retaliation monitoring occurring at the facilities, are discussed, and tracked through this meeting. These meetings have continued since September 2022.</p> <p>Interviews: Agency Head - Q:7; Detention Manager - Q:22, 23.; Designated Staff Member Charged with Monitoring Retaliation Q:1, 2, 3.</p> <p>Required interviews that did not have any residents in the facility: Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) - Q: 5;</p> <ul style="list-style-type: none"> <li>• Residents who Reported Sexual Abuse - Q: 25</li> </ul> <p>Standard Certification of Compliance: This auditor certifies that Douglas County Juvenile Detention Center (DCJDC) is compliant with this standard, based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by DCJDC and the Douglas County Ninth District Court, as well as the facility site visit and auditor pre and post-review.</p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.368 post-allegation protective custody</b> Compliance Determination: Compliant</p> <p><b>Acronyms</b> used in this report: <b>DCDC:</b> Douglas County Ninth District Court; <b>OAS:</b> Online Audit System; <b>PCM:</b> DCJDC PREA Compliance Manager; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator; <b>SOP:</b> Standard Operating Procedures; <b>PAQ:</b> Pre-Audit Questionnaire</p> <p><b>Standard Requirements:</b> (a): <i>Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of 115.342.</i></p> <p><b>Compliance Assessment:</b></p>

**Pre-Site Review:** The following policies and documents were reviewed before the site visit:

Isolation Logs; DCDC Policy; DCJDC SOP; Facility written statement of compliance; Grievance Report; PC/PCM meeting notes; agency 2022 PREA report; the PAQ; pre-site interviews.

**Policy/Procedure/Documentation:**

DCJDC has never placed a resident in isolation after suffering sexual abuse; however, has a Standard Operating Procedure (SOP) 115.368, which addresses actions the facility must take in this case.

**Facility:** *Douglas County Juvenile Detention Center (DCJDC) Standard Operating Procedures (SOP) 115.368 Post-allegation protective custody, states: Douglas County Juvenile Detention will take immediate action to protect the youth who has made an allegation of sexual abuse or sexual harassment. This policy includes actions the facility will take, including isolation as a last resort when all other measures have been exhausted.*

**Practice:**

DCJDC has not received any allegations of sexual abuse or sexual harassment since they began keeping records in 2016. As confirmed by a review of documents, interviews, and informal conversations, zero reports of sexual abuse or sexual harassment and zero isolations occurred. This included a review of isolation logs and grievances. Additionally, the 2022 Agency PREA annual report, on page 11, documents zero allegations of sexual abuse or sexual harassment received since before 2016.

DCJDC averaged two residents for the last 12 months, and staff checks in with each resident every day to ensure they feel safe. Resident rooms are individual and locked, and the facility staff are practiced at staggered schedules and activities, due to risk factors, resident restrictions, and accommodations. However, to combat complacency, ongoing training, refreshers, and reminders are conducted at this facility.

DCJDC staff reviewed DCJDC SOP 115.368, restated their understanding of it in their own words, to the facility PCM, and signed the review and understanding. In addition, initial PREA Training, and yearly refreshers contain this policy/procedure to be reviewed for understanding and practice.

Even though the facility has not had allegations of sexual abuse/harassment, since they started to keep records in 2016, staff are trained and understand the practice if this occurs.

The facility requires that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.

	<p>This includes the following possible actions: Separation from the perpetrator; Housing Assignment changes; Monitoring for retaliation; Medical and Mental Health Access; Transfer to another facility, and Isolation is used as a last resort when all other measures have been exhausted.</p> <p>Additionally, requires that residents who are placed in isolation, because they allege to have suffered sexual abuse, have access to: Appropriate grade-level education program; Exercise; Hygiene; Meals; Free time; Phone calls; Medical clinicians; Mental health clinicians; Lawyers; Caseworkers; Parents, and their JPO if necessary.</p> <p>Finally, showing DCJDC’s commitment to not isolating residents, medical and mental health care clinicians, the JPO or Juvenile Detention Supervisor will make daily contact with an isolated juvenile to assess their wellness, and a continuous review to determine if there is a need for a detainee to remain in isolation. This practice exceeds the standards required every 30 days.</p> <p><b>Interviews:</b></p> <p><b>Staff who Supervise Residents in Isolation:</b> have never seen residents placed in isolation for protection from sexual abuse or after alleging sexual abuse. Rotating schedules are used if a resident has restrictions, not isolation; <b>Detention Manager:</b> Confirmed zero allegations received, and zero isolations; Required interviews, but zero residents in this category in the facility: Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – Q: 1, 2, 3, 4.</p> <p><b>Standard Certification of Compliance:</b> This auditor certifies that Douglas County Juvenile Detention Center (DCJDC) is compliant with this standard, based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by DCJDC and the Douglas County Ninth District Court, as well as the facility site visit and auditor pre and post-review.</p>
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<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p><b>115.371 Investigations</b> Compliance Determination: Exceeds Compliance</p> <p><b>Acronyms</b> used in this standard report: <b>DCDC:</b> Douglas County Ninth District Court; <b>OAS:</b> Online Audit System; <b>PCM:</b> DCJDC PREA Compliance Manager; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator; <b>SOP:</b> Standard Operating Procedures</p> <p>115.371, a, b, c, d, e, f, g, h, i, k, l, m:</p> <p><b>Policy/Procedures, Documentation:</b></p>

**Agency:** The agency, Douglas County Ninth District County (DCDC) Policy A 115.322 Criminal and Administrative Investigations is the criminal and administrative investigation policy that is followed for all investigations. The following are included in the agency policy A 115.322: **DCDCD Policy A 115.322:** *DCDC policy requires all allegations with any sexual content, including sexual abuse allegations, to be reported to local law enforcement. For Douglas County, that is the Douglas County Sheriff's Office (DCSO); DCSO reviews all allegations received and determines if it is criminal in nature or can be investigated by the agency PREA Administrative Investigator. At that point DCSO investigates or sends written documentation back to the agency administrative PREA investigator, giving them permission to conduct an administrative investigation;*

**Douglas County Sheriff Department Responsibilities:** *DCSO will investigate allegations of sexual abuse or sexual harassment, which involves potentially criminal behavior; **Agency Referral:** report the allegation to: Local law enforcement DCSO; Agency PREA Administrative Investigator; **Criminal Investigations:** The Director/Chief shall ensure all allegations of sexual abuse are routed to local law enforcement; The Director/Chief or designee shall notify the Agency PREA Coordinator or the allegation and the initiation of the investigation; Facility PREA Compliance Manager shall help arrange interviews and provide requested information;*

*The **facility** shall leave an investigation open when local law enforcement is in the investigative process; The open investigation shall not be investigated by the facility until such time as law enforcement has turned the investigation over to the facility for Administrative Investigation; The determination of the conclusion of the law enforcement process will be received in writing. This determination will be maintained by the facility and the Agency as required; The facility will make every effort to receive a copy of the finalized report from local law enforcement and take any follow-up action required; An administrative investigation shall be initiated once local law enforcement has verbally or in writing verified that the allegation is not criminal, including those still pending a final police report; Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.*

**Report Elements** to be Requested from Local Law Enforcement: *Written Report; Description of physical evidence; Description of testimonial evident; Attached copies and Case number;*

**Investigators:** *>The Agency shall use investigators who have received special training in Juvenile Victims of Sexual abuse investigations; Investigators shall gather and preserve: Direct evidence; Circumstantial evidence; Available physical DNA; Electronic monitoring data; Review prior complaints of the alleged perpetrator; Review prior reports of sexual abuse of the alleged perpetrator. **Investigations:** Issue Garrity Warning; Conduct interviews under camera or recording; When the quality of evidence appears to support a criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution; The credibility of an alleged victim, suspect, or witness shall: Be assessed on an*

*individual basis; and Not determined by the person's status as youth or staff.*

**Administrative Investigations:** *Allegations meeting the PREA definitions of sexual harassment, not meeting a criminal element, shall be handled through an administrative investigation conducted by a PREA Investigator; Response from Local Law Enforcement is required prior to the initiation of any Administrative Investigation; This is to be documented and retained for the file. Investigations handled initially by law enforcement, either investigated or declined, shall be administratively investigated once law enforcement has completed their work but if new information is brought to light through the administrative investigation, local law enforcement must be consulted as to whether the new evidence is now considered criminal. Alleged victims, perpetrators, and witnesses shall be interviewed by a trained investigator in person or through a video-based platform in a private and confidential setting; Phone interviews shall be avoided unless it is the only option to secure the testimony.*

*The elements within an administrative investigation include, but are not limited to: The incident report is documented in Tyler Supervision/Database; PREA Youth Report Form A; PREA Allegation checklist Form B. PREA Administrative Investigation Report including: Summary of alleged incident, Summary of physical and testimonial evidence, Credibility assessments (based on the individual and not determined by the person's status as a youth or staff); Whether staff actions or failures to act contributed to the abuse or harassment, g. Investigative facts and summary; and Investigative findings expressed as Substantiated, Unsubstantiated, or Unfounded.*

*Written statements from all involved parties, including staff and youth and Determination if staff actions or failures to act contributed. Written Report: Description of physical evidence, Description of testimonial evidence, Reasoning behind credibility assessments; and Investigative facts and findings; Monitoring for Retaliation; Notification of Investigation, PREA Incident Review Team. With all administrative investigations, no standard beyond a **preponderance of evidence** shall be used;*

*The **alleged youth victim** shall be notified of the final finding of the investigation; This shall be documented on the Notification of Investigation Form. Local law enforcement shall be contacted if the results of an administrative investigation end up meeting the level of a criminal offense after more information is gained during the administrative process; Administrative Investigations may be a back-and-forth between criminal and Administrative; Documentation of this continued evolution of the investigation is to be documented. Facilities may share any data or evidence collected with local law enforcement except for staff interview evidence if a staff member is the alleged perpetrator. Child Protective Services shall be contacted if the results of an administrative investigation end up finding reportable abuse or neglect, per the NRS 432B.020 definition of abuse or neglect of a child, by a person responsible for the welfare of the youth.*

**Facility Responsibilities:** *CSYC and DCJD shall cooperate with DCSO's*



investigators throughout the investigation process; Ensure open and active communication with DCSO; Run an Administrative Investigation alongside the Criminal Investigation as long as the Administrative Investigation does not impede the Criminal Investigation and in collaboration with DCSO; Review (post investigation) the allegation, the process, and improvements; Understand and follow timelines for investigations; Ensure Administrative Investigations are consistent.

**Standard Breakdown for compliance: 115.371a:** The agency/facility has a policy related to criminal and administrative agency investigations.

**Compliance Assessment:**

**Practice:**

The agency, DCDC, Policy A 115.371, as described above, includes all required elements of both criminal and administrative investigations. The duties of each type of investigation are clearly stated and required. Douglas County Sheriff's Office (DCSO) is the designated criminal investigation agency, and the PREA Administrative Investigator is an experienced and trained investigator who conducts PREA Administrative Investigations. A clear collaboration exists between these two types of investigators, as the agency PREA Investigator is a retired Douglas County Sheriff Officer and has a good collaborative relationship with the DCSO Investigative Unit. Additionally, a Memorandum of Understanding (MOU), between the agency Douglas County Ninth District Court (DCDC) and Douglas County Sheriff's Office, reinforces the criminal investigation services required in the DCDC A 115.322 Policy, and covers criminal investigative services provided to the two DCDC facilities, Douglas County Juvenile Detention Center (DCJDC) and China Spring Youth Camp (CSYC).

**Pre-Site Review:** The facility DCJDC has not had any allegations of sexual abuse or sexual harassment, since it started keeping records in 2016, and does not have any sexual abuse or sexual harassment criminal or administrative investigative records to review. In 2022, after the appointment of an agency PREA Coordinator (PC), and the development of a DCDC agency investigation policy/procedure, the two DCDC-operated facilities now operate under the same investigative policy/procedures and the same PREA administrative investigator. Previously, this investigator only conducted investigations for CSYC. The PREA Administrative Investigator is an on-call employee of the agency, DCDC, with an office at CSYC. He conducts CSYC Background checks and administrative investigations of sexual abuse and sexual harassment, and in 2022, agreed to also conduct background checks and sexual abuse and sexual harassment administrative investigations for DCJDC, ensuring consistency for both DCDC-operated facilities.

Since 2022, if either DCDC-operated facility receives any allegation that has a sexual component, including sexual abuse or sexual harassment, and third-party and anonymous allegations, it is reported to law enforcement (DCSO), and the agency PREA Administrative Investigator. Law Enforcement (DCSO) determines if the allegation has a criminal element and investigates or sends the allegation back

to the agency PREA Administrative Investigator to investigate. Additionally, if the PREA Administrative Investigator finds evidence of a criminal element during his investigation, it will be referred back to law enforcement. This is stated in the agency policy A 115.322: Administrative Investigations may be a back and forth between criminal and Administrative. Documentation of this continued evolution of the investigation is to be documented. The Administrative Investigator's Resume includes the following: Sheriff's Department Patrol Division-16 years; Crime Scene Investigator-6 years; Background Investigator/Investigative Division-8 years China Spring Youth Center Background Investigator and Administrative PREA Investigator-7 years; POST Standards and Training Certifications: Basic, Intermediate, advanced, and supervisor.

**Interviews** with the PREA Administrative Investigator confirmed the above current policy investigative process, and agreement to conduct both DCDC-operated facilities PREA Administrative Investigations, as well as his collaboration with DCSO over conducting the investigation. He also confirmed that the process happens very quickly after the allegation is made, to ensure residents' safety and the integrity of the investigation; and investigations are conducted promptly, thoroughly, and objectively.

