

PREA Facility Audit Report: Final

Name of Facility: Pride House Residential Facility

Facility Type: Juvenile

Date Interim Report Submitted: 06/28/2025

Date Final Report Submitted: 01/06/2026

Auditor Certification

The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: DeShane Reed	Date of Signature: 01/06/2026

AUDITOR INFORMATION

Auditor name:	Reed, DeShane
Email:	dreed@drbconsultinggroup.com
Start Date of On-Site Audit:	01/16/2025
End Date of On-Site Audit:	01/18/2025

FACILITY INFORMATION

Facility name:	Pride House Residential Facility
Facility physical address:	1840 Canoga Court , Sparks, Nevada - 89431
Facility mailing address:	492 Abbay Way, Sparks, - 89431

Primary Contact

Name:	Vicki McVeigh
Email Address:	pridehouse2015@gmail.com
Telephone Number:	7757626048

Superintendent/Director/Administrator

Name:	Vicki McVeigh
Email Address:	pridehouse2015@gmail.com
Telephone Number:	7757626048

Facility PREA Compliance Manager

Name:	
Email Address:	
Telephone Number:	

Facility Characteristics

Designed facility capacity:	5
Current population of facility:	3
Average daily population for the past 12 months:	2
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	18-21
Facility security levels/resident custody levels:	Independent Living
Number of staff currently employed at the	5

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

AGENCY INFORMATION	
Name of agency:	Health and Human Services Foundation
Governing authority or parent agency (if applicable):	
Physical Address:	492 Abbay Way , Sparks, Nevada - 89431
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Vicki Mcveigh	Email Address:	vickimcveigh@aol.com

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

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

Number of standards exceeded:

0	
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Number of standards met:

43	
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Number of standards not met:

0	
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POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-01-16
2. End date of the onsite portion of the audit:	2025-01-18

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	I contacted "Child Advocacy Center" regarding SANE/SAFE for PHRF residents. This auditor also contacted "Sparks County Police Department" to confirm that they conduct criminal investigation for PHRF.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	5
15. Average daily population for the past 12 months:	3
16. Number of inmate/resident/detainee housing units:	1

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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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

<p>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>3</p>
<p>25. 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:</p>	<p>0</p>
<p>26. 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:</p>	<p>1</p>
<p>27. 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:</p>	<p>0</p>
<p>28. 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:</p>	<p>0</p>

<p>29. 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:</p>	0
<p>30. 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:</p>	0
<p>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	0
<p>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	0
<p>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	0
<p>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	0
<p>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	This auditor also attempted to identify and interview PHRF residents who fit the target group per the PREA Auditor's Handbook.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	6
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
38. 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:	3
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	3

<p>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input checked="" type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>This auditor conducted interviews with a 100% sample of PHRF residents, due to there being only 3 residents residing at PHRF.</p>
<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>This auditor conducted interviews with a 100% sample of PHRF residents, due to there being only 3 residents residing at PHRF.</p>
<p>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>4</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
49. 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:	1
50. 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:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor conducted interviews with a 100% sample of PHRF residents, due to there being only 3 residents residing at PHRF. This auditor asked the interviewed residents selected to confirm that there were no residents fitting this targeted area residing at PHRF at the time of this audit.</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor conducted interviews with a 100% sample of PHRF residents, due to there being only 3 residents residing at PHRF. This auditor asked the interviewed residents selected to confirm that there were no residents fitting this targeted area residing at PHRF at the time of this audit.</p>
<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor conducted interviews with a 100% sample of PHRF residents, due to there being only 3 residents residing at PHRF. This auditor asked the interviewed residents selected to confirm that there were no residents fitting this targeted area residing at PHRF at the time of this audit.</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor conducted interviews with a 100% sample of PHRF residents, due to there being only 3 residents residing at PHRF. This auditor asked the interviewed residents selected to confirm that there were no residents fitting this targeted area residing at PHRF at the time of this audit.</p>
<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor conducted interviews with a 100% sample of PHRF residents, due to there being only 3 residents residing at PHRF. This auditor asked the interviewed residents selected to confirm that there were no residents fitting this targeted area residing at PHRF at the time of this audit.</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This auditor conducted interviews with a 100% sample of PHRF residents, due to there being only 3 residents residing at PHRF. This auditor also conducted a site review of PHRF and did not identify any isolation/segregation room/spaces at PHRF. PHRF is a home-like community-based residential facility.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>3</p>
<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" 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>If "Other," describe:</p>	<p>I also interviewed based on the required specialized staff criteria per the PREA Auditor's Handbook. These 3 interviewed staff included direct supervision, specialized staff, contracted staff, and PHRF's Director/PC.</p>
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>I also interviewed based on the required specialized staff criteria per the PREA Auditor's Handbook.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>4</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>65. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>66. Were you able to interview the PREA Compliance Manager?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

67. 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 checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	I also interviewed based on the required specialized staff criteria per the PREA Auditor's Handbook.
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

71. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
72. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
73. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
75. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
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Documentation Sampling

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

<p>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>While onsite, I requested my own samples of documents, reviewed files while onsite, and other verification to determine compliance.</p>

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.

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	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.

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

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

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

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

<p>a. Explain why you were unable to review any sexual abuse investigation files:</p>	<p>PHRF's Director/PREA Coordinator shared that there have not been investigations in this category of investigation in the past 12 months. This auditor also asked each interviewed resident if any sexual abuse or sexual harassment has been reported at PHRF. Each residents replied that they have not reported or observed any other resident report sexual abuse or sexual harassments while at PHRF.</p>
<p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>

Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	PHRF's Director/PREA Coordinator shared that there have not been investigations in this category of investigation in the past 12 months. This auditor also asked each interviewed resident if any sexual abuse or sexual harassment has been reported at PHRF. Each residents replied that they have not reported or observed any other resident report sexual abuse or sexual harassments while at PHRF.

<p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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Inmate-on-inmate sexual harassment investigation files

<p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files

<p>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>

<p>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

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

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion <p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.311. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.311. Excerpts from "PH/HHSF PREA Policy" states, <i>"PRIDE HOUSE has a zero-tolerance policy against all forms of sexual abuse and sexual harassment. PRIDE HOUSE prohibits all sexual activity between or with any resident(s) under our care and supervision. No staff may work at PRIDE HOUSE before completing PREA training.</i></p> <p><i>PRIDE HOUSE will assign and train an upper level, staff member to assume the duties of PREA Compliance Manager (PCM). The responsibilities of this assignment include (but are not limited to) assisting in the development, implementation and oversight of the PREA standards within the organization. The PC will be afforded the</i></p>

sufficient time and authority to develop, implement and oversee the organization's efforts to comply with PREA standards."

This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.311.

PHRF's Organizational Chart also identified their PREA Coordinator who oversees PHRF's efforts to comply with PREA Standards with their residential independent living program serving juvenile justice custodial youth. Additionally, this PREA auditor also observed, interacted with, and interviewed PHRF's Director/PREA Coordinator. PHRF's PREA Coordinator shared that she is very new to being a PREA Coordinator and has minimum understanding of the role. Furthermore, PHRF's Director/PREA Coordinator shared that she is working seeking guidance from NV-DCFS' PREA Coordinator to assist in developing, implementing, coordinating, and monitoring PREA efforts at PHRF. Finally, PHRF, is a single facility within its agency who houses juvenile justice custodial youth. They are not required to have a PREA Compliance Manager and a PREA Coordinator. They are only required to have a PREA Coordinator.

This auditor recommended that PHRF's Director/PREA Coordinator receive training through the "*PREA Resource Center*" (PRC) or by Nevada Division of Child and Family Services (NV-DCFS) PREA Coordinator, centered around the role of a PREA Coordinator/Compliance Manager. This would provide her insight of PREA into PREA application in juvenile facilities. Finally, this auditor recommended PHRF establish consistency in practice with the above-mentioned recommendations before compliance can be determined. This PREA auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.311. Corrective Action was required.