Interviews: Investigative Staff - Q: 5, 8

Even though DCJDC has not received any allegations of sexual abuse or sexual harassment, or anonymous or third-party reports, policy/procedures are in place, experienced investigators for both criminal and administrated investigations designated, and a tried-and-true practice of the process working for seven plus years at CSYC, and now DCJDC.

DCJDC exceeds the requirements for standard 115.371a, by ensuring all investigations are conducted promptly, thoroughly, and objectively. Additionally, investigators who exceed the PREA experience, training, and collaboration requirements, ensure every allegation is reviewed for a criminal element, before completing an administrative investigation, and ongoing collaboration throughout the investigation process.

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

**Practice:**

DCSO is part of the **Special Victims Response Team (SVRT)** and maintains, at their location, an Office on Violence Against Women (OVW) funded and trained full-time SVRT Investigator and part-time SVRT coordinator. When receiving an allegation of sexual abuse/harassment, a patrol officer responds and takes the initial report. If it is determined that sexual abuse has occurred, the SVRT Investigator is contacted and ensures all investigative duties are completed according to the uniform protocol of VOWA. The MOU, with DCSO, requires: that DCSO's investigators who conduct investigations at CSYC and DCJDC shall have the

knowledge, experience, and training on PREA and sexual abuse investigations involving juvenile victims as needed to perform the investigative services under this MOU.

Agency, DCDC, **Administrative Investigator**, Howard Matts, collaborates with law enforcement to run the administrative investigation concurrently, or after the criminal investigation is completed. He has 38 years of experience as a law enforcement officer. His resume includes Sheriff's Department Patrol Division - 16 years; Crime Scene Investigator - 6 years; Background Investigator/Investigative Division - 8 years China Spring Youth Center Background Investigator and Administrative PREA Investigator - 7 years; POST Standards and Training Certifications: Basic, Intermediate, advanced, and supervisor. In addition, has completed the following training: PREA Training for Investigators of Sexual Abuse and Sexual Harassment in Confinement Settings (NIC) 2020; Employee Training and annual refreshers; PREA Coordinated Response; Statutory Rape; Resident Screening and Vulnerability Assessment; PREA refresher-knowledge, suspicion, and reporting; Cross-gender and Transgender Pat Search; Residents and Disabilities and LEP; CSYC Cultural Competency; HIPPA and Privacy Rule; cyber security, and NIC Advanced Investigators Training. Exceeds compliance in 115.334: specialized training for investigators.

Interviews confirmed the investigator's training and exceeding PREA training requirements with his law enforcement and additional specialized training.

Interviews: Investigative Staff - Q: 1, 2, 3

DCDC and DCJDC exceed this requirement for standard 115.371b: by exceeding the training and experience needed for investigators.

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

**Compliance Assessment:**

Pre-site: DCJDC has not had any allegations or investigations of sexual abuse or sexual harassment. The facility does not investigate allegations of sexual abuse or sexual harassment. If the facility receives an allegation, even from an anonymous or third party, they immediately notify the DCSO, the Administrative Investigator, and the agency PREA Coordinator.

**Agency:** DCDC, policy requires: Page 2-3: DCDC Policy: section VI: B. Investigators shall gather and preserve: 1. Direct evidence; 2. Circumstantial evidence; 3. Available physical DNA; 4. Electronic monitoring data; 5. Review prior complaints of the alleged perpetrator; 6. Review prior reports of sexual abuse of the alleged perpetrator.

**Practice:**

DCJDC is a very small facility, that has averaged two residents for the last year. They are in single locked rooms, and/or in the dayroom or recreation room. While out of their rooms, they are always with staff. The facility started tracking allegations of sexual abuse and sexual harassment in 2016 and has not had any allegations reported; however, the agency, DCDC, has designated highly trained investigators to conduct all sexual abuse and sexual harassment investigations.

**The Douglas County Sheriff's Office Investigators** are trained by OVW the grant-funded SVRT investigator and coordinator, as well as the SVRT Investigator being highly trained in investigating sexual abuse and harassment in confinement, including juveniles in confinement. They are trained, experienced investigators in gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interviewing alleged victims, suspected perpetrators, and witnesses; and reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator.

**The PREA Administrative Investigator** is a retired DCSO Sheriff's Officer and trained at the same level as his DCSO counterparts. In addition, completed National Institute of Corrections training in investigating sexual abuse in confinement, and advanced investigators training, including investigating sexual abuse in juvenile confinement. He is also a part-time, on-call agency, DCDC staff of the last seven-plus years, who conducted all CSYC staff background checks and PREA Administrative investigations of sexual abuse and sexual harassment in a juvenile facility. Currently, providing administrative investigations in both DCDC-operated facilities.

**Interviews**, and review of experience and training, confirm that he is a trained, experienced investigator in gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interviewing alleged victims, suspected perpetrators, and witnesses; and reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator.

Interviews: Investigative Staff - Q: 6, 7, 9

DCDC and DCJDC exceed this standard requirement 115.371c.

**115.371d:** The agency shall not terminate an investigation solely because the source of the allegation recants the allegation; **k:** The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

**Compliance Assessment:**

**Agency:** Policy/Procedure: DCDC Policy A 115.322 contains the following: Page 1: E. The facility shall not terminate an investigation of sexual abuse or sexual harassment. Solely because the source of the allegation recants the allegation, 2.

Leaves the facility or 3. An employee vacates or is terminated from his or her position.

**Practice:**

Interviews confirm that investigations are completed to a finding, and are not terminated due to the subject recanting, leaving the facility, or if an employee vacates or is terminated from their position. The investigators are experienced and focused on completing investigations promptly, thoroughly, objectively, and completely. The administrative investigator completes policy review and understanding annually, including this policy A115.322: 322 Agency Criminal and Administrative Investigations.

**Interviews:** Investigative Staff - Q:16

DCDC and DCJDC are compliant with this standard 115.371d.

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

**Compliance Assessment:**

Policy/Procedure

**Agency:** DCDC Policy A 115.322, includes Page 1: General: A. All allegations, including all sexual abuse allegations, shall be immediately reported to local law enforcement for 1. Determination of if the allegation is: a. Criminal in nature or b. Administrative (non-criminal); Page 3: C. When the quality of evidence appears to support a criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle to subsequent criminal prosecution; Page 4, section VIII: B. Investigations handled initially by law enforcement, either investigated or declined, shall be administratively investigated once law enforcement has completed their work but if new information is brought to light through the administrative investigation, local law enforcement must be consulted as to if the new evidence is now considered criminal; Page 4: G. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.

**Practice:**

DCDC has one PREA Administrative Investigator, who is a retired Sheriff Officer. Not only is he a highly trained law enforcement officer, but an experienced PREA Administrative Investigator of 7-plus years. Interviews confirmed that the DCSO and the PREA Administrative Investigator collaborate to ensure that the administrative investigation is only conducted when given the go-ahead from the DCSO investigator. This includes the preclusion of compelled interviews for cases where the evidence appears to support criminal prosecution.

*There are zero reports of sexual abuse or sexual harassment at Douglas County Juvenile Detention Center (DCJDC) to review; however, the policy, procedure, and collaboration are in place to ensure the Agency does not conduct compelled interviews in a case where the evidence appears to support a criminal prosecution.*

*The skill and training of law enforcement investigators, the PREA Administrative Investigator, and the collaboration between the two, ensure this will not occur to jeopardize criminal prosecution. Interviews confirm the knowledge about how compelled interviews could jeopardize the criminal case, based on years of law enforcement training, as well as training and experience in conducting administrative investigations.*

*Interviews: Investigative Staff - Q: 10*

*DCDC and DCJDC excel in meeting this standard 115.371e.*

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

**Compliance Assessment:**

**Policy/Procedure:**

**Agency:** *DCDC Policy A 115.322 requires the following: Page 4: Section VIII, E: E. The elements within an administrative investigation include but are not limited to c. Credibility assessments (based on the individual and not determined by the person's status as a youth or staff); Section V, Page 3: D. The credibility of an alleged victim, suspect, or witness shall: 1. Be assessed on an individual basis; and 2. Not determined by the person's status as youth or staff; Page 3, section V.E: E. Youth who alleges sexual abuse will not be subjected to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.*

**Practice:**

*There have been zero sexual abuse/harassment allegations at DCJDC; however, agency policy requirements, and highly trained investigators are in place to ensure all elements of the investigation are completed and credibility is not based on the status as a resident or staff.*

*Interviews confirm that a thorough investigation is conducted, including all required aspects of that investigation. The credibility assessment or investigation progress is never based on a required polygraph or other truth-telling device. In addition, not assessed based on who is a staff and who is a resident. It is a case-by-case individual assessment throughout the investigation.*

*Interviews: Investigative Staff - Q: 11, 12; Residents who Reported Sexual Abuse -*

Q: 17 (none in the facility)

DCDC and DCJDC are compliant with standard 115.371f.

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

**Compliance Assessment:**

**Agency:** Policy/Procedure: DCDC Policy A 115.371 states: Page 2: III. FACILITY'S RESPONSIBILITIES: H. Review (post investigation) the allegation, the process, and improvements; Page 4: section VIII.E: E. The elements within an administrative investigation include but are not limited to: Determination of staff actions or failures to act contributed. Written Report: Description of physical evidence; Description of testimonial evidence; Reasoning behind credibility assessments; and Investigative facts and findings.

**Practice:**

The investigative report is required, by DCDC policy, to be written, and have a description of physical, and testimonial evidence, reasoning behind credibility assessments, and investigative facts and findings. In addition, requires a determination if staff actions or failures to act contributed.

Interviews confirmed that all investigation requirements are completed in investigation reports, including if the staff actions or failures are determined to have contributed. Although he has not investigated any reports at DCJDC, he has seven years as the Administrative Investigator for CSYC and would conduct any investigations the same. His law enforcement experience, as well as former law enforcement instructor, has ingrained the elements of an investigation in a report, and the last 7 years at CSYC have fine-tuned his reporting as the Administrative Investigator, including assessing if staff actions, or failure to act, contributed to the abuse.

Compliant with 115.371g

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

**Compliance Assessment:**

Policy/Procedure: **Agency:** DCDC Policy A 115.371: Report Elements to be Requested from Local Law Enforcement: 1. Written Report; 2. Description of physical evidence; 3. Description of testimonial evidence; 4. Attached copies; and 5. Case number.

**Practice:**

*DCJDC does not have any investigative reports, criminal or administrative, as they have had zero allegations of sexual abuse, or harassment.*

*The Administrative Investigator ensures copies of the law enforcement investigation are received from law enforcement after the conclusion of the investigation. As a retired DCSO Officer, he knows what is completed in an investigation and ensures he receives the written report and attached copies of evidence, as soon as they are legally available. This was confirmed by the interview.*

*The DCSO MOU states: 1.04 DCSO shall follow its internal protocol, policies, and procedures when a request for a written report with findings and results of the investigation is requested by the PREA Compliance Manager or Director.*

**Interviews:** *Investigative Staff - Q: 19*

*DCDC and DCJDC are compliant with standard 115.371h.*

**115.371i:** *Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.*

**Compliance Assessment:**

**Agency:** *Policy/Procedure: DCDC Policy A 115.322 states: Page 4: G. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.*

**Practice:**

*Interviews confirm that the collaboration between DCSO and the administrative investigator ensures both parties are aware of investigations that have a criminal element and ensure those investigations are referred for prosecution.*

*DCJDC does not have any sexual abuse or harassment investigations, criminal or administrative; however, the process is in place for the referral of any sexual abuse or sexual harassment allegation received and referral to DCSO and the Administrative Investigator. After that, it is in the hands of investigators. DCSO determines criminal element and will investigate a finding. If that finding is substantiated, the case is referred to the prosecutor for charges. The process is in place to ensure referral for prosecution.*

**Interviews:** *Investigative Staff - Q: 13*

*DCDC and DCJDC are compliant with standard 115.371i.*

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

**Compliance Assessment:**



**Policy/Procedure: Agency:** DCDC Policy A 115.322: states, Page 6, section IX: IX. RETENTION OF DOCUMENTS; A. Agency shall retain: 1. Written reports from Criminal Investigation (where applicable); 2. Written reports from Administrative Investigation; 3. As long as the alleged abuser is incarcerated or 4. As long as the alleged abuse is employed by the Agency; 5. Plus five (5) years; 6. Unless the abuse was committed by a juvenile youth and is applicable, the law requires a shorter time for the retention of documents.

**Practice:**

Agency policy requires the retention of these documents for as long as the alleged abuser is incarcerated for plus five years, and as long as the staff is employed by the agency, plus five years, unless the law requires a shorter period of retention.

DCJDC does not have any reports to review; however, has in place policy/procedure and practice to follow the requirements of this standard and policy.

DCJDC is compliant with standard 115.371j.

**115.371 I:** Auditor not required to audit.

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

**Compliance Assessment:**

**Agency:** Policy/Procedure: **DCDC Policy A 115.322** states: Page 1, section 1b: B. All Agency and Facility staff shall fully cooperate in criminal investigations. Page 2, section IIIA: A. CSYC and DCJD shall cooperate with DCSO's investigators throughout the investigation process. B: Ensure open and active communication with DCSO.

**Practice:**

Agency policy requires all staff shall cooperate in criminal and administrative investigations. Interviews confirmed: all staff will fully cooperate in investigations and help arrange and make accessible all people for interviews and any additional requested information.

DCDC and DCJDC are compliant with standard 115.371m.

**Site Review:**

**Interviews:** Superintendent or Designee - Q: 26; PREA Coordinator - Q: 9; PREA Compliance Manager - Q: 13; Investigative Staff - Q: 15

DCDC and DCJDC exceed compliance with standard 115.371

	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>115.372 Evidentiary Standard for Administrative Investigations</b></p> <p><b>Acronyms</b> used in this standard report: <b>DCDC:</b> Douglas County Ninth District Court; <b>OAS:</b> Online Audit System; <b>PCM:</b> DCJDC PREA Compliance Manager; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator; <b>SOP:</b> Standard Operating Procedures</p> <p><b>Standard Requirements:</b> (a): <i>The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</i></p> <p><b>Compliance Assessment:</b></p> <p><b>Policy/Procedure: Agency:</b> DCDC Policy A 115.322 states: <i>Page 5, I: I. With all administrative investigations, no standard beyond a preponderance of evidence shall be used.</i></p> <p><b>Practice:</b></p> <p>Interviews confirm that the standard of proof for administrative investigations is a preponderance of the evidence. This means over 50%. (51%)</p> <p>DCJDC does not have any investigations of sexual abuse or sexual harassment; however, the administrative investigator is highly trained and confirmed the preponderance of the evidence as the standard for substantiation.</p> <p>Interviews: Investigative Staff - Q: 20</p> <p>DCJDC is exceeds compliance with standard 115.372</p>

<p><b>115.373</b></p>	<p><b>Reporting to residents</b></p>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>115.373 Reporting to residents</b></p> <p><b>Acronyms</b> used in this standard report: <b>DCDC:</b> Douglas County Ninth District Court; <b>OAS:</b> Online Audit System <b>PCM:</b> DCJDC PREA Compliance Manager; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator; <b>SOP:</b> Standard Operating Procedures</p> <p><b>115.373 a-f</b></p>

**Pre-site Review:** DCDC Policy A115.322; Sexual Abuse Allegation Follow-up Victim Form

**Standard Requirements: 115.373 a, c, and d: (a):** *Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. c):* *Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility; d):* *Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted related to sexual abuse within the facility, or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility e):* *All such notifications or attempted notifications shall be documented.*

**Compliance Assessment:**

**Policy/Procedure: Agency:** DCDC Policy A 115.322: Page 5. J: *The alleged youth victim shall be notified of the final finding of the investigation. 2. This shall be documented on the Notification of Investigation Form; Page 1, Procedure: After the investigation, the detainee who made the allegation is informed, verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.*

**Practice:**

The agency, DCDC Policy A 115.322: This policy describes that after an investigation, the detainee who made the allegation is informed, verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. This policy also includes notification if the allegation involves a staff member.

Interviews confirmed that residents are informed by the PREA Administrative Investigator and the facility Detention Manager, by use of the DCDC Notification of Investigation Form.

This form includes notification of the finding, and if the: Staff is no longer posted within the resident's unit, Staff is no longer employed by the facility, Staff/youth) has been indicted related to sexual abuse within the facility, or Staff/youth has Staff/ Youth has been convicted on a charge related to sexual abuse within the facility.

Zero criminal and/or administrative investigations of alleged resident sexual abuse were completed by the agency/facility before 2016, and zero residents were

notified, verbally or in writing, of the results of the investigation.

Interviews: Interviews Detention Manager/PCM - Q: 27; Investigative Staff - Q: 23; Interviews: Resident who Reported a Sexual Abuse - Q: 22, 23 (none) Interviews confirmed that zero allegations of sexual abuse or sexual harassment have been reported at DCJDC; however, the process of notifying the alleged victim is in place and used at DCDC's operated facility China Spring Youth Camp (CSYC). The investigator completes the Administrative Investigation and together with the facility PREA Compliance Manager (PCM) notifies the resident of the finding and other required notifications. The resident documents the date of the notification and both resident and PCM sign and date the form. This form is kept as a part of the investigation file.

DCDC and DCJDC exceed compliance with this standard 115.373a.

**115.373 b)** *If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency to inform the resident.*

**Compliance Assessment:**

**Policy/Procedures: Agency:** DCDC Policy A 115.373 states: Page 1, section II, C: C: *DCSO shall provide confidential updates and information regarding the findings of any investigation into such allegations so that the AGENCY can address the situation appropriately and effectively; Page 5, J: J. The alleged youth victim shall be notified of the final finding of the investigation. 2. This shall be documented on the Notification of Investigation Form.*

**Practice:**

In 2022 a new process was instituted for investigations for DCJDC. The agency, DCDC, combined both operated facilities, CSYC and DCJDC, into one investigative process.

CSYC, for the last 7+ years, incorporated a part-time, on-call DCDC employee and retired Sheriff's Officer to conduct PREA Administrative Investigations, as well as all background checks. The process now includes notifying the Douglas County Sheriff's Office (DCSO) and the PREA Administrative Investigator of any allegation with a sexual component, including sexual abuse and sexual harassment.

After notification, the DCSO reviews every allegation for a criminal element and investigates the allegation; if the allegation does not have a criminal element the DCSO, in writing, gives the investigation back to the DCDC PREA Administrative Investigator to complete an administrative investigation. If at any time, the PREA Administrative Investigator finds any evidence of a criminal element, it is returned to DCSO for additional determination or investigation.

This process created clear and consistent communication between DCSO and the DCDC Investigator, which included information about findings, and copies of the investigation as law allowed. The resident would then be informed of the finding. Then, the Administrative Investigator completes an administrative investigation.

	<p>DCJDC, since 2022, has been included in the above process and uses the same investigator. DCJDC has not had any allegations of sexual abuse or sexual harassment; however, the investigative and notification process is in place that provides collaboration between DCSO and the DCDC Investigator, which includes information about the investigation findings and copies of the investigative report when legally allowed.</p> <p>This process and communication with DCDC and its operated facilities is included in the MOU with DCSO includes the following: DCSO shall provide a written response to DCDC, for any allegation of staff sexual misconduct or youth-on-youth sexual abuse and/or harassment which is not criminal behavior so that DCDC may proceed with Administrative Investigation; DCSO shall provide investigative services to CSYC and DCJDC for any allegation of staff sexual misconduct or youth-on-youth sexual abuse and/or harassment that involves potentially criminal behavior; DCSO shall provide confidential updates and information regarding the findings of any investigation into such allegation so that DCDC can address the situation appropriately and effectively; DCSO shall follow its internal protocol, policies, and procedures when a request for a written report with findings and results of the investigation is requested by DCDC.</p> <p><b>Site Review:</b> Zero investigations of sexual abuse or sexual harassment, criminal or administrative at DCJDC. Interviews were conducted with the DCDC PREA Coordinator and Administrative Investigator.</p> <p><b>Interviews:</b> PC and Investigator</p> <p>DCDC and DCJDC exceed the requirements of this standard 115.373b.</p> <p><b>Standard Certification of Compliance:</b> This auditor certifies that the Douglas County Ninth District Court (DCDC) and Douglas County Juvenile Detention Center (DCJDC) <u>EXCEEDS</u> PREA compliance with this standard, 115.373, based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by DCJDC and DCDC as well as the facility site visit and auditor pre and post-review.</p>
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<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.376 Disciplinary Sanctions for Staff</b></p> <p><b>Acronyms</b> used in this report: <b>DCDC:</b> Douglas County Ninth District Court; <b>OAS:</b> Online Audit System; <b>PCM:</b> DCJDC PREA Compliance Manager; <b>DCJDC:</b> Douglas</p>

County Juvenile Detention Center; **PC:** Agency PREA Coordinator; **SOP:** Standard Operating Procedures

**Pre-Site Review:** DCDC Policy A115.311f; DCJDC 115.376 & 377 Discipline; DCJDC P/P Professional Contact; Nevada Statutes 62B.510 Rights of child placed in detention facility; Facility written statement of compliance 115.376; DCJDC P/P 1.5 Mandatory Child Abuse, Neglect, and CSEC reporting; Pre-audit Questionnaire; interviews: PCM, Agency Head; PC, investigator.

**Standard Requirements:** 115.376 a, b, c, and d: **(a):** *Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies;* **(b):** *Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse;* **(c):** *Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories;* **(d):** *All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies.*

**Compliance Assessment:**

**Policy/Procedure: Agency:** DCDC (Agency) Policy A 115.311f: Agency Sanctions, Discipline, and Intervention: DCDC Policy: Page 1, section II.A.1: Staff who engage in sexual abuse or sexual harassment with youth shall be prohibited from contact with youth, shall be subject to administrative or disciplinary action including termination, and may be reported to local law enforcement and any relevant licensing board.

**Facility:** DCJDC (Facility) Policy: Discipline: Staff that have been found participating in any form of sexual harassment can include disciplinary action up to and including termination. Staff that have been found to participate in any form of sexual abuse will be terminated from employment and the matter will be reported to law enforcement and the Division of Child and Family Services, Child Protective Services, Systems Advocate Unit, and the Douglas County Special Victims Response Team. Any staff that resigns prior to their termination for participating in any form of sexual abuse will also be reported to law enforcement agencies and any licensing bodies unless it is clearly deemed NOT CRIMINAL.

**Practice:**

The agency, DCDC, and facility, DCJDC have policies and procedures that include disciplinary sanctions for Employees. DCJDC P&P #1.6 DCJD Administrative Policy and Procedure: Professional Conduct Pg. 3 III: Professional Ethics #8. This policy states that all staff will comply with and maintain the Zero Tolerance Policy PREA Standard and understand any disciplinary sanctions for staff, contractors, and volunteers, participating in sexual abuse or sexual harassment. Staff is subject to

disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. DCDC Policy A 115.311 Agency Sanctions, Discipline, and Intervention, provides sanctions, and discipline for staff relating to sexual abuse and harassment, including appropriate reports to local law enforcement and licensing boards.

The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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.

Discipline includes: An employee may be disciplined for any cause listed in policy 2.02.100 of Douglas County District Attorney Codes and Personnel Regulations and per the Court Personnel Regulations section 7.0 Appeals and Hearings, by the appointing authority or supervisor by the issuance of supervisor by the issuance of: a. Written Warning letter; b. Written Reprimand; c. No Contact Assignment; d. Suspension; e. Demotion; f. Reduction in pay or g. Termination. In addition, all cases are dealt with on a case-by-case basis and may involve referral to Law Enforcement and reported to the appropriate licensing board.

For all staff, termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse, as represented in agency and facility policy and staff training.

**Facility:** DCJDC P&P: *Staff disciplinary sanctions for violations of the Douglas County Juvenile Detention Policies and or violations of Agency Policies relating to sexual abuse or sexual harassment, not including the engagement of sexual abuse, will be commensurate with the following: The nature and circumstances of the act committed, The staff member's disciplinary history, The sanctions imposed for comparable offenses by other staff with similar histories.* Such actions can lead to demotion, suspension, or termination which is contemplated and provided in Section 2.02.100.

Suspensions, reduction in pay, demotions, and terminations for employees who are not part of a bargaining unit. 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, are reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies.

DCJDC staff are required to review each PREA policy at hire, and annually, repeat back what the policy means in their own words, and sign a statement of understanding of policies reviewed and understood. This is documented in standard 115.331.

DCJDC is a very small detention facility, with an average population, over the last 12 months, of two residents. According to the PRE-Audit Questionnaire, staff and management interviews, investigator interviews, and reviewed records, there have been zero: Allegations of sexual abuse or sexual harassment at DCJDC since 2016,

	<p>when they started keeping records; Zero DCJDC staff have violated agency sexual abuse or sexual harassment policies, and zero DCJDC staff have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies, Staff from the facility that has been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse), Disciplinary sanctions taken against staff for violations of the agency's sexual abuse or sexual harassment policies, and zero Staff from the facility that has been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies:</p> <p><b>Interviews:</b> PCM; PC, Agency Head: Judge Young, investigator</p> <p>DCDC and DCJDC exceeds compliance for standard 115.376 a, b, c, and d.</p> <p>Standard Certification of Compliance: This auditor certifies that Douglas County Juvenile Detention Center (DCJDC) PREA compliance with this standard, based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by DCJDC and the Douglas County Ninth District Court, as well as the facility site visit and auditor pre and post-review.</p>
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115.377	Corrective action for contractors and volunteers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p><b>115.377 Corrective action for contractors and volunteers</b> Compliance Determination: Compliant</p> <p><b>Acronyms</b> used in this report: <b>DCDC:</b> Douglas County Ninth District Court; <b>OAS:</b> Online Audit System; <b>PCM:</b> DCJDC PREA Compliance Manager; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator; <b>SOP:</b> Standard Operating Procedures</p> <p><b>Pre-site Review:</b> Agency (DCDC) Policy 115.311f: Facility(DCJDC) Policy Disciplinary Sanctions: DCJDC Policy 1.6 Professional; DCJDC Policy 1.5 Mandatory Reporting. Interview PCM/Detention Manager.</p> <p><b>Standard Requirements: 115.377 a, b: (a):</b> Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies; <b>(b):</b> The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p>



**Compliance Assessment:**

**Policy/Procedure/Practice:**

**Agency:** Douglas County Ninth District Court (DCDC), and the facility Douglas County Juvenile Detention Center (DCJDC) have policies/procedures on Disciplinary Action for Contractors and Volunteers: DCDC policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies unless the activity is clearly not criminal, and to relevant licensing bodies. *Agency, DCDC Policy A 115.311f: Page 1, 115.377 Disciplinary Sanctions for Contractors and Volunteers: Disciplinary sanctions for contractors and volunteers may include but are not limited to dissolution from further volunteering and contracting with the Douglas County Agency and any further contact with all detainees. Any allegations regarding contractors or volunteers in the Douglas County Juvenile Detention Facility will be reported to law enforcement and the relevant licensing bodies; DCDC policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents; DCJDC takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.*