During Pride House Residential Facility's (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS' PREA Coordinator (PC) and PHRF's Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF's Director/PREA Coordinator submitted a signed attendance sheet of "*PREA Compliance Manager Orientation*" training facilitated by NV-DCFS PREA Coordinator. The training was dated 10/29/25, with PHRF's Director/PC and Administrative Assistant present.

This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.311.

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.312. Pride House Residential Facility (PHRF) did not submit any documentation for this PREA standard, due to PHRF being a contracted residential facility which provides placement for NV-DCFS residents still under juvenile justice custody.</p> <p>While onsite, this auditor interviewed NV-DCFS' PREA Coordinator, who shared that any agency contracting with PHRF to house PHRF custodial youth, must adopt and follow PREA Standards. Furthermore, PHRF's PC stated that she understands that PHRF is responsible for becoming PREA compliant from the signing of their service agreement with NV-DCFS (last service agreement signed in 7/2023). Additionally, Pride House Residential Facility (PHRF) submitted their executed "<i>Service Agreement between Health and Human Services Foundation and Department of Health and Human Services-Division of Child and Family Services.</i>" The service agreement contained a "<i>PREA Addendum</i>" which requires PHRF to submit PREA Compliance-OR-work diligently towards PREA Compliance and obtain PREA compliance within 18 months of the execution of the service agreement.</p> <p>This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.312.</p>
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115.313	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.313. Pride House Residential Facility (PHRF) submitted their "<i>Pride House/Health and Human Services Foundation PREA Policy</i>" as evidence of compliance with PREA Standard 115.313. Excerpts from "<i>PH/HHSF's PREA Policy</i>" states, "<i>PRIDE HOUSE will conduct unannounced rounds on all shifts, including overnight shifts, to ensure adequate supervision, and to identify and deter staff from sexual misconduct and sexual abuse. All staff are prohibited from alerting other staff members that these rounds are being conducted. PRIDE HOUSE will maintain a staffing plan that provides for adequate levels of staffing to ensure for the protection of each resident against sexual abuse.</i></p> <p><i>Pride House PCM will conduct an annual assessment to determine if staffing patterns, video monitoring systems, other technologies and resources are adequate</i></p>

to ensure the protection of residents against sexual abuse.

The program will maintain a staffing plan that provides for adequate levels of staffing to ensure for the protection of each resident against sexual abuse.

When the program calculates the appropriate staffing ratios and needs for video monitoring, the following items must be considered:

- a. Generally accepted residential practices for independent living facilities*
- b. Any judicial findings of inadequacy*
- c. Any findings of inadequacy from federal investigative bodies*
- d. Any findings of inadequacy from internal or external oversight bodies (Quality Assurance (QA) audits).*
- e. All components of the program's physical plant (including "blind spots" or areas where staff or residents may be isolated)*
- f. The composition of the resident population (ie- gender ratios, risk/need of residents, physical size, Sexual Aggressive Behavior (SAB), Vulnerability to Victimization (VV)*
- g. The number and placement of supervisory staff*
- h. Programs occurring on a particular shift*
- i. Any applicable State or local laws, regulations or standards*
- j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse."*

This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.313.

Pride House submitted their written staffing plan, specifically to Pride House. However, this staffing plan and its content and considerations did not align with this PREA standard. PHRF also submitted an example copy of PHRF's *"Deviation Plan,"* as evidence of compliance. Additionally, while onsite, this auditor was unable to review documentation of 'unannounced supervisory rounds' being conducted by any PHRF supervisory staff. When this auditor interviewed PHRF's Director/PREA Coordinator (PC), she shared that she was unaware of PHRF's responsibility to conduct "unannounced supervisory rounds" to identify and deter staff sexual abuse and sexual harassment. Finally, during this auditor's interview with PHRF's PC, she shared that PHCF houses juvenile sex offenders and staffing consists of 16 hours of staff supervision at a 1:5 ratio (during wake hours). She further stated that PHRF has 0:16 staff supervision during sleeping hours (0 supervision). PHRF residents are unsupervised for 8 hours during sleeping hours.

This auditor recommended that PHRF develop a *"Staffing Plan"* which contains

discussion on how PHRF is considering the 11 identified factors identified within this PREA Standard 115.313, in protecting PHRF residents from sexual abuse. Additionally, this auditor recommended PHRF establish procedures on conducting “unannounced supervisory rounds” to identify and deter staff sexual abuse, followed by training PHRF’s supervisory staff on conducting such procedures. Finally, this auditor recommended PHRF immediately “cease” leaving PHRF residents unsupervised (left alone without supervision) and provide in-person supervision to PHRF residents around the clock and 7 days a week (meeting PREA’s 1:8 wake and 1:16 sleeping hours staff to resident minimum ratio). Finally, this auditor recommended PHRF establish consistency in practice with the above-mentioned recommendations before compliance can be determined. This PREA auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.313. Corrective Action was required.

During Pride House Residential Facility’s (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS’ PREA Coordinator (PC) and PHRF’s Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, this auditor requested “*Unannounced Supervisory Rounds*” from 6/2025 through 10/2025. PHRF’s Director/PREA Coordinator submitted PHRF’s “*Unannounced Supervisory Rounds*” for the 6/2025 through 10/31/25. Additionally, PHRF’s Director/PREA Coordinator submitted “*Offer Letters*” and “*Job Descriptions*” of 2 overnight staff, as evidence of hiring an overnight PHRF staff to provide 1:16 staff coverage during residents’ sleeping hours. PHRF now has 3 shifts (7a-3p; 3p-11p; and 11p-7a) to provide full coverage. Finally, PHRF’s Director/PREA Coordinator also submitted their updated “*Staffing Plan*” (dated 9/12/25).

This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.313.

115.315 Limits to cross-gender viewing and searches	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Pride House Residential Facility’s (PHRF) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.315. Pride House Residential Facility (PHRF) submitted their “Pride House/Health and Human Services Foundation PREA Policy” as evidence of compliance with PREA Standard 115.315. Excerpts from “PH/HHSF’s PREA Policy” states, “ <i>PRIDE HOUSE prohibits cross-gender strip and visual body cavity searches, except in exigent circumstances.</i>

- *PRIDE HOUSE prohibits cross-gender pat down searches.*
- *PRIDE HOUSE prohibits staff of the opposite sex to view residents showering, changing clothes or performing bodily functions except when such view is incidental during routine checks.*
- *PRIDE HOUSE shall not search or physically examine a transgender or intersex residents for the sole purpose of determining the resident's genital status.*

PROCEDURE

The program will contact DCFS Youth Parole for any and all searches of resident, if deemed necessary."

This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.315.

While onsite, this auditor interviewed Nevada Division of Child and Family Services' (NV-DCFS) PREA Coordinator and PHRF's Director/PREA Coordinator. Both shared that PHRF's staff are prohibited from conducting pat down or strip searches of PHRF residents. If PHRF has suspicion of contraband or has a need for a resident to be pat searched or strip searched, PHRF contacts the resident's NV-DCFS "Youth Parole Officer (YPO)." The YPO would then come to PHRF and conduct the resident's pat down search or strip search (same gender YPO if required). Moreover, when this auditor interviewed PHRF's House Manager, she confirmed that PHRF does not pat down or strip search their residents. This auditor also interviewed each of the 3 PHRF residing residents asking, "Who conducts pat down searches, if needed?" Each resident shared that they have not been pat down searched by a PHRF staff. Each consistently stated, "*My P.O (Youth Probation Officer) has to come out and do that.*" One of the 3 interviewed residents recalled his P.O. coming out to pat down search him.