**Facility:** DCJDC Policy 115.377: *Disciplinary sanctions for contractors and volunteers may include but are not limited to dissolution from further volunteering and contracting with the Douglas County Agency and any further contact with all detainees. Any allegations regarding contractors or volunteers in the Douglas County Juvenile Detention Facility will be reported to law enforcement and the relevant licensing bodies. All staff and volunteers are subject to disciplinary sanctions when the Juvenile Detention Facilities Sexual Abuse Policies have been violated. The Douglas County Juvenile Detention Facility has a strict Zero Tolerance Policy (PREA STANDARD 115.311) that all staff, volunteers, contractors, and all other persons in the facility must abide by. The disciplinary action for staff members and volunteers who commit sexual assault will include termination and prosecution.; The Douglas County Administrative Policy and Procedure 100.12 states in the last line of the II. Paragraph: Harassment of any type may be grounds for immediate and appropriate disciplinary action up to and including termination.*

Facility policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. 115.377b: DCJDC Agency Policy: Page 1: *The Douglas County Administrative Policy and Procedure 100.12 states in the last line of the II. Paragraph: Harassment of any type may be grounds for immediate and appropriate disciplinary action up to and including termination; Page 2, C: C. Intervention for Contractors, Interns, and Volunteers: 1. The Director/Chief or designee shall ensure any contractor or volunteer who has engaged in sexual abuse or sexual harassment of youth shall be prohibited from any further contact with youth and be reported to law enforcement or relevant licensing bodies, as necessary.*

**Practice:**

	<p>Review of policies and procedures, and reports, pre-site reviews, onsite informal conversations and interviews, pre-site interviews with the Administrative Investigator, Detention Manager/PCM, and Agency PREA Coordinator (PC), confirm that since 2016, DCJDC has had zero: Contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents, and</p> <p>DCDC (agency) and DCJDC (facility) have policy and practice to ensure that: Any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents; Any contractor or volunteer who engages in sexual abuse is reported to Law enforcement agencies (unless the activity was clearly not criminal); and Any contractor or volunteer who engages in sexual abuse reported to Relevant licensing bodies.</p> <p><b>Interviews:</b> b: Detention Manager - Q: 24; Investigator, PCM; Random Staff.</p> <p><b>Standard Certification of Compliance:</b></p> <p>This auditor certifies that Douglas County Juvenile Detention Center (DCJDC) PREA compliance with this standard, based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by DCJDC and the Douglas County Ninth District Court, as well as the facility site visit and auditor pre and post-review.</p>
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<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.378 Interventions and disciplinary sanctions for residents</b> Compliance Determination: Compliant</p> <p><b>Acronyms</b> used in this report: <b>DCDC:</b> Douglas County Ninth District Court; <b>OAS:</b> Online Audit System; <b>PCM:</b> DCJDC PREA Compliance Manager; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator; <b>SOP:</b> Standard Operating Procedures</p> <p><b>Pre-site Review:</b> Pre-site Review: DCDC Policy 115.311f; DCJDC Policy 115.378; DCDC Policy 115.342; Facility written statement; PAQ; DCJDC Policy 2.5; DCJDC Policy 1.6; DCJDC Policy 2.3 rule violations; Pre-site interviews: PCM, PC, Investigator, Agency Head.</p> <p><b>Standard Requirements:115.378 a, c: a):</b> <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</i></p>

*abuse; (c): The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.*

**Compliance Assessment:**

**Policy/Procedures:/Practice**

**Facility,** DCJDC Policy/Procedures Disciplinary Sanctions for Detainees: *Juveniles, through a formal investigative process, who are found to have engaged in juvenile-on-juvenile sexual abuse, will receive appropriate interventions which may include prosecution; Juveniles who are not formally prosecuted will be referred to a disciplinary hearing; Any disciplinary measures provided will take into account the offense committed and the circumstances of the offense, the detainee's disciplinary history, and a review of the sanctions provided to other detainees who have committed similar offenses and with similar histories; The investigative and disciplinary team will also consider if the detainee has a mental disability or mental illness that may have contributed to his or her behavior; At a minimum, the detainee will be referred to a mental health counselor for a risk assessment and possible counseling. This may be conducted through the agencies involved with the SVRT, including the juvenile's Probation Officer.*

**Agency,** Douglas County Ninth District Court (DCDC) Policy A 115.311f, Agency Sanctions, Discipline, and Intervention. DCDC (agency) Policy A 115.311 f: D. Intervention for Youth, page 2: *Youth with a substantiated case of sexual abuse or sexual harassment (which is not criminal) shall receive intervention or discipline and shall be conducted on a case-by-case basis based on the nature and circumstances of the acts committed by the youth; Types of interventions may include treatment, counseling, and education; Discipline may be used particularly if a youth has multiple substantiated cases or if all other interventions fail; This shall be at the discretion of the Director/Chief or PREA Compliance Manager.*

**Facility:** DCJDC P&P 2.3: *Detainees Rights, Rules, and Discipline: Major Rule Violations: Youth involved in Major Rule Violations are subject to Disciplinary Action up to Administrative Room Restriction Policy and Procedure #2.5 and NRS 62B.215 for conditions and limitations on the use of corrective room restrictions as determined by staff and Manager; An incident report must be filled out for any Major Rule Violation; All juveniles shall be ensured that they have the right to due process by the implementation of the disciplinary process (Policy and Procedure #2.4). All Major Rule Violations are listed in the Detainee Manual. Major Rule Violations include: SEXUAL HARRASSMENT: Sexual advances, verbal comments, gestures, or actions of a derogatory or offensive sexual nature; SEXUAL ASSAULT: The intentional touching directly or through the clothing of the genitalia, anus, groin, breast, inner thigh, or buttocks of another person, or displaying of intimate body parts or sexual acts with or without the consent of the other person. Sexual Assault will result in criminal investigation and charges.*

**Practice:**

All detainees, at booking, receive the Detainee Orientation Manual, which includes a list of all Classroom, Recreation, Minor, and Major Rules and Rule Violations. All detainees sign off their receipt and understanding of the Detainee Manual on the Rights, Privileges, Problem Solving, Grievance, Minor, Major Rules and Detainee Orientation Manual form. Basic Rules are posted throughout the building in English, LEP, and Spanish versions.

Both DCDC and DCJDC have policies/procedures addressing Interventions and disciplinary sanctions for residents. (See above, under Policy/Procedures). The policies and procedures comply with the standards requirements that: Residents are 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 pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

DCJDC has not received any allegations of sexual abuse or sexual harassment.

DCJDC has zero: Administrative findings of resident-on-resident sexual abuse that have occurred at the facility; Criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility:

**Interviews:** Detention Manager - Q: 25:

Confirmed zero allegations of sexual abuse and sexual harassment and therefore zero discipline hearings for substantiated sexual abuse or sexual harassment. Although DCJDC has not had any allegations of sexual abuse or sexual harassment, it has the policies/procedures in place to process any resident discipline, per compliance with this standard.

DCJDC meets compliance with standards 115.378a and b.

**115.378b: Standard Requirements: (b):** *Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. 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 shall 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.*

**Compliance Assessment:**

**Policy/Procedure:**

**Agency: DCDC Policy A 115.311 f: D.** *Intervention for Youth: Youth with a substantiated case of sexual abuse or sexual harassment (which is not criminal) shall receive intervention or discipline and shall be conducted on a case-by-case basis based on the nature and circumstances of the acts committed by the youth; At a minimum, the detainee will be referred to a mental health counselor for a risk*

*assessment and possible counseling. This may be conducted through the agencies involved with the SVRT, including the juvenile's Probation Officer; In the event that the sanctions provided to the detainee include isolation, that detainee will be provided with: One hour of recreation a day, Access to school, Access to medical and mental health services and Other programming when possible.*

**Facility: DCJDC Policy 115.378:** *Disciplinary Sanctions for Detainees: Any disciplinary measures provided will take into account the offense committed and the circumstances of the offense, the detainee's disciplinary history, and a review of the sanctions provided to other detainees who have committed similar offenses and with similar histories; In the event that the sanctions provided to the detainee include isolation, that detainee will be provided with one hour of recreation a day, access to school, access to medical and mental health services, and other programming when possible.*

**Agency: DCDC (Agency) Policy 115.342** *Placement of Youth: Page 1-2: Isolation: C. During any period of isolation: Youth shall have access to daily large muscle exercises, and Any legally required educational programming, and Any legally required special education services. Youth shall receive daily visits from medical or mental health care clinicians. Youth isolation is reported to the State of Nevada as prescribed.*

**Facility: DCJDC Policy 2.5:** *Detainee's Rights, Rules, and Discipline: If a Time Out Room Restriction lasts longer than 2 hours for disciplinary reasons, a Disciplinary Hearing (Policy & Procedure #2.4) will be held to determine the extent of the rule violation and Administrative Seclusion is activated. If a Time Out Room Restrictions lasts longer than 4 hours for medical or personal reasons an incident report will be completed and uploaded into Tyler Supervision and the Detention Manager and JPO will be notified. Administrative Seclusion: Administrative Seclusion is the exception, not the rule when it comes to disciplinary action in the Douglas County Juvenile Detention Center. A youth is involved in a Major Rule Violation the detainee may be placed on Administrative Seclusion. The reasons for such disciplinary action shall be fully documented in Tyler Supervision under Detention Activities. Staff will visually check on the detainee at least every 10 minutes, or more frequently as determined by medical or mental health needs. The EXACT time of the check will be recorded each time, including during sleeping hours. A detainee charged with a Major Rule Violation will be given a written report of the alleged violation as soon as possible or within 24 hours of the time the infraction was discovered. At this time, the detainee can accept or not accept the consequences and may write a response to the disciplinary action. All detainees on Administrative Seclusion have the same constitutional and federal rights set forth in NRS 62B.510, Policy & Procedure #2.1, and all PREA Standards, as the rest of the detainees in the Douglas County Juvenile Detention Center.*

**Practice:**

The agency, DCDC, and the facility, DCJDC, have policies/procedures to ensure that disciplinary sanctions are 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.

Observations, informal conversations, interviews, and documentation reviews demonstrated that DCJCD does not use isolation and the isolation reports document zero isolation in the last year. DCJDC has to report to the state of Nevada, every month, the number of residents in isolation, due to the Nevada statute, NRS 62B.215 Conditions and limitations on use of corrective room restrictions by certain facilities for detection or treatment and rehabilitation of children:

- *A local facility for the detention of children or a regional facility for the treatment and rehabilitation of children shall not subject a child to corrective room restriction for more than 72 consecutive hours.*
- *Each local facility for the detention of children and regional facility for the treatment and rehabilitation of children shall report monthly to the Juvenile Justice Programs Office of the Division of Child and Family Services the number of children who were subjected to corrective room restriction during that month and the length of time that each child was in corrective room restriction. Any incident that resulted in the use of corrective room restriction for 72 consecutive hours must be addressed in the monthly report, and the report must include the reason or reasons any attempt to return the child to the general population of the facility was unsuccessful.*
- *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 shall 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.*

DCJDC staff have experience in “staggered” room schedules. This is when they have residents who cannot be out at the same time or have restrictions or accommodations that make this necessary. They use this schedule when they have to; however, observations, interviews, and informal conversations confirm they have all the residents out of their rooms as often as possible.

In the last 12 months, DCJDC has had zero: Residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse, Residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: Residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse were denied access to other programs and work opportunities.

DCDC and DCJDC have policies and procedures in place that ensure: Disciplinary sanctions are 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; The resident is not

denied daily large-muscle exercise; The resident is not denied access to any legally required educational programming or special education services; The resident receives daily visits from a medical or mental health care clinician; The resident has access to other programs.

**Interviews:** b: Superintendent or Designee - Q: 25

DCJDC and DCDC are compliant with standard 115.378b.

**115.378d:** d): If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education.

**Compliance Assessment:**

**Policy/Procedure:**

DCJDC does not offer sex offender treatment. They follow PREA standards to ensure an assessment for the offending resident is scheduled, working with the resident JPO; however, most residents move on to confinement, or treatment facilities from detention, for this treatment. DCJDC does not have mental health staff.

DCJDC is compliant with standard 115.378d.

**115.378e:** (e): *The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.*

**Compliance Assessment**

**Policy/procedure: Facility:** DCJDC Policy: *Page 1: In the event the sexual contact was with a staff member, disciplinary action will only be taken on the detainee IF the staff member did not consent to such contact.*

**Practice:**

DCJDC has never had an allegation of staff-on-resident sexual abuse. Their policy is clear that they would not discipline the resident, in this case. Interviews confirmed that policy and practice.

**Interviews:** PCM, PC

**115.378f:** (f): *For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.*

**Policy/Procedure:**

**Facility:** DCJDC Policy 115.378: Facility: Page 2: Any reports of sexual abuse made in good faith by a detainee that proves to be unsubstantiated will not constitute false reporting of an incident or lying and will not result in disciplinary actions.

**Agency:** DCDC (Agency) Policy 115.311f: Page 2, section D.6: A youth's allegation found to be unsubstantiated shall constitute a report made in good faith and shall not result in any disciplinary actions.

**Compliance Assessment:**

**Practice:**

DCJDC has not had any allegations of sexual abuse or sexual harassment; however, does have a policy that prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Both the agency, DCDC, and the facility, DCJDC, have policies, listed above under policy/procedures, to prohibit disciplinary action for any report made in good faith.

Staff at DCJDC review all policies, including DCJDC policy 115.378, state them back to the PCM, in their own words, and sign understanding. This training is completed annually, as well as refreshers at staff meetings, during the year. This is documented in standard 115.331 Employee Training, with samples of staff signatures of understanding.

**Interviews** with the PC and PCM confirmed this policy and training, and practice of it if there were reports made.

DCDC and DCJDC are compliant with standard 115.378f.