PHRF is a male youth facility. Zero female residents were onsite during this auditor's site review/tour of PHRF. This auditor also observed that PHRF's staff are primarily female. This auditor also interviewed 3 PHRF staff (PHRF's PC, House Manager, and Psycho-Social Rehabilitation Worker) asking, "*What steps do you take prior to entering a resident's bedroom or the bathroom?*" Each staff shared that they "*knock and announce themselves*" prior to entering. The 3 interviewed PHRF residents confirmed that staff announce themselves prior to entering residents' room or before checking/entering bathrooms. PHRF's House Manager further shared that residents share a room with a roommate in 2 rooms and 1 resident has his own room (if at their capacity of 5 residents is reached). PHRF has 2 bathrooms with locked doors and shower curtains for privacy. Each resident is required to be dressed entering and exiting the bathrooms and bedrooms.

Finally, when this auditor asked about transgender/intersex searches, PHRF's PC and House Manager individually shared that YPO also conduct pat down and strip searching of all residents. Due to PHRF being a home-like structure and environment, transgender/intersex residents are provided.

	<p>This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.315.</p>
115.316	<p>Residents with disabilities and residents who are limited English proficient</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.316. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.316. Excerpts from "PH/HHSF's PREA Policy" states, <i>"Pride House shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the program's efforts to prevent, detect, and respond to sexual abuse and sexual harassment."</i></p> <p>PROCEDURE</p> <p>a) <i>When necessary to ensure effective communication with residents who are deaf or hard of hearing, the program will provide access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the program shall 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, limited reading skills, or who are blind or have low vision."</i></p> <p>This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.316.</p> <p>While onsite conducting PHRF's site review/tour, this auditor did not observe signage in English and Spanish. Also, when this auditor interviewed PHRF's Director/PREA Coordinator, she was unable to provide documented evidence of interpretation/translations services for its residents. Furthermore, this auditor interviewed 2 additional PHRF staff. Each shared that they did not know what PHRF have in place if they were to receive a resident who was <i>Limited English Proficient (LEP)</i>. Finally, this PREA auditor interviewed 3 PHRF residents, noting that there were no LEP residents residing during this onsite audit.</p>

	<p>This auditor recommended that PHRF establish a documented formal collaborative partnership with a "Formal Language Translation Service" for PHRF staff access for PHRF LEP access. Once this documented collaboration is formalized/established or an independent formal language line service is established, this auditor recommended PHRF facilitate an "All Staff Training" on the purpose and how to access the language line to assist with translation services for PHRF. Finally, this auditor recommended that PHRF develop "PREA Reporting/Zero Tolerance Signage" in English and Spanish, as well as posted in visible areas through PHRF. This PREA auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.316. Corrective Action was required.</p> <p>During Pride House Residential Facility's (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS's PREA Coordinator (PC) and PHRF's Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF's Director/PREA Coordinator submitted PHRF's contract with the "Northern Nevada International Center Language Bank" for translation/interpretation services at PHRF (dated 10/13/2025). Additionally, PHRF's Director/PREA Coordinator submitted 6 signed staff acknowledgements of receiving PHRF's translation/interpretation services training titled, "Use of Nevada International Center's Language Bank Services." Finally, PHRF's Director/PREA Coordinator submitted photo evidence of "PREA Zero Tolerance and Reporting Signage" posted around PHRF in English and Spanish.</p> <p>This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.316.</p>
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.317. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.317. Excerpts from "PH/HHSF PREA Policy" states, "<i>PRIDE HOUSE will require every candidate for employment, as well as contractors, within the program to undergo and pass background checks, to include state and federal, prior to hiring. Every member of staff is required to undergo an additional background check every five years, or more frequently per state, licensing or contractual requirements.</i></p>

All volunteers will have background checks conducted prior to volunteering in the program. The background checks will be conducted in accordance with state, licensing or contractual requirements.

A volunteer is never to be left alone with a resident without at least sight observation by staff.

The program 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. Has engaged in sexual abuse in a prison, jail, lockup, community confinement program, juvenile program, 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 this policy.*

PROCEDURE

(a) The program shall 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.

(b) Before hiring new staff, who may have contact with residents, the program shall:

- 1. Perform a criminal background record check by DCFS;*
- 2. Consult any child abuse registry maintained by the State or locality in which the staff 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.*

The program should 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.

The program shall either conduct criminal background records checks of current staff and contractors may have contact with residents or have in place a system for otherwise capturing such information for current staff. Criminal background checks will occur at least every five years, or more often as required by licensing, regulatory or contractual requirements.

The program shall also ask all applicants and staff 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 in any interviews or written self- evaluations conducted as part of reviews of current staff. The program shall also impose upon staff a continuing affirmative duty to disclose any such misconduct.

Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Unless prohibited by law, the program shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former staff upon receiving a request from an institutional employer for whom such staff has applied to work. All such requests will be forwarded to the Director who is the sole individual who may respond to such requests."

This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.317.

While onsite, this auditor interviewed PHRF's Director/PREA Coordinator. She shared that all employees receive an NCIC/FBI background check. This auditor also interviewed Nevada Division of Child and Family Services (NV-DCFS) PREA Coordinator, who is the PREA contract monitor for this contract NV-DCFS have with PHRF for the confinement of DCFS aftercare residents. NV-DCFS' PREA Coordinator shared that all new hires would start receiving background checks through NV-DCFS' Human Resource and follow NV-DCFS hiring protocol. This auditor confirmed that NV-DCFS' hiring, and promotion practices are in alignment with this PREA Standard 115.317.

When this auditor previously interviewed NV-DCFS' Human Resources Analyst II (HR), this auditor confirmed that NV-DCFS' HR conducts pre-hire state and federal background checks, as well as Child Abuse and Neglect (CANS) checks on all prospective employees with NV-DCFS. This auditor also confirmed that NV-DCFS' HR also confirmed that background checks and CANS are conducted on all staff "no matter what." This applies to contractors as well. Finally, PHRF'S HR Analyst II shared that DCFS considers omission of pertinent information related to sexual misconduct ground for no hire or termination. Finally, she shared that PREA-related information with other hiring entities (upon request) who may be seeking to hire former NV-DCFS employees.

Finally, this auditor recommended PHRF establish consistency in practice by showing documentation that NV-DCFS Human Resources is conducting the above-mentioned pre-hire, promotion, PREA Acknowledgements, and reference checking before compliance can be determined. This PREA auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.317. Corrective Action was required.

During Pride House Residential Facility's (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with

	<p>NV-DCFS's PREA Coordinator (PC) and PHRF's Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF's Director/PREA Coordinator submitted background checks and child abuse and neglect registries documentation of 3 new hires since the conclusion of PHRF's onsite audit. The documentation showed that NV-DCFS' Human Resources is conducting pre-hire, promotion, PREA Acknowledgements, and reference checking for PHRF.</p> <p>This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.317.</p>
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115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.318. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.318. Excerpts from "<i>PH/HHSF's PREA Policy</i>" states, "<i>Pride House will consider the effect of the design, acquisition, expansion, or modification of facilities upon the program's ability to protect residents from sexual abuse.</i>"</p> <p>This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.318.</p> <p>Pride House Residential Facility (PHRF) reported that they have not acquired a new facility, made any facility/physical structure upgrades, or expansions to the facility since August 20, 2012. This is PHRF's first PREA Facility Audit. While onsite, this auditor also interviewed PHRF's Director/PREA Coordinator (PC). She shared that the facility enhanced their ability to keep residents safe from sexual abuse by updating their video monitoring. PHRF added 4 cameras to a recordable camera system, which was installed in June 2024.</p> <p>This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.318.</p>

115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>

Auditor Discussion
<p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.321. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.321. Excerpts from "PH/HHSF PREA Policy" states, <i>"Pride House PREA Compliance Manager will coordinate with Sparks Police Department and Child Advocacy Center for all Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) personnel. PRIDE HOUSE will refer victims of sexual abuse to an agency that follows evidence protocols for forensic medical examinations.</i></p> <p>PROCEDURE</p> <p><i>a. To the extent the program is responsible for investigating allegations of sexual abuse, the program shall follow a uniform evidence protocol that maximizes the potential for obtaining use physical evidence for administrative proceedings and criminal prosecutions.</i></p> <p><i>b. The protocol to be used is the "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents."</i></p> <p>This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.321.</p> <p>While onsite, this auditor interviewed PHRF's Director/PREA Coordinator, who shared that Sexual Assault Forensic Examinations are conducted by Child Advocacy Center. However, she could not produce an active Memorandum of Understanding (MOU) PHRF has with <i>Child Advocacy Center</i>. Moreover, PHRF's Director/PREA Coordinator shared that PHRF utilizes Sparks County Police Department (SCPD) for criminal investigations. Finally, this auditor interviewed 3 PHRF staff. When asked if they received <i>"Crime Scene Preservation/Preserving Usable Evidence"</i> training, each staff shared that they have not received training on <i>"Crime Scene Preservation/Preserving Usable Evidence."</i> The language in the MOU between PHRF and ECSO has the necessary language to align with PREA Standard 115.321.</p> <p>This auditor recommended that PHRF establish an official MOU with an external agency to provide Victim Advocacy services for PHRF resident who are sexually abused or those in need of emotional support while residing in PHRF's programs. This auditor also recommended that PHRF provide training to all PHRF staff, focused on PREA 1st Responder responsibilities, with specific training on preserving physical evidence and potential crime scenes when sexual abuse has been reported. This auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.321. Corrective Action was required.</p> <p>During Pride House Residential Facility's (PHRF) Corrective Action Period (CAP), this</p>

	<p>auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS's PREA Coordinator (PC) and PHRF's Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF's Director/PREA Coordinator submitted correspondence evidence of attempts made to secure victim advocacy partnerships within the community. The electronic correspondence shows that NV-DCFS is collaborating with PHRF regarding victim advocacy needs, in the event emotional support is needed. Additionally, PHRF's Director/PREA coordinator submitted their "<i>PREA Staff Training</i>" PowerPoint curriculum/slide show, which provided refresher education to staff on 1) PREA Overview and Zero Tolerance Policy, 2) 1st Responder Duties, 3) Coordinated Response Responsibilities, 4) Monitoring for Retaliation, 5) Reporting Procedures and Confidentiality, and 6) Victim Advocacy Resources. PHRF also submitted the "<i>PREA Staff Training</i>" sign-in sheet of their 8 staff (dated 10/18/25), as well as their accompanying "<i>PREA Training Knowledge Check</i>" review test.</p> <p>This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.321.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.322. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.322. Excerpts from "PH/HHSF PREA Policy" states, "<i>Pride House shall ensure that an administrative investigation is completed for all allegations of sexual abuse and sexual harassment.</i></p> <p>PROCEDURE</p> <p><i>a) Allegations of sexual abuse or sexual harassment will be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The determination of whether an allegation involves potentially criminal behavior will be made by the Director.</i></p> <p><i>b) All referrals shall be documented.</i></p> <p><i>c) If a criminal investigation is conducted, the program will provide the following:</i></p>

1. *Incident/ Information Reports*
2. *Access to program and location of the incident*
3. *Access to residents and / or staff involved*
4. *Access to all records deemed necessary to complete the investigation."*

This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.322.

While onsite, this auditor interviewed PHRF's Director/PREA Coordinator (PC), who shared that PHRF utilizes *Sparks County Police Department (SCPD)* for criminal investigations which may occur at PHRF. PHRF's Director/PREA Coordinator (PC) also shared PHRF do not have a designated staff who have received specialized training to conduct PREA Administrative investigations at PHRF.

This auditor recommended that PHRF identify designated staff to receive "*Specialized Training*" to conduct PREA administrative investigations which may occur at PHRF. The specialized training should include evidence collection, Miranda/Garrity rights, interviewing procedures, retaliation monitoring, and report-writing protocols, and evidentiary standards for administrative PREA investigations. This PREA auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.322. Corrective Action was required.

During Pride House Residential Facility's (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS's PREA Coordinator (PC) and PHRF's Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF's Director/PREA Coordinator submitted the "*PREA Juvenile Specialized Investigator's Training*" certificate of their assigned staff PREA Administrative Investigator. The 7.5-hour virtual training was facilitated by "*The Moss Group*" on 11/14/25 and covered the required topics identified in PREA Standard 115.334.

This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.322.

115.331 Employee training

Auditor Overall Determination: Meets Standard

Auditor Discussion

This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.331. Pride House Residential Facility (PHRF) submitted their "Pride

House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.331. Excerpts from "PH/HHSF PREA Policy" states, "*PRIDE HOUSE program will provide the following appropriate training to all staff at pre-service and then annually.*

PROCEDURE

- a) *The PCM shall train all staff (full time, part time and contracted mental health care practitioners):*
 - 1. *Its zero-tolerance policy for sexual abuse and sexual harassment;*
 - 2. *How to fulfill their responsibilities under program 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 staff 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 related reporting.*
 - 12. *There is no age of consent for juveniles in confinement.*
- a) *Such training shall be tailored to the unique needs and attributes of residents in the programs and to the gender of the residents in the program. The staff shall receive additional training if the staff is reassigned from a program that houses only male residents to a program that houses only female residents, or vice versa.*
- b) *The program shall provide each staff with refresher training every six months to ensure that all staff know the program's current sexual abuse and sexual harassment policies and procedures."*

This auditor concludes that PH/HHSF's PREA Policy has the necessary language to

align with this PREA Standard 115.331.

While onsite, this auditor also interviewed 3 randomly selected PHRF (specialized, direct supervision, and contracted), to assess their knowledge of PREA, PREA's purpose, and how PREA relates to each staff's role. The staff interviewed had very little knowledge of PREA, their responsibilities, red flag behaviors in residents and staff, and the dynamics surrounding sexual abuse. When asked about PREA training, 0 staff acknowledged receiving PREA training. Additionally, this PREA auditor requested PREA training file evidence of the 3 PHRF staff interviewed. PHRF's Director/PREA Coordinator shared that there has not been any official PREA staff training at PHRF. She was also unable to produce documentation for PREA training.

This auditor recommended that PHRF develop an approved "*PREA Staff Training Curriculum/PPT*," whose contents align with the topics identified in this PREA Standard 115.331. Additionally, this auditor recommended PHRF provide training to all current PHRF specialized, direct supervision, and contracted staff, then submit documentation of training curriculum and acknowledgement of participation. This auditor also recommended PHRF establish consistency in practice with the above-mentioned recommendations for providing PREA Staff Training prior to staff having contact with PHRF residents, before compliance can be determined. This auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.331. Corrective Action was required.

During Pride House Residential Facility's (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS's PREA Coordinator (PC) and PHRF's Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF's Director/PREA Coordinator submitted PHRF's "*PREA Sexual Safety at Pride House/HHS*" PowerPoint curriculum, as evidence of compliance with this standard. The 68 slide PPT contained all the topics required in this PREA Standard. The content of the training curriculum included **1) PREA Overview and Zero Tolerance Policy**, **2) 1st Responder Duties**, **3) Coordinated Response Responsibilities**, **4) Monitoring for Retaliation**, **5) Reporting Procedures and Confidentiality**, **6) Professional Boundaries/ Red Flag Behavior**, and **7) Victim Advocacy Resources**. Additionally, PHRF's Director/PREA coordinator submitted nine "*PREA Staff Training Rosters and Acknowledgement Forms*," as evidence of all PHRF staff receiving PREA training. Finally, PHRF's Director/PREA Coordinator submitted "*PREA Acknowledgements*" and "*PREA Questionnaires*" where staff acknowledging no previous sexual misconduct. According to PHRF's Director/PREA coordinator, these "*PREA Acknowledgements*" and "*PREA Questionnaires*" will be a part of PHRF's annual "*PREA Refresher Trainings*."