**115.378g:** *g) If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced*

**Compliance Assessment:**

**Policy/Procedure: Facility:** DCJDC Policy 115.378: Page 1: The Douglas County Juvenile Detention Facility prohibits all sexual activity between detainees. In situations where there is a report of detainee-on-detainee sexual activity, it will first be determined through the investigative process if the activity was consensual. As consensual sex is NOT ABUSE, the way it is addressed will go through the normal investigative and disciplinary processes, and appropriate actions and sanctions will be imposed.

**Practice:**

Any allegation is reported to DCSO and the agency PREA Administrative Investigator. DCSO then decides if there are criminal elements to the allegation and investigates or returns the allegation to the agency's administrative investigator to



	<p>investigate. The investigation would be completed, and the determination of consent completed. If it is determined to be consensual, the PREA determination would be unfounded and would be returned to the facility for youth misconduct disciplinary action. Confirmed in interviews with the agency investigator.</p> <p><b>Interviews:</b> DCDC PREA Administrative Investigator</p> <p>DCJDC is compliant with standard 115.378g</p> <p><b>Standard Certification of Compliance:</b></p> <p>This auditor certifies that Douglas County Juvenile Detention Center (DCJDC) PREA compliance with this standard, based upon a review of paperwork, practice, and culture. This compliance determination is based upon information provided by DCJDC and the Douglas County Ninth District Court, as well as the facility site visit and auditor pre- and post-site reviews.</p>
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<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.381</b> Compliance Determination: Corrective action</p> <p><b>Acronyms</b> used in this report:<b>DCDC:</b> Douglas County Ninth District Court; <b>OAS:</b> Online Audit System; <b>PCM:</b> DCJDC PREA Compliance Manager; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator; <b>SOP:</b> Standard Operating Procedures</p> <p><b>Pre-site Review:</b> DCJDC Policy 115.381; DCDC Policy 115.341: Pre-Audit Questionnaire; Education, Risk Screening, Placement Spreadsheet; Specialized Resident Identification spreadsheet; updated specialized resident identification spreadsheet; new DCJDC SOP Medical and Mental Health Procedures; DCJDC Policies: 5.6, 4, 3, and 1.7; Facility written statement; Intake packets; Pre-site Interviews: PCM, nurse.</p> <p><b>115.381 a, b, and c:</b> Standard Requirements: <b>(a):</b> <i>If the screening pursuant to 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. (b):</i> <i>If the screening pursuant to 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. (c):</i> <i>Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to</i></p>

*medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. If NO, the information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.*

**Compliance Assessment:**

**Policy/Procedures:**

**115,381a:**

**Agency,** DCDC Policy A 115.341 Screening (covers standard 115.381 a, b, and c):  
*Page 2: 3. The screening shall include, at a minimum, the following: a. Prior sexual victimization or abusiveness; aa. Victim: If prior abuse occurred in an institution or community youth will be offered a follow-up meeting with a medical or mental health provider within fourteen (14) days; bb. Perpetrator If a youth has previously perpetrated sexual abuse whether in an institution or community, the youth will offer a follow-up meeting with a mental health provider within fourteen (14) days; cc. Information related to sexual abuse or victimization shall be strictly limited to medical, mental health staff, and other staff as necessary to inform treatment plans, security, and management decisions.*

**Facility:** DCJDC Medical, and Mental Health Screenings Policy: *All detainees who have disclosed any prior sexual victimization during the intake screening are offered a follow-up meeting with medical or mental health practitioners and, if appropriate, treatment within 14 days of the intake screening; Detainees who have previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening; Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to informing staff of security and management decisions.*

Facility, DCJDC Policy 3.1: *The classification policy is used to establish supervision levels for all detained. It provides a means of identifying security restrictions and medical concerns. The classification system provides staff with a means to provide better supervision and identify varying stages of security restrictions and medical concerns. The Room Directory to show individual classification codes updated daily. Detainee classifications may be changed by staff after consultation with coworkers or as the detainee's behavior warrants.*

**Facility, 115.381b:**

**Agency:** DCDC Policy 115.341: *Page 2: section 3b: Perpetrator: If a youth has previously perpetrated sexual abuse whether in an institution or community, the youth will offer a follow-up meeting with a mental health provider within fourteen (14) days. cc. Information related to sexual abuse or victimization shall be strictly limited to medical, mental health staff, and other staff as necessary to inform*

*treatment plans, security, and management decisions.*

**Facility: 115.381c:**

**Agency:** DCJDC Policy 1.7: *Records regarding each juvenile who encounters DCJDC staff are confidential. All information and records regarding each juvenile who encounters the Detention Facility and Detention staff are confidential. B. Internal facility communication regarding detained youth is exchanged on a need-to-know basis. The position, responsibilities, and qualifications of the persons involved allow for that exchange. C. No information received by staff will be revealed to or discussed with any person not authorized to receive this information.*

**Updated Facility SOP:** Medical and Mental Health Referral: (new SOP to align with agency policy) *Page 3: Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to informing staff of security and management decisions. The information is located in Enterprise Solutions, which is only accessible to Douglas County Juvenile Justice Staff.*

PAQ: Yes, all residents who disclose sexual abuse at screening have a follow-up meeting with community medical and mental health practitioners; the meeting would be held within 14 days.

**Practice:**

**115.381 a, b:**

Douglas County Juvenile Detention Center (DCJDC) does not have medical or mental health practitioners at the facility or as employees/staff. All services for mental health and medical, relating to sexual abuse, are community resources. DCJDC intake staff conduct the risk screening at intake. During the screening, if the resident reports prior sexual abuse, or previously reported sexual abuse is known, the resident is referred to the Detention Director/PCM. The Detention Manager/PCM talks to the resident and offers medical or mental health services to assist the resident with these current or past traumas.

If the resident chooses medical or mental health services, the PCM notifies the resident's Juvenile Probation Officer (JPO), and the JPO schedules the medical and/or mental health services, within 72 hours. Services must be provided within 14 days. Due to the short stay of residents, this process ensures services are followed up or continued once the resident leaves the facility. PCM interviews.

**Interviews and documentation** confirmed the following:

At Screening: 2022-2023 (12 months): 5 residents reported new, prior sexual abuse (not at DCJDC) (115.381a); 13 had known, prior sexual abuse, (115.381a); 1 reported perpetrating abuse, and (115.381b); 1 had a past report of perpetration (same returning resident as above). (115.381b)

Of the 20 residents who were eligible for medical/mental health services in the community: 12 Residents received medical/Mental Health Services: referral within

72 hours of reporting, and 12 residents received follow-up with Medical/Mental Health within the 14 days - required by this standard; 6 residents declined services; 1 perpetrator received a mental health services referral within 72 hours; and 1 perpetrator completed a Psychological and Psychosocial evaluation, within 14 days (Same resident, returning to facility) \*\*

All residents at this facility who have disclosed any prior sexual victimization during risk screening were offered a follow-up meeting with a medical and/or mental health practitioner. 100% of the residents who wanted to receive a follow-up meeting with a medical or mental health provider were scheduled for the visit within 72 hours, and the follow-up meeting was held within 14 days, and All residents who have previously perpetrated sexual abuse were provided with a mental health practitioner and a psychological and psychosocial assessment.

Medical and mental health providers are in the community, and referrals are made by the resident's JPO. Medical and mental health records are maintained at the provider's office.

**Practice: 115.381c:**

**RECORD STORAGE**

During the site review, this auditor observed two risk screenings during intakes. The risk screenings were conducted via computer, within the Tyler Supervision database. All screenings were securely retained in this system, securely protected by password-protected and role-based requirements, by authorized individuals. No hard-copy assessments were printed.

The PREA Risk Screening; Maysi-II; and Maysi-II Secondary Screenings conducted at intake are also in the Tyler supervision database. Hardcopy booking paperwork is scanned into Tyler Supervision.

Due to the facility being very small and all staff performing all functions (intake, first responder, supervising residents in isolation, security staff) all staff have password-protected access to Tyler Supervision, for the safety and security of the residents and facility. Staff training represents strict confidentiality requirements, policy review, and understanding, and is prohibited from discussing confidential information with anyone outside of the facility or removing any confidential information from the facility. No outside medical or mental health secondary information is kept at the facility or in the database.

**Interviews:** Staff Responsible for Risk Screening – Q: 12; PCM.

**115.381d:** (d): *Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 18.*

**Compliance Assessment**

	<p><b>Policy/procedure:</b></p> <p><b>Facility: DCJDC Policy: Page 1:</b> <i>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.</i> <b>DCJDC SOP, Medical and Mental Health Care:</b> Medical or Mental Health records are maintained with the overseeing practitioner and are not shared with JPO or Detention Staff. Medical and Mental Health Practitioners are mandated reporters and would complete their steps for reporting information regarding sexual victimization.</p> <p>DCJDC does not have medical or mental health employees or staff members. All medical or mental health services are provided by community professionals. DCJDC does have two contracted nurses on-call to provide physicals, required when residents are being transferred to another facility. They are not in the facility on a regular basis. The contract is specific: the medical nurses are only in the facility to perform physical screenings.</p> <p>All residents are under 18 years of age, and contractors are required by law to report information received about prior sexual victimization. The interview confirmed the nurse would report to facility management, and law enforcement/ DCFS, due to mandatory reporter requirements, and licensure.</p> <p><b>Interviews:</b> Contracted nurse for physicals only; PCM</p> <p>Compliance with Standard 115.381: After the initial site visit, this auditor determined that Standard 115.381 a-c was not compliant, as the new facility standard operating procedures were completed during and after the site visit and have not been implemented. Staff have not been trained in them, nor signed statements of understanding of that training. The requirements of this standard were in practice; however, the policy needed to be fully implemented and the training of staff completed.</p> <p><b>During Corrective Action:</b></p> <p>The DCJDC 115.381 Standard Operating Procedure was implemented. All staff were required to read this policy, show understanding by stating it in their own words, to the Detention Manager, and sign statements of understanding. 10 such statements are part of this audit documentation.</p> <p>In addition, medical contractors (nurses, and the doctor) reviewed the medical and health policy and signed their understanding.</p> <p>DCJDC is compliant with this standard 115.381, after corrective action.</p>
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<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard

**Auditor Discussion**

**115.382: Access to Emergency Medical and Mental Health Services.**

Compliance Determination: exceeds Compliance

**Acronyms** used in this report:**DCDC:** Douglas County Ninth District Court; **OAS:** Online Audit System; **PCM:** DCJDC PREA Compliance Manager; **DCJDC:** Douglas County Juvenile Detention Center; **PC:** Agency PREA Coordinator; **SOP:** Standard Operating Procedures; **WCAC:** Washoe County Child Advocacy Center; **SVRT:** Special Victims Response Team; **DCSO:** Douglas County Sheriff's Office

**Pre-site Review:** DCJDC Policy 115.382, 5.1, 4.4, SVRT MOU; Facility Written Statement; Pre-site interviews: PCM; WCAC staff; DCSO SVRT Coordinator.

**Standard Requirements: (a):** Resident victims of sexual abuse shall 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; **(b):** If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to 115.362 and shall immediately notify the appropriate medical and mental health practitioners; **(c):** Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, per professionally accepted standards of care, where medically appropriate, by Federal, State, or local law; **(d):** Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**Compliance Assessment: 115.382 a, b, c, and d:**

**Policy/Procedures:**

**115.382a:**

**Facility:** DCJDC 115.382 Medical and Health Care: 4.4, Facility: page 1: Victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services through the Special Victims Response Team (SVRT). All medical services are conducted off-site from Juvenile Detention. DCJDC (Facility) P and P 5.1: Page 1: At any time, Detention Staff is notified of a sexual assault, staff will immediately take action to protect the victim, notify appropriate authorities, and help ensure medical services are obtained. (P and P 5.1); DCJDC (Facility) Policy 4.4: 4. Page 1: Utilizing screenings conducted during intake, detention staff are to assist and provide access to emergency and/or ongoing medical and mental health services.

**115.382b:**

**Facility:** DCJDC P and P 4.4: page 1: Victims of sexual abuse receive timely,

*unimpeded access to emergency medical treatment and crisis intervention services through the Special Victims Response Team (SVRT). All medical services are conducted off-site from Juvenile Detention.*

**115.382c:**

**Facility:** DCJDC Policy Medical and Mental Care: 115.382: *Victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services through the Special Victims Response Team (SVRT). All medical services are conducted off-site from Juvenile Detention. Victims of sexual abuse, while incarcerated, will be offered timely information about, and access to emergency contraception and sexually transmitted infections prophylaxis.*

SVRT MOU: The Family Support Council; District Attorneys Office; Douglas County Sheriff's Office; Juvenile Probation.

**Practice:**

**115.382b:**

As outlined in the DCJDC standard operating procedure: Medical and Mental Health Care, Detention staff are trained first responders (staff training documented in 115.331).

Staff use the Immediate Response Binder, in the staff office, to follow all procedures required upon disclosure of sexual victimization. These include the first responder duties to ensure residents are safe and separated and do not do anything to destroy physical evidence, secure the scene, and notify the Douglas County Sheriff's Office (DCSO), the Douglas County Juvenile Probation or Youth Parole, and the Detention Manager.

Notification of the DCSO activates the Special Victims Response Team (SVRT). This team consists of the District Attorney's Office, Juvenile Probation, Alternative Sentencing, and the Family Support Council.

**115.382 a, and c:**

Notification of Juvenile Probation activates collaboration between DCJDC and Juvenile Probation to transport the detention resident to emergency medical services through Washoe County Child Advocacy Center in Reno, NV. At the Child Advocacy Center, the residents receive services, including advocacy, individual treatment, therapy, forensic interviewing, and medical services. Victims of sexual abuse are also offered timely information about, and access to emergency contraception and sexually transmitted infections prophylaxis. Timely information is offered within 72 hours after exposure or up to 120 hours after sexual abuse occurred. These services are determined by the professionals at the Washoe County Child Advocacy Center (WCAC) and are provided at no cost to the victim. Documentation related to treatment/medical services provided is retained at WCAC, and the only documentation provided to DCJDC is for treatment purposes only, such as prescription medicine.