This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.331.

Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.332. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.332. Excerpts from "PH/HHSF PREA Policy" states, "<i>Pride House shall ensure that all volunteers and contractors who have contact with residents will be trained on their responsibilities under the program's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</i></p> <p>PROCEDURE</p> <p><i>a) 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, but all volunteers and contractors who have contact with residents shall be notified of the program's zero- tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</i></p> <p><i>b) The program shall maintain documentation confirming that volunteers and contractors understand the training they have received."</i></p> <p><i>(8). All emergency personnel responding to an incident within the facility are exempt from the above training requirements."</i></p> <p>This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.332.</p> <p>While onsite, this auditor also interviewed 3 randomly selected PHRF (specialized, direct supervision, and contracted), to assess their knowledge of PREA, PREA's purpose, and how PREA relates to each staff's role. The staff interviewed had very little knowledge of PREA, their responsibilities, red flag behaviors in residents and staff, and the dynamics surrounding sexual abuse. When asked about PREA training, 0 staff acknowledged receiving PREA training. Additionally, this PREA auditor requested PREA training file evidence of the 3 PHRF staff interviewed. PHRF's Director/PREA Coordinator shared that there has not been any official PREA staff training at PHRF. She was also unable to produce documentation for PREA training.</p> <p>This auditor recommended that PHRF develop an approved "<i>PREA Staff Training Curriculum/PPT</i>," whose contents align with the topics identified in this PREA Standard 115.332. Additionally, this auditor recommended PHRF provide training to all current PHRF specialized, direct supervision, and contracted staff, then submit documentation of training curriculum and acknowledgement of participation. This auditor also recommended PHRF establish consistency in practice with the above-</p>	

	<p>mentioned recommendations for providing PREA Staff Training prior to staff having contact with PHRF residents, before compliance can be determined. This auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.332. Corrective Action was required.</p> <p>During Pride House Residential Facility's (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS's PREA Coordinator (PC) and PHRF's Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF's Director/PREA Coordinator submitted PHRF's "<i>Volunteer and Contractor's PREA Training</i>" PowerPoint curriculum, as evidence of compliance with this standard. The 11 slide PPT contained all the topics required in this PREA Standard. The content of the training curriculum included 1) PREA Overview and Zero Tolerance Policy, 2) 1st Responder Duties, 3) Monitoring for Retaliation, 4) Reporting Procedures and Confidentiality, and 5) Professional Boundaries/Red Flag Behavior.</p> <p>Additionally, PHRF's Director/PREA coordinator submitted 3 "<i>Visitor Acknowledgement Logs</i>," as evidence of all PHRF visitors and volunteers receiving PREA training. PHRF requires all infrequent visitors, volunteers, and contractors to read, review, and sign a "<i>Visitor Acknowledgement Logs</i>" prior to entering PHRF and having contact with residents. Finally, PHRF's Director/PREA Coordinator submitted photo evidence of the entry location where the visitor/volunteer acknowledgement binder sits.</p> <p>This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.332.</p>
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.333. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.333. Excerpts from "PH/HHSF PREA Policy" states,</p> <p><i>Pride House shall ensure that residents shall receive information explaining the program's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</i></p>

PROCEDURE

(a) *During the intake process, residents shall receive PRIDE HOUSE PREA Policy "A Resident Guide to Rights, Protections, and Reporting of Sexual Abuse" explaining the program's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.*

(b) *During the intake process, residents shall receive and sign PRIDE HOUSE PREA Policy "Resident Acknowledgment of Zero Tolerance". The signed acknowledgment form will be maintained in the Case Management file.*

(c) *Within 10 days of intake, the program shall provide comprehensive age-appropriate education to residents regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding program policies and procedures for responding to such incidents.*

(d) *The program shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.*

(e) *The program shall maintain documentation of resident participation in these education sessions in the resident file.*

(f) *In addition to providing such education, the program shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats."*

This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.333.

While onsite, this auditor also interviewed PHRF's Director/PREA Coordinator who shared that PHRF did not consistently provide PREA information to residents at intake and Comprehensive PREA Education residents within 10 days of intake. This was verified during this auditor's interviews with 2 additional PHRF direct supervision/contracted staff. Moreover, this auditor interviewed a 3 PHRF residents asking, *"Were you provided PREA information or education since you have been here at PHRF?"* All three stated, *"No."* Each further stated that they last received PREA Education was at their previous NV-DCFS placement facility. Finally, while conducting PHRF's site review, this auditor only saw 3 NV-DCFS PREA reporting signs posted amongst several other documents. The reporting signage was not specific to reporting avenues for residents at PHRF. Additionally, this auditor only saw one of the PREA signage in Spanish.

This auditor recommended that PHRF develop an approved *"PREA Staff Training Curriculum/PPT,"* whose contents align with the topics identified in this PREA Standard 115.332. Additionally, this auditor recommended PHRF provide training to all current PHRF specialized, direct supervision, and contracted staff, then submit documentation of training curriculum and acknowledgement of participation. This

	<p>auditor also recommended PHRF establish consistency in practice with the above-mentioned recommendations for providing PREA Staff Training prior to staff having contact with PHRF residents, before compliance can be determined. This auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.332. Corrective Action was required.</p> <p>During Pride House Residential Facility's (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS's PREA Coordinator (PC) and PHRF's Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF's Director/PREA Coordinator submitted their newly developed their "<i>PREA Pamphlet</i>," which has all the required PREA information for residents. PHRF's Director/PREA Coordinator also submitted 3 reviewed, acknowledged, and signed "<i>Resident PREA Intake Orientation</i>" of PHRF's residents who were assigned to PHRF. PRHF, then submitted 6 acknowledged and signed "<i>PREA Information and Pamphlet Acknowledgement Forms</i>" of all their residents, showing evidence of providing "<i>PREA Refresher Education</i>" to all PHRF residents. Finally, PHRF's Director/PREA Coordinator submitted 6 initialed and signed "<i>Resident PREA Comprehensive 10-Day Education Checklist</i>," as evidence of compliance that PHRF also provides PREA comprehensive education within 10-days of each resident's intake at PHRF.</p> <p>This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.333.</p>
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.334. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.334. Excerpts from "PH/HHSF PREA Policy" states, "<i>Any PRIDE HOUSE administrative investigations shall be conducted by personnel who in addition to the general training provided to all employees pursuant to PREA Standard 115.331, have received training in conducting such investigations in confinement settings.</i></p>
	<p>PROCEDURE</p> <p>a) <i>In addition to the general training provided to all employees pursuant to PREA Standard 115.331, the program shall ensure that, to the extent the agency itself</i></p>

conducts sexual abuse administrative investigations, its investigators have received training in conducting such investigations in confinement settings. Authorized investigators for the program shall include the Director.

b) Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence preservation, and the criteria and evidence required to substantiate a case for administrative action or law enforcement referral.

c) The program shall maintain documentation that the program investigator(s) have completed the required specialized training in conducting sexual abuse administrative investigations.”

This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.334.

While on-site, this auditor interviewed PHRF'S PREA Director/PREA Coordinator (PC). She shared that there are currently no specialized trained PREA Investigators at PHRF. This auditor directed PHRF's PC to the National Institute of Corrections (NIC) website and The Moss Group's specialized investigator's training occurring in May 2025, where she could identify a PHRF staff to receive specialized training. PHRF's PC shared that she would be the one receiving the specialized investigator's training.

This auditor recommended that PHRF identify designated staff to receive “*Specialized Training*” to conduct PREA administrative investigations which may occur at PHRF. The specialized training should include evidence collection, Miranda/Garrity rights, interviewing procedures, retaliation monitoring, and report-writing protocols, and evidentiary standards for administrative PREA investigations. This PREA auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.334. Corrective Action was required.

During Pride House Residential Facility's (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS's PREA Coordinator (PC) and PHRF's Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF's Director/PREA Coordinator submitted the “*PREA Juvenile Specialized Investigator's Training*” certificate of their assigned staff PREA Administrative Investigator. The 7.5-hour virtual training was facilitated by “*The Moss Group*” on 11/14/25 and covered the required topics identified in PREA Standard 115.334.

This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.334.

115.335	Specialized training: Medical and mental health care
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	Auditor Overall Determination: Meets Standard
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Auditor Discussion	
	<p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.335. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.335. Excerpts from "PH/HHSF PREA Policy" states, <i>"PRIDE HOUSE contracted mental health care practitioners who work regularly in the program will receive specialized training in how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, and how/to whom to report allegations or suspicions of sexual abuse and harassment."</i></p>
	<p>This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.335.</p>
	<p>While on-site, this auditor interviewed PHRF'S PREA Director/PREA Coordinator (PC) and PHRF's contracted Psych-Social Rehabilitation Worker. Each shared that they have not received specialized training for medical and mental health staff. This auditor recommended PHRF contracted mental health practitioners receive "Specialized Training" focused on coordinated response for medical and mental health staff. This auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.335. Corrective Action was required.</p>
	<p>While on-site, this auditor interviewed PHRF'S PREA Director/PREA Coordinator (PC) and PHRF's contracted Psych-Social Rehabilitation Worker. Each shared that they have not received specialized training for medical and mental health staff. This auditor recommended PHRF contracted mental health practitioners receive "Specialized Training" focused on coordinated response for medical and mental health staff. This auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.335. Corrective Action was required.</p>
	<p>During Pride House Residential Facility's (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS's PREA Coordinator (PC) and PHRF's Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF's Director/PREA Coordinator submitted the <i>"Behavioral Healthcare for Sexual Assault Victims in Confinement Settings"</i> certificates of their 2 assigned staff PREA Administrative Investigator. The 1.5-hour virtual training was facilitated 11/10/25 and covered the required topics identified in this PREA Standard 115.335.</p>
	<p>This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.335.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.341. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.341. Excerpts from "PH/HHSF PREA Policy" states, <i>"Pride House shall ensure that all residents will be screened for risk of sexual victimization and abusiveness.</i></p>
	PROCEDURE
	<p>a) <i>Within 24 hours of the resident's arrival at the program and periodically throughout a resident's stay, the Case Manager (CM) shall complete the PREA Risk Screening instrument with the resident and document it in case notes.</i></p>
	<p>b) <i>Information should include:</i></p>
	<ol style="list-style-type: none"> 1. <i>Prior sexual victimization or abusiveness;</i> 2. <i>Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the residents may therefore be vulnerable to sexual abuse;</i> 3. <i>Current charges and offense history;</i> 4. <i>Age;</i> 5. <i>Level of emotional and cognitive development;</i> 6. <i>Physical size and stature;</i> 7. <i>Mental illness or mental disabilities;</i> 8. <i>Intellectual or developmental disabilities;</i> 9. <i>Physical disabilities;</i> 10. <i>The resident's own perception of vulnerability; and</i> 11. <i>Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.</i>
	<p>c) <i>This information shall be ascertained through conversations with the residents during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, program behavioral records, and other relevant documentation from the resident's files."</i></p>
	<p>This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.341.</p>
	<p>While on-site, this auditor interviewed PHRF's Director/PREA Coordinator (PC). She</p>

shared that she is working with NV-DCFS' PREA Coordinator to develop a PREA Risk Screening Tool for PHRF. PRHF's submitted, in OAS, an example "*PREA Risk Screening Tool*" as evidence of compliance with this PREA Standard. However, this "*PREA Risk Screening Tool*" is not personalized to PHRF's program. For example, PHRF does not provide services to residents under 18 years. However, the screening tool has an "age range" section from 10-18 years. Additionally, PHRF has not implemented or used the form at all, to ensure that it aligns with the resident population at PHRF.

This auditor recommended that PHRF personalize their newly developed "*PREA Risk Screening Tool*" to align with PHRF resident population, as well establish consistency in practice in utilizing their newly developed "*PREA Risk Screening Tool*," before compliance can be determined. Additionally, this auditor recommended that PHRF identify a private and confidential area where "*PREA Risk Screenings*" can be conducted. Finally, this auditor recommended that PHRF identify what their frequency of "*Periodic PREA Risk Screening Reassessments*," utilizing their screening tool will be (every 30 days, 60 days, or 90 days based on the length of the program). This auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.341. Corrective Action was required.

During Pride House Residential Facility's (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS's PREA Coordinator (PC) and PHRF's Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF's Director/PREA Coordinator submitted their newly developed "*PREA Risk Screening Tool*," personalized for PHRF program-type. This auditor reviewed the tool and confirmed that it contained all the components required in this PREA Standard. Additionally, PHRF's Director/PREA Coordinator submitted PHRF's "*PREA Risk Screening Frequency Policy*." This policy provides instruction for all PHRF's staff to conduct PREA Risk Screenings at intake, then a PREA Re-screening within 30 days, followed by additional PREA Screenings every 6 months thereafter. Furthermore, PHRF's "*PREA Risk Screening Frequency Policy*" requires additional screening if a sexual abuse incident occur or if new information is presented/identified.

Moreover, PHRF's Director/PREA Coordinator submitted a "Memo" sharing that PHRF has identified PHRF's Game Room as their designated space for all confidential screenings and therapeutic sessions. Finally, PHRF submitted completed "*PREA Risk Screenings*" of 6 PHRF residents, showing evidence that PREA Risk Screenings are being conducted consistently. Five of the 6 residents had their initial and 30-day screenings. PHRF resident residing for at least 6 months had another screening completed.

This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.341.

Auditor Overall Determination: Meets Standard
Auditor Discussion
<p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.342. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.342. Excerpts from "PH/HHSF PREA Policy" states, "<i>Pride House shall ensure that residents who are transgender or intersex shall be allowed to shower separately from other residents.</i></p>
PROCEDURE
<p><i>If a resident is identified as transgendered or intersex, he/she will be offered a separate time to shower from the other residents.</i></p>
<p><i>All residents at the program have access to single bathroom/shower use.</i></p>
<p><i>A transgender or intersex resident's own view with respect to his or her own safety shall be given serious consideration.</i></p>
POLICY
<p><i>PRIDE HOUSE program shall use all information obtained pursuant to § 115.341 and subsequently to make bedroom assignment for resident with the goal of keeping all residents safe and free from sexual abuse.</i></p>
<p><i>Any resident who is alleged to have suffered sexual abuse may be provided alternative housing subject to the requirements of PREA Standard 115.342.</i></p>
PROCEDURE
<p><i>a) Residents may be moved to another room for the purpose of keeping all residents safe. During any period of isolation, programs shall not deny residents daily large-muscle exercise and 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.</i></p>
<p><i>b) Lesbian, gay, bisexual, transgender, or intersex residents shall not be placed in particular room assignment solely on the basis of such identification or status, nor shall programs consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.</i></p>
<p><i>c) Transgender or intersex residents shall be placed in a single, private room.</i></p>
<p><i>d) Placement for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the residents.</i></p>

e) A transgender or intersex resident's own view with respect to his or her own safety shall be given serious consideration.

f) Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

g) Post-allegation decisions regarding resident housing will be reviewed by the Director and mental health team.

h) Every 30 days, the Director shall afford each resident described in paragraph (g) of this section a review to determine whether there is a continuing need for separation from other residents."

This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.342.