All DCJDC notifications, transportation, and appointments are all logged into Tyler Supervision (Enterprise Solutions) and are password and role assignment-protected.

DCJDC does not employ medical or mental health staff. All services about medical or mental health are provided by community providers, in this case, the SVRT team and WCAC.

DCJDC has not had any allegations of sexual abuse or sexual harassment, and so there were no records to review. Interviews, review of policies/procedures, pre- and post-site review, and on-site review and interviews were used to determine paperwork, practice and culture compliance and any corrective action.

The agency Douglas County Ninth District Court designated an agency PREA Coordinator (PC) in 2022. This PC has been working with the facility and has instituted new agency PREA Policies. The policies require each operated facility to develop and implement Standard Operating Procedures (SOP) at the facility level, that provide action steps implementing the agency policy.

**The DCJDC SOP is just being completed and will be a part of corrective action to ensure compliance, staff training, understanding, and implementation.**

DCJDC, through its **MOU** with the Douglas County SVRT, ensures: Timely, unimpeded access to emergency treatment and crisis intervention services (WCAC and SVRT team); Immediate notification of appropriate medical and mental health practitioners (WCAC and SVRT team member The Family Support Council); Timely information and access to emergency contraception and sexually transmitted infections prophylaxis, per accepted standards of care ( WCAC and SVRT Team); Treatment services are provided without financial cost to the victim, regardless of naming the abuser or cooperating in the investigation. (SVRT team, WCAC, and The Family Support Council).

**Interviews:** PCM; WCAC staff; DCSO SVRT Coordinator; Staff who act as first responders.

**Compliance determination at the end of the first site visit:**

This auditor certified that Douglas County Juvenile Detention Center (DCJDC) was not compliant with 115.382, based upon a review of paperwork. This compliance determination is based upon information provided by DCJDC and the Douglas County Ninth District Court, as well as the facility site visit and auditor pre- and post-site reviews. The DCJDC Standard Operating Procedure,(SOP) 115.382, required by parent agency DCDC, was just completed and was just being implemented. Staff had not received training on this SOP; however, the practice was in place in the facility.

**During the Corrective Action Period:**

The new DCJDC 115.383 Standard Operating Procedure was completed and



	<p>implemented, to comply with the agency policy.</p> <p>All staff were trained on the new procedure. They were required to review the procedure and state it in their own words, to the Detention Manager, ensuring understanding.</p> <p>For documentation, the 115.382 SOP, and 10 staff statements of review and understanding are a part of this audit's compliance documents.</p> <p>Due to the practice already being in place, the above actions completed compliance needs for this standard.</p> <p>DCJDC exceeds compliance with standard 115.382, due to the collaboration with the SVRT, which has all the required members of the community response to ensure all medical and mental health needs are met and exceeded for victims of sexual abuse.</p>
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<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p><b>115.383: Ongoing medical and mental health care for sexual abuse victims and abusers</b></p> <p><b>Compliance Determination:</b> compliant</p> <p><b>Acronyms</b> used in this report:; <b>DCDC:</b> Douglas County Ninth District Court; <b>OAS:</b> Online Audit System; <b>PCM:</b> DCJDC PREA Compliance Manager; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator; <b>SOP:</b> Standard Operating Procedures; <b>JPO:</b> Juvenile Probation Officer</p> <p><b>115.383a:</b> (a): <i>The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility;</i> (b): <i>The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody;</i> (c): <i>The facility shall provide such victims with medical and mental health services consistent with the community level of care;</i> (d): <i>Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests;</i> (e): <i>If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services;</i> (f): <i>Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate;</i> (g): <i>Treatment services shall be provided to the victim</i></p>

*without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident; **h)**: The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.*

**Practice:**

DCJDC does not have medical or mental health staff. It is a very short-term detention placement and does not provide treatment, or ongoing treatment programming. If prior sexual abuse is disclosed, or found by a review of records, the resident is referred to the PREA Compliance Manager and the PCM asks the resident if she/he would like any medical/mental health services in relation to the abuse.

This would be handled the same as for standard 115.381, with notification of the resident Juvenile Probation Officer (JPO), and the JPO would make an appointment with community mental health or medical providers. If not previously disclosed, would include notification to DCSO and the agency administrative investigator. Recommendations of the medical or mental health providers would be made to the JPO and any further treatment or follow-up services would be scheduled through the JPO, as well as treatment plans, and referrals for continued care following transfer to, or placement in other facilities, or their release from custody.

The above services would include pregnancy tests, and timely and comprehensive information about and access to all lawful pregnancy-related medical services. In addition, tests for sexually transmitted infections as medically appropriate. All treatment services are provided to the victim without financial cost, regardless of the victim naming the abuser or cooperating with any investigation ( as documented in standard 115.381, and 115.382.

As listed in standard 115.381, All residents who have previously perpetrated sexual abuse were provided with a mental health practitioner, a scheduled assessment within 14 days, and, required by this standard, psychological and psychosocial assessments, within 60 days. DCJDC does not offer sex offender treatment; however, the resident's JPO is responsible for finding a placement or programming for this treatment if deemed necessary by assessments obtained. Medical and mental health providers are in the community, and referrals are made by the resident's JPO. Medical and mental health records are maintained at the provider's office, with appointment dates maintained in the Tyler Supervision.

**Compliance determination made at the end of the first site visit:**

DCJDC is not compliant with this standard as the standard operating procedure is being worked on, as required by the agency (DCDC) Policy.

**During the Corrective Action Period:**

**Policy/Paperwork:**

**Facility:** DCJDC Standard Operating Procedure 115.383 Medical and Mental Health

Care was implemented. This SOP was completed and implemented due to the requirement of the parent agency, DCDC, in their Policy A 115.383.

This SOP outlines the current practice at DCJDC to comply with the agency's response to juveniles who have disclosed any prior sexual victimization or abuse. This procedure covers required STD screening, pregnancy tests, and treatment. In addition, covers required follow-up services, at the community care level. These services are provided in collaboration with the resident's Juvenile Probation Officer, including treatment plans, referrals for continued care, medical, and mental health.

**Staff training**, for Procedure 115.383, by staff reviewing SOP 115.383, stating it back, to the Detention Manager, in their own words to ensure understanding, and signing a statement of review and understanding. 10 such statements are included in this audit's documentation.

**The Specialized Resident Spreadsheet** documents all resident's intake dates, if they disclosed prior sexual abuse, or sexual perpetration, and medical or mental health services provided, including dates.

**Practice:**

All mental and medical services are provided by community providers, in collaboration with the resident's Juvenile Probation Officer. If a resident has previously reported, or reports at intake, prior sexual abuse, they are offered both medical and mental health services, depending on the circumstances, and needs. If the resident declines those services, it is documented and confirmed on the Specialized Resident Spreadsheet. If the resident wants services, it is documented by provider and date, and provided within the timeframe required by this standard.

The above spreadsheet documented 14 residents who reported previous sexual abuse during the corrective action period. Of those, 7 refused mental health services, 7 received mental health services, exceeding the timeframes required by this standard, and 2 received medical follow-up services. If a resident has previously perpetrated sexual abuse, or reports this at intake, the resident is scheduled for a mental health evaluation, and mental health services within the timeframe required by this standard. The Specialized Resident Spreadsheet documentation includes 2 residents listed as previously perpetrating sexual abuse. It documents both residents receiving mental health evaluations and follow-ups within two weeks. This far exceeds the 60-day requirement of this standard.

**Ingrained in Culture:**

The practice, referenced above, has been a facility practice, and during corrective action, was put into an SOP, that is required by the parent agency. Staff reviewed and ensured they understood the SOP and confirmed it in signed statements of understanding. As all medical and mental health services are provided by community providers, and documentation demonstrates the facility exceeding the required timelines of this standard, DCJDC exceeds this standard, 115.383, after corrective action.

<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 916 376"><b>115.386 Sexual Abuse Incident Reviews</b></p> <p data-bbox="280 416 1481 573"><b>Acronyms</b> used in this standard report: <b>DCDC:</b> Douglas County Ninth District Court; <b>OAS:</b> Online Audit System; <b>PCM:</b> DCJDC PREA Compliance Manager; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator; <b>SOP:</b> Standard Operating Procedures</p> <p data-bbox="280 613 1436 685"><b>PRE-Site Review:</b> DCJDC Policy 115.386; Pre-site Interviews: PCM, PC, Chief JPO; Tracking Spreadsheet.</p> <p data-bbox="280 725 1449 882"><b>115.386a:</b> (a): <i>The facility shall 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.</i></p> <p data-bbox="280 922 810 958"><b>Policy/Procedure: documentation</b></p> <p data-bbox="280 999 1465 1155">Data tracking Excel Sheet: for tracking all sexual abuse allegations. This document indicates any allegations that have occurred and the action steps completed. As of this written statement on 11/15/2022, no allegations, investigations, or incident reviews have occurred.</p> <p data-bbox="280 1196 1471 1352">DCJDC P/P Reviews: Page 1: Douglas County Juvenile Detention has written policy that upper-level management will conduct sexual abuse incident reviews at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded.</p> <p data-bbox="280 1393 424 1429"><b>Practice:</b></p> <p data-bbox="280 1469 1481 1706">The facility, Douglas County Juvenile Detention Center (DCJDC) has not had any sexual abuse or sexual harassment allegations. DCJDC policy 115.386 requires upper-level management to conduct sexual abuse incident reviews at the conclusion of every criminal or administrative sexual abuse investigation, unless unfounded. In the past 12 months, there have been zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility.</p> <p data-bbox="280 1747 1449 1904"><b>115.386 b, c: (b):</b> <i>Such review shall ordinarily occur within 30 days of the conclusion of the investigation;</i> <b>(c):</b> <i>The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.</i></p> <p data-bbox="280 1944 810 1980"><b>Policy/Procedure/documentation:</b></p> <p data-bbox="280 2020 1098 2056">PAQ: No investigations or incident reviews have occurred.</p>

**DCJDC P and P, Reviews:** The Review Team consists of the Juvenile Detention Manager, PREA Compliance Manager, Agency PREA Coordinator, and the Chief Probation Officer. The team will conduct a review within 30 days of the conclusion of the investigation. They will seek input from staff, investigators, and involved medical practitioners.

**Practice:**

The facility DCJDC has not had any allegations of sexual abuse or sexual harassment. DCJDC policy 115.386 requires the incident review team to conduct an incident review within 30 days of the conclusion of the investigation. In addition to seeking input from staff, investigators, and involved medical practitioners. The review team is all upper management personnel, including the Detention Manager, PREA Compliance Manager, Agency PREA Coordinator, and Chief Probation Officer. The facility has in place the team and policy to conduct a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

In the past 12 months, there were zero allegations of sexual abuse or sexual harassment, and zero criminal and/or administrative investigations of alleged sexual abuse that were completed at the facility, and that were followed by a sexual abuse incident review within 30 days.

The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

The facility PREA Compliance Manager has a spreadsheet to document all allegations, investigations, incident reviews, and findings. This spreadsheet documents zero allegations.

**Interviews:** Detention Manager - Q: 28

**115.386d:** (d): *The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.*

**Policy/practice/documentation:**

DCJDC P and P, Reviews: The Review team will: Assess policy, physical barriers, adequacy of staffing levels, and video monitoring technology, in the area, that may have enabled the abuse. Consider whether the incident or allegation was motivated by the perpetrator or victim's race, ethnicity, gender identity, sexual identity, gang affiliation, or any other status or group dynamics within the facility. Prepare a report on its findings and any recommendations for improvement. This report will be maintained in the Facility Manager's Office and with the Agency PREA Coordinator.

**Practice:**

DCJDC has a policy in place that directs the review team to: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 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; Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Assess the adequacy of staffing levels in that area during different shifts; Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; 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.

The incident review team is aware of their responsibilities and policy requirements; however, have not conducted any reviews due to no allegations. They do have a spreadsheet that tracks the investigation findings, follow-up actions taken, and notes, for every incident.

**Interviews:** Superintendent or Designee - Q: 29, 30; PREA Compliance Manager - Q: 25, 26, 27; Incident Review Team - Q: 1, 2, 3, 4

**115.386e:** *e): The facility shall implement recommendations for improvement or shall document its reasons for not doing so.*

**Policy/procedure/documentation:**

DCJDC P and P, Reviews: Actions taken after the Review Team conducts its report: A. Implementation of all recommendations, a modification of the recommendations, or no action. All steps and reasons will be documented. All documentation will be submitted and updated in the annual report, to the appropriate authorities and departments regarding the allegation.

**Practice:**

DCJDC has a policy that requires the facility to implement recommendations for improvement or document its reasons for not doing so. In addition, a spreadsheet to track recommendations and actions taken to implement them, or why not.

DCJDC is compliant with standard 115.386. They are a small detention facility that

	<p>has averaged 2 residents over the last 12 months. They have policies, procedures, the management team, and a tracking form in place if they do have an allegation, investigation, and finding of founded or unsubstantiated, to review.</p> <p>Tracking is in place to ensure all recommendations are implemented, or the reasons why not.</p> <p><b>DCJCD is compliant with standard 115.386</b></p>
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<b>115.387</b>	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>115.387: Data Collection:</b> Compliance Assessment: Compliant: Agency Level Audit</p> <p><b>Acronyms</b> used in this report: <b>WNYRC:</b> Western Nevada Regional Youth Center (contracted agency); <b>CSYC:</b> China Spring Youth Camp; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>DCDC:</b> Douglas County Ninth District Court (parent Agency); <b>SSV:</b> Survey of Sexual Violence; <b>BJS:</b> Bureau of Justice Statistics; <b>PC:</b> Agency PREA Coordinator; <b>PCM</b> PREA Compliance Manager (DCJDC); <b>PCC:</b> PREA Compliance Coordinator (CSYC)</p> <p><b>115.387 a, b, c, d, e, and f:</b></p> <p>Standard Requirements: <b>a)</b> <i>The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions;</i> <b>b)</b> <i>The agency shall aggregate the incident-based sexual abuse data at least annually.</i></p> <p><i>c) The incident-based data collected shall 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;</i> <b>d)</b> <i>The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews;</i> <b>e)</b> <i>The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents;</i> <b>f)</b> <i>Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</i></p> <p><b>Compliance Assessment:</b></p> <p><b>Practice:</b></p> <p>In 2022, Douglas County Ninth District Court (DCDC) appointed a PREA Coordinator to oversee PREA compliance in both DCDC-operated facilities, and the contracted confinement facility, Western Nevada Regional Youth Center (WNYRC).</p>

Prior to this appointment, both operated juvenile facilities had in place the standardized collection of uniform data, required for every allegation of sexual abuse, using the SSV standardized instrument and set of definitions.

CSYC uses a standardized collection instrument, built into its database, and it includes all categories and definitions listed in the Survey of Sexual Victimization (SSV) form. This practice is documented in completed SSV reports, both cumulative and individual, as well as a completed incident report that contains all required categories. In addition, interviews with the CSYC PREA Compliance Coordinator (PCC), as well as observations of the database, confirmed the use of this database to collect and aggregate sexual abuse allegations.

DCJDC incorporated all SSV questions and definitions into a tracking spreadsheet, used as the DCJDC standardized instrument. This practice is documented in a completed facility SSV report, as well as a spreadsheet containing all required categories. DCJDC has not had any allegations of sexual abuse, so has not completed any individual SSV reports, only the facility SSV report of zero allegations. An interview with the PCM confirmed the use of the standardized instrument and SSV forms to collect and aggregate any sexual abuse allegations.

Both DCDC-operated facilities, China Spring Youth Camp(CSYC), and Douglas County Juvenile Detention Center (DCJDC) collect data about sexual abuse allegations, investigations, and outcomes, using SSV data fields and definitions. CSYC has records back to 2016, and DCJDC, since 2020, verified in individual and cumulative SSV reports and facility annual PREA reports.

**During corrective action:**

A DCDC (agency) policy was created and implemented, A 115.387 Agency Transparency, Data, and Auditing. It requires its facilities to create standard operating procedures and collect uniform data for every sexual abuse allegation. They are required to use a standardized instrument and set of definitions and to report all data to the agency PREA coordinator.

This DCDC policy requires the agency (PC) to maintain, review, and collect data from all incident-based documents, including reports, investigation files, and sexual abuse incident reviews. In addition, obtain incident bases and aggregate data from every facility, and upon request, provide it to the DOJ. Information about allegations of sexual abuse or sexual harassment is now reported to the Agency PREA Coordinator immediately. From those incidents, the PC ensures the gathering and maintenance of accurate and uniform data from each facility, including the contracted facility, WNRYS. This information is then reviewed by the PCM and the PC, at their monthly meetings.

The DCDC PREA Coordinator (PC) instituted and implemented monthly meetings with facility PCMs. This ensures ongoing communication and review of incidents, as DCJDC (facility) Data Collection, Review & Storage, Publication & Destruction Procedures 115.387: Page 1: Policy - The staff member, administrative or management personnel of the Detention Facility are required to collect accurate, uniform data for every incident of sexual abuse using the standardized system



identified below: Procedures: lists information to be collected (using SSV requirements and definitions); Page 3, 115.388 Data Review for Corrective Action: Policy: Upon request, the Juvenile Probation Department will provide all such data from the previous year to the Department of Justice no later than June 30th of the current year if the request is made; Page 3: An annual report will be submitted to the Juvenile Justice Programs Office by February 15 of each year; Page 3 and 4-115.389 Data Collection, Publication, and Destruction: An annual report conducted by the Detention Facility Supervisor including the current year's sexual abuse and sexual harassment data and the corrective actions taken will be made available to the public. <https://douglascountydistrictcourtspreaagency.com/wp-content/uploads/2023/01/2021-PREA-Annual-Report.pdf>

CSYC Policy 1A.25, A. Facility Duties: The PREA Compliance Manager shall ensure any alleged incident of sexual abuse or sexual harassment is reported timely and appropriately; The PREA Compliance Manager shall review, analyze, and use all sexual abuse and harassment data, including incident-based and aggregated data, to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, response, practices, policies, and training; All information related to sexual abuse and sexual harassment data shall be maintained for ten (10) years from the completion of the investigation; All information related to alleged incidents shall be made available to the PREA Coordinator immediately, based on established timelines; Facility PREA Compliance Managers will participate in the monthly meeting with the PREA Coordinator, if unavailable for the monthly meeting all required documentation shall be provided; All data shall be kept securely and confidentially.

China Spring PREA incident Report - #13: Includes definitions, general, contacts, victim data, perp data, follow-up, conclusion, and evidence (definitions comply with PREA standards) This is the form in the computer system that is completed for every incident. All have the standard definitions and use of this form as CSYC uses this as their uniform data collection tool.

DCDC (agency) Annual PREA 2021 Report:

Aggregated allegations per the SSV definitions since 2016, for operated facilities and the contracted containment facility.

Interviews: Agency PC and Facility PCMs confirm policies/procedures align with the new agency policies. Confirm the use of a standardized instrument to collect information about PREA incidents for SSV reports. Confirmed aggregating facility information annually and posting of annual PREA report on their website. Confirmed that they are prepared to submit SSV information if requested. Confirmed monthly meetings with the agency PC.

Observations: CSYC Database; DCJDC spreadsheet with required categories (zero allegations).

**Compliance Statement:**

DCDC Policy is compliant with the requirements of this standard, 115.387.

The agency, Douglas County Ninth District Court (DCDC), both operated juvenile facilities, China Spring Youth Camp, Douglas County Juvenile Detention Center, and the contracted facility, Western Nevada Regional Youth Center collects information

	<p>for every allegation of sexual abuse using uniform collection and definitions.</p> <p>The agency and both operated facilities, as well as the contracted confinement facility, have aggregated data and posted their annual PREA reports to their websites, as well as completed and submitted SSV reports when requested.</p> <p>The agency PC and facility PCMs meet monthly to go over allegations and ensure all information is gathered and aggregated; and, the agency PC maintains, reviews, and collects data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>The contracted facility, WNRYS, provided information on zero PREA incidents in the last 12 months. CSYC provided documentation of allegations since 2018 and SSV reports and DCJDC provided SSV reports and documentation for 2021.</p> <p>The WNRYS PREA report provided information on zero PREA incidents in the last 12 months; CSYC provided documentation of allegations since 2018 and SSV reports and DCJD provided SSV reports and zero allegation documentation for 2021.</p> <p>The documentation, interviews, and observations demonstrate paperwork/policy/procedures and practice compliance at CSYC and DCJDC for standard 115.387 a, b, c, d, e, and f, during the Agency audit in 2022.</p>
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<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.388 Data review for corrective action</b> Auditor Overall Determination: Meets Standard</p> <p><b>Acronyms</b> used in this report: <b>WNRYS:</b> Western Nevada Regional Youth Center (contracted agency); <b>CSYC:</b> China Spring Youth Camp; <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>DCDC:</b> Douglas County Ninth District Court (parent Agency); <b>SSV:</b> Survey of Sexual Violence</p> <p><b>Standard Requirements:</b> <i>a. The agency shall review data collected and aggregated according to 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.; b. Such a report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse; c. The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one,</i></p>

through other means; **d.** The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

**Compliance Assessment:**

**Practice:**

DCDC-operated facilities, China Spring Youth Camp (CSYC), and Douglas County Juvenile Detention Center (DCJDC), as well as their contracted facility, Western Nevada Regional Youth Center (WNRVC), reviewed data collected and aggregated, according to PREA standard 115.387, and completed their 2021 annual PREA facility reports. All personal identifiers were removed from information used for these reports to ensure the safety and security of the facility, as well as the personal privacy of staff and residents.

CSYC has completed annual reports, since 2016, that include aggregated data, identification of problem areas, and any planned or taken corrective action. CSYC's annual reports are posted at <https://chinaspringyouthcamp.com/prea/>.

Douglas County Juvenile Detention Center (DCJDC) has completed PREA annual reports, since 2019, that included zero incidents of sexual abuse/sexual harassment and evaluated technology needs and actions taken. In addition, evaluated their staffing plan, updated policies, and procedures, and planned for a PREA audit. <https://douglascountydistrictcourtspreaagency.com/wp-content/uploads/2023/01/2021-PREA-Annual-Report.pdf>

WNRVC (contracted facility) posted its PREA report for 2021, which includes zero tolerance, staff, and resident education, PREA progress, data and analysis, actions taken, and a summary, on <https://wnrvc.org/prea/>. The prior 2020 report is also posted on their website.

**During Corrective Action--during the Agency audit in 2022:**

The agency (DCDC) appointed an agency PREA Coordinator to oversee PREA compliance for the agency, the two facilities under its operational control, and its contracted juvenile facility WNRVC.

The agency, DCDC, developed and implemented a new PREA Policy 115.387 Agency Transparency, Data, and Auditing. It requires the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also requires the agency to aggregate incident-based sexual abuse data at least annually. Additional requirements include the agency's (DCDC) oversight to ensure the compliance of the agency and all three of their facilities' websites., and to ensure that the annual report, and finalized audit reports, are published on the agency and each facility's website annually. Also, the facilities are required to report details of any PREA allegation/investigation to the agency PC, as well as provide the PC with the annual report upon completion.

Agency and facility policies were reviewed to ensure cohesiveness and synchronization with each other. Changes were made to ensure harmonization.

The agency's (DCDC) PREA Coordinator instituted monthly meetings, between the agency PREA Coordinator (PC) and facility PREA Compliance Managers (PCM), ensuring ongoing communication and gathering of required data. These meetings include identifying problem areas, taking corrective action on an ongoing basis, and information sharing, leading to preparing an annual report for the agency and each facility-operated and contracted.

The agency (DCDC) completed a 2021 annual PREA report which describes agency progress, which includes sexual abuse data collected and aggregated since 2016, for both juvenile facilities and its contracted juvenile facility. In addition, contains facility progress information, as well as identified needs and actions taken at each facility. The report includes comparisons to prior years' data, was approved by the agency head, and posted to the agency website. This agency report, as well as all three facility's annual reports, can be accessed at the new agency (DCDC) PREA page, <https://douglascountydistrictcourtspreaagency.com/annual-reports/>

Interviews with the agency PREA Coordinator and facility PCMs verified the collection and aggregating of incident-based data, and annual reports completed at the facility and agency levels. In addition, ensuring facility information was given to the agency PC for the agency PREA report. Also confirmed monthly meetings with the PC. Documentation reviewed for this compliance determination can be found under Documentation Reviewed, below.

Douglas County Ninth District Court (DCDC) is compliant with standard 115.388.

**Documentation Reviewed, Paperwork, Policy/Procedure, Forms:**

New DCDC Policy 115.387 Agency Transparency, Data, and Auditing: A. Each Facility shall create a Standard Operating Procedure consistent with this policy, B. The Agency will ensure its website is compliant with this policy, C. The Agency will ensure the Operated/Contracted Facilities Website is compliant with this policy; D. Confidential and personal information shall be redacted from data before being made available to the public; E. Agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions; F. The Agency shall aggregate the incident-based sexual abuse data at least annually; G. The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews, H. Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

New Agency Incident Report Form: contains all requirements of the SSV forms, as required by the standard. "Agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions," and, "Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later

than June 30. The agency shall provide facilities, operated/contracted, to either use the instrument provided or create an instrument that is standardized to the Agency Incident Report.”

New DCDC (Agency) 2021 Annual Agency PREA Report: Reports agency progress that includes sexual abuse data collected and aggregated since 2016 for both facilities and the contracted facility.

Douglas County Juvenile Detention (DCJD) 2021PREA annual report: zero sexual abuse or harassment allegations, Assessment of camera needs, corrective action needed; assessment of facility progress. The report was sent to the PREA Coordinator.