While on-site, this auditor interviewed PHRF's Director/PREA Coordinator (PC). She shared that she is working with NV-DCFS' PREA Coordinator to develop a PREA Risk Screening Tool for PHRF. PRHF's submitted, in OAS, an example PREA Risk Screening Tool as evidence of compliance with this PREA Standard. However, this PREA Risk Screening Tool is not personalized to PHRF's program. For example, PHRF does not provide services to residents under 18 years. However, the screening tool has an "age range" section from 10-18 years. Additionally, PHRF has not implemented or used the form at all, to ensure that it aligns with the resident population at PHRF.

This auditor recommended PHRF personalize their newly developed "*PREA Risk Screening Tool*" to align with PHRF resident population, as well establish consistency in practice in utilizing their newly developed "*PREA Risk Screening Tool*," before compliance can be determined. Additionally, this auditor recommended that PHRF identify a private and confidential area where "*PREA Risk Screenings*" can be conducted. Finally, PHRF should identify their what their frequency of "*Periodic PREA Risk Screening Reassessments*," utilizing their screening tool will be (every 30 days, 60 days, or 90 days based on the length of the program). Finally, this auditor recommended PHRF identify documentation to show that PHRF's PREA Risk Screening tool was considered when identifying which room assignment and programming for PHRF residents. This PREA auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.342. Corrective Action was required.

During Pride House Residential Facility's (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS's PREA Coordinator (PC) and PHRF's Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF's Director/PREA Coordinator submitted their newly developed "*PREA Risk Screening Tool*," personalized for PHRF program-type. This auditor reviewed the tool and confirmed that it contained all the components required in this PREA Standard. Additionally, PHRF's Director/PREA Coordinator submitted PHRF's "*PREA Risk Screening Frequency Policy*." This policy provides instruction for all PHRF's staff to conduct

PREA Risk Screenings at intake, then a PREA Re-screening within 30 days, followed by additional PREA Screenings every 6 months thereafter. Furthermore, PHRF's "*PREA Risk Screening Frequency Policy*" requires additional screening if a sexual abuse incident occur or if new information is presented/identified.

Moreover, PHRF's Director/PREA Coordinator submitted a "Memo" sharing that PHRF has identified PHRF's Game Room as their designated space for all confidential screenings and therapeutic sessions. Finally, PHRF submitted completed "*PREA Risk Screenings*" of 6 PHRF residents, showing evidence that PREA Risk Screenings are being conducted consistently. Five of the 6 residents had their initial and 30-day screenings. PHRF resident residing for at least 6 months had another screening completed. Finally, PHRF's Director/PREA Coordinator explained that PHRF has 3 single-person rooms and 2 two-person rooms. She shared that resident who screen to be at risk are not placed in two-person rooms.

This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.342.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.351. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.351. Excerpts from "PH/HHSF PREA Policy" states, " <i>PRIDE HOUSE program encourages residents 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.</i>
	PROCEDURE <p class="list-item-l1">(a) <i>The program 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.</i></p> <p class="list-item-l1">(b) <i>The program 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 program and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to program officials, allowing the resident to remain</i></p>

anonymous upon request.

(c) Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

(d) Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports in an Incident/Information Report that is submitted directly to the Director.

(e) The program should provide residents with access to tools necessary to make a written report. This could include (but not limited to) the following:

1. Resident Grievance Form Resident Statement Form

2. Medical Request Form

3. Resident One-on-One Request Form

(f) The program shall provide a method for staff to privately report sexual abuse and sexual harassment of residents. Staff shall adhere to the following:

Regardless of its source, staff, contractors and/or volunteers who receive information concerning a resident and sexually abusive behavior, or who observe an incident of sexually abusive behavior, or who have a reasonable cause to suspect that resident has been or is being subject to sexually abusive behavior must immediately report such to his/her supervisor and/or designee."

This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.351.

While onsite, this auditor conducted PHRF's site review and only saw 3 NV-DCFS PREA reporting signs posted amongst several other documents throughout PHRF. The reporting signage was not specific to reporting avenues for residents at PHRF. Also, this auditor only saw one of the PREA signage in Spanish. Additionally, while on site, this auditor interviewed the 3 residents residing at PHRF. This auditor asked each resident to identify 4 ways a resident could report a sexual abuse or sexual harassment at PHRF. Each of the 3 residents interviewed was only able to identify 2 reporting avenues. Each stated they were not provided with PREA Education at PHRF. They stated that they knew the 2 ways to report from their previous placements.

PHRF also submitted their newly developed "*End the Silence*" PREA pamphlet, which is expected to be reviewed and given to each PHRF resident at intake. The pamphlet has all the information and PHRF reporting avenues to align with this PREA Standard. However, this "*End the Silence*" pamphlet was not implemented at the time of this auditor's onsite audit.

This auditor recommended that PHRF develop and print PHRF-specific "*PREA Zero Tolerance/PREA Reporting*" signage in English and Spanish, then post in visible

areas throughout PHRF. This auditor also recommended PHRF review and provides a PREA “*End the Silence*” pamphlet to each resident upon their intake. This PREA Information at intake must be documented and filed. Additionally, this auditor recommended that PHRF provide “*Refresher PREA Education*” to all current residents, who did not receive PREA Education, focused on identifying the various avenues to report PREA incidents, as well as demonstrate how to access these reporting avenues. PHRF should specifically discuss how PHRF residents can access “*Nevada 2-1-1*” as an external reporting access for PREA allegations which occur at PHRF. Finally, this auditor recommends PHRF establish consistency in practice with the above-mentioned recommendations before compliance can be determined. This auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.351. Corrective Action was required.

During Pride House Residential Facility’s (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS’s PREA Coordinator (PC) and PHRF’s Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF’s Director/PREA Coordinator submitted their developed their “*PREA Pamphlet*,” which has all the required PREA information for residents. PHRF’s Director/PREA Coordinator also submitted 3 reviewed, acknowledged, and signed “*Resident PREA Intake Orientation*” of PHRF’s residents who were assigned to PHRF. PRHF, then submitted 6 acknowledged and signed “*PREA Information and Pamphlet Acknowledgement Forms*” of all their residents, showing evidence of providing “*PREA Refresher Education*” to all PHRF residents. Finally, PHRF’s Director/PREA Coordinator submitted 6 initialed and signed “*Resident PREA Comprehensive 10-Day Education Checklist*,” as evidence of compliance that PHRF also provides PREA comprehensive education within 10-days of each resident’s intake at PHRF. Finally, PHRF’s Director/PREA Coordinator submitted photo evidence of “*PREA Zero Tolerance and Reporting Signage*” posted around PHRF in English and Spanish.

This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.351.

115.352 Exhaustion of administrative remedies	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Pride House Residential Facility’s (PHRF) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.352. Pride House Residential Facility (PHRF) submitted their “ <i>Pride House/Health and Human Services Foundation PREA Policy</i> ” as evidence of

compliance with PREA Standard 115.352. Excerpts from “PH/HHSF PREA Policy” states, “*PRIDE HOUSE allows for allegations of sexual abuse to be submitted on a grievance form for investigation. PRIDE HOUSE does not have a formal grievance process as they are community-based independent living program; however, the residents are able to submit confidential written reports through PRIDE HOUSE grievance box. If an allegation of sexual abuse is submitted on a grievance form, it must be removed from the grievance process and processed under the PREA policy as though it were submitted using another permitted method.*

PROCEDURE

1. *The Director will check this box daily.*
2. *All PREA related grievances will be treated as emergency grievances. The Director will address the grievance immediately.*

This auditor concludes that PH/HHSF’s PREA Policy has the necessary language to align with this PREA Standard 115.352.

While onsite, this auditor conducted PHRF’s site review and only saw 3 NV-DCFS PREA reporting signs posted amongst several other documents throughout PHRF. The reporting signage was not specific to reporting avenues for residents at PHRF. Also, this auditor only saw one of the PREA signage in Spanish. Additionally, while on site, this auditor did not see any “*Grievance Boxes*” mounted or “*Grievance Forms*” available for PHRF resident to confidentially report a PREA incident.