China Spring Youth Camp 2021 Annual Report: grievances by topic, including sexual in nature, verbal contact by staff inappropriate physical contact by staff or youth comparing 2020 and 2021; Critical incidents-including sexual harassment, and criminal activity; identified staff issues; PREA allegations by year and incident type (three years); progress; strategic plan for 2022 third audit cycle, <https://chinaspringyouthcamp.com/prea/>

**Facility** Policy 1A.25 PREA Policies: *Data Collection and Publication, page 40, a, B1.b: A. Facility Duties: 1. The PREA Compliance Manager shall ensure any alleged incident of sexual abuse or sexual harassment is reported timely and appropriately; 2. The PREA Compliance Manager shall review, analyze, and use all sexual abuse and harassment data, including incident-based and aggregated data, to assess and improve the effectiveness of the facility’s sexual abuse prevention, detection, response, practices, policies, and training; 3. All information related to sexual abuse and sexual harassment data shall be maintained for ten (10) years from the completion of the investigation; 4. All information related to alleged incidents shall be made available to the PREA Coordinator immediately, based on established timelines; 5. Facility PREA Compliance Managers will participate in the monthly meeting with the PREA Coordinator, if unavailable for the monthly meeting all required documentation shall be provided; 6. All data shall be kept securely and confidentially; B. Agency Duties: The PREA Coordinator shall: a. Gather and maintain accurate and uniform data from the facilities and required contracted entities: aa. The quarterly basis for federal reporting requirements. bb. Annual Aggregate Report; Cc. Quarterly reporting to the Board of Commissioners (BOCC). b. Annual Aggregate Report; aa. Entities included in Aggregate Report: 1 Facility under its direct control; 2 Contracted facilities; bb. Review, analyze, and use all sexual abuse and harassment data, including incident-based and aggregated data, to assess and improve the effectiveness of the facility's sexual abuse and harassment prevention, detection, response, practices, policies, and training. cc. Made readily to the public through the Agency website, bb. Completed at least annually; 1. Track, trend, analyze, and present aggregate data to any board or commission as required; Page 43, XII. A, b: TRANSPARENCY AND AUDITING: A. The Agency shall ensure the following are posted on the Operated/Contracted Facility website: 1. PREA Policy; 2. Annual PREA report, for a minimum of three (3) years, to include aggregate data for all DCDC facilities; 3. Federal PREA audits are conducted within the agency and*

	<p><i>youth facilities, for a minimum of three years. B. Confidential and personal information shall be redacted from data before being made available to the public.</i></p> <p>CSYC Annual Facility Report, including PREA 2021  <a href="https://douglascountydistrictcourtspreaagency.com/annual-reports/">https://douglascountydistrictcourtspreaagency.com/annual-reports/</a></p> <p>CSYC SSV report and individual reports 2018-2021  <a href="https://chinaspringyouthcamp.com/prea/">https://chinaspringyouthcamp.com/prea/</a> WNRYS 2021 annual report  <a href="https://wnryc.org/prea/">https://wnryc.org/prea/</a></p> <p>DCJDC: 2020 and 2021 annual report:  <a href="https://douglascountydistrictcourtspreaagency.com/annual-reports/p">https://douglascountydistrictcourtspreaagency.com/annual-reports/p</a>&gt;</p> <p>Interviews: Agency PC, facility PCMs.</p> <p>DCDC and DCJDC are compliant with this standard 115.388</p>
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<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.389 Data storage, publication, and destruction</b> Auditor Overall Determination: Meets Standard on the agency audit completed in 2022</p> <p><b>Acronyms</b> used in this report: <b>CSYC:</b> Facility: China Spring Youth Camp; <b>CDC:</b> Agency: Douglas County Ninth District Court; <b>PCM:</b> PREA Compliance Manager ( DCJDC); <b>PCC:</b> PREA Compliance Coordinator (CSYC); <b>DCJDC:</b> Douglas County Juvenile Detention Center; <b>PC:</b> Agency PREA Coordinator; <b>PAQ:</b> Pre-Audit Questionnaire; <b>WNRYS:</b> Western Nevada Regional Youth Center</p> <p><b>PREA Standard Requirements:</b> <b>a:</b> <i>The agency shall ensure that data collected pursuant to 115.387 are securely retained;</i> <b>b:</b> <i>The agency shall 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;</i> <b>c:</b> <i>Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers;</i> <b>d:</b> <i>The agency shall maintain sexual abuse data collected pursuant to 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.</i></p> <p><b>Compliance Assessment</b></p> <p>Documentation: Policy, Paperwork, Reports, Forms Reviewed:</p> <p><b>Policies:</b></p>

**Agency:** New DCDC Policy 115.387 *Agency Transparency, Data, and Auditing: Section VII: Agency Website: A. The Agency shall maintain a website, B. The Agency shall ensure the following are posted on the Agency website: 1. Agency PREA Policies, 2. Annual Aggregate Agency PREA report for a minimum of three (3) years, 3. Federal PREA audits are conducted within the agency and youth facilities, for a minimum of three years.; Section VIII Facility Website: A. The Agency shall ensure the following are posted on the Operated/Contracted Facility website(s) or made available: 1. PREA Policies, 2. Annual PREA report, for a minimum of three (3) years, 3. Federal PREA audits are conducted within the agency and youth facilities, for a minimum of three years.*

**Reports:** CSYC Annual PREA Reports 2016-2021:

<https://chinaspringyouthcamp.com/annual-reports/>; CSYC Annual Facility Reports, including PREA 2018-2020: Highlights: training highlights, operating highlights; looking ahead; financial summary; provided services; camp statistics; and the PREA, Budget report. <https://chinaspringyouthcamp.com/annual-reports/>; CSYC SSV report and individual reports for 2018-2021; WNYRC 2020 and 2021 annual PREA report - <https://wnryc.org/prea/>; DCJD annual PREA report, 2019 021<https://douglascountydistrictcourtspreaagency.com/annual-reports/>

**Practice:**

Facilities:

**China Spring Youth Camp:**

Retains all information for the sole purpose of tracking sexual abuse allegations, investigations, and reports and this information is only accessible to the Director or designee. All information is stored in their database and is restricted to administrative restrictions. Retains this information for 10 years. Removes personal identifiers and redacts information that would jeopardize the confidentiality of the facility's residents, before posting required aggregated data annually to its website: <https://chinaspringyouthcamp.com/PREA>, and CSYC's PCC ensures the required data is shared with the agency PC.

China Spring was used as a model facility throughout the state assisting other facilities to gain PREA compliance, such as Spring Mountain Youth Center, Clark County Detention, Carson City Detention (2019), Western Nevada Youth Regional Center, and Douglas County Detention Center.

**Douglas County Juvenile Detention Center:**

Retains sexual abuse data securely in the facility PCM's office and secure files; Removes personal identifiers and redacts information that would jeopardize the confidentiality of the facility's residents, before posting required aggregated data annually; Maintains its records for 10 years and the facility, and The facility PCM ensures the required data is shared with the agency PC.

**Western Nevada Regional Youth Center:**

Stores sexual abuse data in secure files maintained and monitored by the facility PCM; Removes personal identifiers and redacts information that would jeopardize the confidentiality of the facility's residents, before posting required aggregated data annually; Retains its records for 10 years and ensures this information is shared with the contracting agency DCDC.

**Agency:**

Agency policy/procedures, Agency Transparency, Data, and Auditing, require the agency (DCDC) and their facilities, DCJDC, CSYC, and WNRYS, to retain sexual abuse/harassment data for 10 years. In addition, requires the secure and confidential retention of such information. It also requires the agency, DCDC, to make aggregate sexual abuse data, after redacting personal identifiers, available on its website. This includes data from both operated facilities and their contracted facility (DCJDC, CSYC, and WNRYS).

**Practice:**

The Agency PREA Coordinator (PC) stores data securely in the office of the Director of Juvenile Camp Services/CSYC and retains this data for 10 years. The PC aggregated the sexual abuse data, from all three facilities, removed any personal identifiers, and created an annual 2021 PREA report. This report is posted on the DCDC website.

The PC also meets monthly with the facility PCMs to ensure the collection of data, use of it to ensure the safety of residents and staff in their facilities, and document collected data in the annual facility and agency PREA reports.

**Culture:**

The PC position is new to the agency, Douglas County Ninth District Court (DCDC); however, the compliance with PREA standards is not new to the facilities under the operational control of DCDC and contracted. New agency policies were created during corrective action, and the facility policies were reviewed to ensure both agency and facility policies complied. No new training was required due to the policies already in place for the facilities. The agency PC instituted monthly meetings with the facility PCMs to ensure the agency and facilities are working together and provide data sharing, identification of corrective action, and tracking action implemented.

Policy requirements, training, and actions were already ingrained in the culture of the facilities, and the new PC is well-known to the PCMs. This created a fairly seamless transition in the culture of the agency and facilities. The requirement for assimilation of the policy/procedure and practice into the agency and facility cultures is compliant with PREA standard 115.389.

**Compliance Determination:**

PREA Standard Requirements A, and D:



	<p>The agency-operated facilities, CSYC and DCJDC, the contracted, confinement facility, WNRYS, and the agency PREA Coordinator store sexual abuse and sexual harassment data securely and confidentially. Documentation included and interviews confirm that CSYC, DCJDC, WNRYS, and the Agency PC, store this data securely and confidentially for 10 years.</p> <p>PREA Standard requirements B, and C:</p> <p>The agency, Douglas County Ninth District Court (DCDC), requires each facility to post aggregated sexual abuse data, in the form of a facility's annual PREA report, on each of its websites.</p> <p>DCJDC, CSYC, and WNRYS reports are included in the documentation of this audit and are posted on their websites. The agency, DCDC, removes all personal identifiers and posts the agency's annual PREA report on its website with links to all facility reports. <a href="https://douglascountydistrictcourtspreaagency.com/annual-reports/">https://douglascountydistrictcourtspreaagency.com/annual-reports/</a></p> <p>Interviews with the agency PC, facility PCMs, and the Agency Director confirm gathering and securely storing facility sexual abuse data, aggregating it, and creating facility PREA annual reports. Also, verified the agency PC collects their aggregated data. In addition, verified they retain the secure data for at least 10 years. All facilities and the agency confirmed posting the reports to their websites. The agency Director approves agency reports before they are posted.</p> <p><b>DCDC is compliant with standard 115.389 in the 2022 agency audit.</b></p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>115.401 Audits</b></p> <p>Standard Requirements:(a): <i>During the three years starting on August 20, 2013, and during every three years thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.</i></p> <p><b>Compliance Assessment:</b></p> <p><b>Documentation Reviewed:</b></p> <p>China Spring Youth Camp (CSYC) has completed two audits, and all compliant PREA audits are posted on their website: <a href="https://chinaspringyouthcamp.com/prea/">https://chinaspringyouthcamp.com/prea/</a></p> <p>Western Nevada Regional Youth Center (WNRYS) posted their 2021 and 2020 PREA reports to their website: <a href="https://wnryc.org/prea/">https://wnryc.org/prea/</a>. These reports list WNRYS's</p>

progress towards PREA compliance, including working with the PREA Resource Center on policy, the Nevada state PREA Coordinator, and China Spring Youth Camp PREA Coordinator.

**Interviews:**

WNRKY: Their contract gives them two years to become PREA compliant and pass a PREA audit. They are working towards compliance, have conducted a mock audit, and have budgeted for a PREA audit for 2023/24.

DCJDC: has an open audit, and their site visit is scheduled for February 2023.

CSYC: Currently completing corrective action due to agency non-compliance. Has completed two previous audits and is compliant with audit requirements.

Reports and audits are posted on the agency website:

<https://douglascountydistrictcourtspreaagency.com/annual-reports/>

**Practice:**

The Agency, Douglas County Ninth District Court (DCDC), has two juvenile facilities under its operational control. China Spring Youth Camp (CSYC) and Douglas County Juvenile Detention Center (DCJDC), In addition, it contracts with one facility, Western Nevada Regional Youth Center (WNRKY).

This is the third year of the PREA audit cycle, and one facility has completed an audit during every three-year audit period. CSYC is currently in corrective action for its third audit and has excelled in most standards in previous audits.

DCJDC has not had a completed audit; however, has is currently in audit status and has an audit site visit scheduled for February 2023, the first year of audit cycle four.

DCDC contracted facility, WNRKY, has not completed a PREA audit in the first three audit cycles; however, the facility is budgeted for an audit in 2023/24. The new contract with WNRKY gives them two years to demonstrate PREA compliance.

Douglas County Ninth District Court (DCDC) is on track to have all three facilities complete a PREA audit in the fourth cycle of PREA audits.

The agency (DCDC) has completed an agency audit and is compliant.

**Compliance Determination: Agency Audit 2022**

The agency (DCDC) is compliant with ensuring two-thirds of its facilities were audited in this three-year cycle. One of their two facilities has completed PREA audits in the last three-year audit cycle, as WNRKY is in the two-year window for compliance as it was just added to the contract this year. All facilities have audits planned in the fourth audit cycle, including the contracted facility (WNRKY).

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**115.403: Auditing and Corrective Action:**

PREA Requirement (f): *The agency shall ensure that the auditor's final report is published on the agency's website if it has one or is otherwise made readily available to the public.*

**Compliance Determination:**

The agency, Douglas County Ninth District Court (DCDC), has two juvenile facilities under its operational control. China Spring Youth Camp (CSYC) and Douglas County Juvenile Detention Center (DCJDC), in addition, it contracts with one facility, Western Nevada Regional Youth Center (WNRYS).

The only facility that has completed PREA audits is China Spring Youth Camp. China Spring Youth Camp's two previous PREA audits are posted on the facility and agency website:

<https://chinaspringyouthcamp.com/prea/>

[https://douglascountydistrictcourtspreaagency.com/annual-reports/>](https://douglascountydistrictcourtspreaagency.com/annual-reports/)

The current third PREA audit, for CSYC, is complete and compliant. The China Spring's last two final audit reports are linked to the agency's website and compliant with this standard.

DCDC is compliant with this standard 115.403

<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.)	yes
<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".)	yes
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
<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.)	yes
<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.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
<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 )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities )	
<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)	na
<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	yes



	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
<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
<b>115.316 (a)</b>	<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:	yes

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

	safety, the performance of first-response duties under §115.364, or the investigation of the resident’s allegations?	
<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</b>	<b>Hiring and promotion decisions</b>	

<b>(c)</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	yes

	employees?	
	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 evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<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 responsible for investigating allegations of sexual abuse.)	yes
<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.)	na
<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	yes

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

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
<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	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
<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	yes

	making facility and housing placement decisions and programming assignments?	
<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?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
<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	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<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.	no
<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	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
<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	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
<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	yes



	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
<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	yes

	accordance with these standards?	
<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	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<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</b>	<b>Criminal and administrative agency investigations</b>	

<b>(f)</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	yes

	does not provide a basis for terminating an investigation?	
<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	yes

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

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
<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.)	yes
<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.)	yes
<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	yes

	cooperates with any investigation arising out of the incident?	
<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	yes

	the confinement of its residents.)	
<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.388 (a)</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	yes



	publication would present a clear and specific threat to the safety and security of a facility?	
<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.)	yes
<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.)	yes

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<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.)	yes