This auditor also interviewed the 3 residents residing at PHRF. This auditor asked each resident to identify 4 ways a resident could report a sexual abuse or sexual harassment at PHRF. Each of the 3 residents interviewed was only able to identify 2 reporting avenues. None were through a grievance. Each resident interviewed stated they were not provided with PREA Education at PHRF. They stated that they knew the 2 ways to report from their previous placements.

PHRF also submitted their newly developed “*End the Silence*” PREA pamphlet, which is expected to be reviewed and given to each PHRF resident at intake. The pamphlet has all the information and PHRF reporting avenues to align with this PREA Standard. However, this “*End the Silence*” pamphlet was not implemented at the time of this auditor’s onsite audit.

This auditor recommended PHRF place a locked “*Grievance Box*” in a visible and accessible place inside PHRF, as well as develop accompanying grievance forms. Additionally, PHRF’s “*Grievance Box*” should have limited access, only to PHRF’s Director/PREA Coordinator. This auditor also recommended PHRF provide “*Refresher Resident Education*,” specifically discuss grievances as a confidential avenue for residents to report a PREA allegation, and how PHRF residents can access grievance forms and the “*Grievance Box*” to report PREA allegations. Finally, this auditor recommended PHRF establish consistency in practice with the above-mentioned recommendations before compliance could be determined. This PREA auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with

	<p>PREA Standard 115.352. Corrective Action was required.</p> <p>During Pride House Residential Facility's (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS's PREA Coordinator (PC) and PHRF's Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF's Director/PREA Coordinator submitted photo evidence that PHRF has mounted a "<i>Grievance Box</i>" and grievance forms in the main living space. The "<i>Grievance Box</i>" has a slot where residents can freely retrieve a blank grievance form to complete. PHRF's Director/PREA Coordinator shared she and her Administrative Assistant have key access to the grievance box to retrieve grievances daily.</p> <p>PHRF also submitted their newly developed "<i>PREA Pamphlet</i>," which has all the required PREA information for residents. PHRF's Director/PREA Coordinator also submitted 3 reviewed, acknowledged, and signed "<i>Resident PREA Intake Orientation</i>" of PHRF's residents who were assigned to PHRF. PRHF, then submitted 6 acknowledged and signed "<i>PREA Information and Pamphlet Acknowledgement Forms</i>" of all their residents, showing evidence of providing "<i>PREA Refresher Education</i>" to all PHRF residents. Finally, PHRF's Director/PREA Coordinator submitted 6 initialed and signed "<i>Resident PREA Comprehensive 10-Day Education Checklist</i>," as evidence of compliance that PHRF also provides PREA comprehensive education within 10-days of each resident's intake at PHRF. Finally, PHRF's Director/PREA Coordinator submitted photo evidence of "<i>PREA Zero Tolerance and Reporting Signage</i>" posted around PHRF in English and Spanish.</p> <p>This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.352.</p>
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.353. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.353. Excerpts from "PH/HHSF PREA Policy" states, "<i>PRIDE HOUSE program shall provide residents access to outside victim advocates for emotional support services related to sexual abuse.</i></p>

PROCEDURE

(a) The program will provide access to support via postings, 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The program shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

(b) The program shall 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. The program shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

(c) The program shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

(d) The program shall also provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians."

This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.353.

While onsite, this auditor interviewed PHRF's Director/PREA Coordinator (PC). She shared that PHRF do not have a Memorandum of Understanding (MOU) with an external rape crisis center/victim advocacy center. She also shared that PHRF do not have any staff who have received specialized training to be victim advocates at PHRF. This auditor also interviewed the 3 residents residing at PHRF. This auditor asked each resident, *"Have PHRF staff provided you information/education about victim advocates available to all PHRF residents for emotional support and advocacy?"* Each of the 3 residents interviewed shared that they were not provided information/education regarding victim advocates access for emotional support and advocacy. Each resident interviewed stated they were not provided with PREA Education at intake or within 10 days at PHRF. However, each resident shared that PHRF do provide access to approved family and legal attorneys (if needed).

This auditor also recommended that PHRF establish an official *"Memorandum of Understanding (MOU)"* with an external agency to provide Victim Advocacy services for PHRF resident who are sexually abused and those in need of emotional support while residing in PHRF's programs. After establishing this MOU, this auditor also recommended that all PHRF residents receive *"Refresher Education"* focused on who PHRF's victim advocacy community partner, their role and purpose, and how to access them if needed. PHRF residents should be aware that the victim advocacy community partner provides victim advocacy and emotional support to all PHRF residents, and not solely for sexual abuse victims. Finally, this auditor

	<p>recommended that PHRF establish consistency in practice with the above-mentioned recommendations before compliance can be determined. This auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.353. Corrective Action was required.</p> <p>During Pride House Residential Facility's (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS's PREA Coordinator (PC) and PHRF's Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF's Director/PREA Coordinator submitted correspondence evidence of attempts made to secure victim advocacy partnerships within the community. The electronic correspondence shows that NV-DCFS is collaborating with PHRF regarding victim advocacy needs, in the event emotional support is needed. PRHF also submitted 6 acknowledged and signed "<i>PREA Information and Pamphlet Acknowledgement Forms</i>" of their current residents, as evidence of providing "<i>PREA Refresher Education</i>."</p> <p>This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.353.</p>
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115.354	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.354. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.354. Excerpts from "PH/HHSF PREA Policy" states, "<i>PRIDE HOUSE program accept third-party reports of sexual abuse and sexual harassment.</i></p>
	<p>PROCEDURE</p> <p>(a) <i>The program will display contact information in the common/visiting areas (and any other area deemed appropriate) outlining to third parties how to report an incident of sexual abuse or harassment in regard to a resident within the program.</i></p> <p><i>Any reports of sexual abuse or harassment from a third party should be immediately referred to the Director.</i>"</p> <p>This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.354.</p>

This auditor interviewed PHRF's Director/PREA Coordinator. She shared that PHRF do not have the information on their website, however the community, family, or visitors can contact PHRF's PC to report a PREA incident/allegation on behalf of a PHRF resident. However, while onsite, this auditor conducted PHRF's site review and only saw 3 NV-DCFS PREA reporting signs posted amongst several other documents throughout PHRF. The reporting signage was not specific to reporting avenues for residents at PHRF. More specifically, 3rd party reporting for PHRF was not specified on the posting/signage posted.

Additionally, while on site, this auditor interviewed the 3 residents residing at PHRF. This auditor asked each resident to share at least 4 ways a resident could report a sexual abuse or sexual harassment at PHRF. Each of the 3 residents interviewed was only able to identify 2 reporting avenues. One of the 3 interviewed residents stated a family member can report on their behalf as an avenue to report. Moreover, each resident stated they were not provided with PREA Education at PHRF. They stated that they knew the 2 ways to report from their previous placements.

PHRF did submit their newly developed "*End the Silence*" PREA pamphlet, which is expected to be reviewed and given to each PHRF resident at intake. The pamphlet has all the PHRF reporting avenues to align with this PREA Standard, specifically 3rd Party reporting. However, this "*End the Silence*" pamphlet was not implemented at the time of this auditor's onsite audit.

This auditor recommended that PHRF provide their newly developed PREA "*End the Silence*" pamphlet to each resident upon their intake. This PREA Information at intake must be documented and filed. Additionally, this auditor recommended that PHRF provide "*Refresher PREA Education*" to all current residents, who did not receive PREA Education, focused on identifying the various avenues to report PREA incidents, as well as demonstrate how to access these reporting avenues. PHRF should specifically discuss 3rd Party Reporting, focused on who are 3rd party reporters and 3rd Party reporters can report on behalf of PHRF a resident. Finally, this auditor recommended PHRF establish consistency in practice with the above-mentioned recommendations before compliance can be determined. This auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.354. Correct Action was required.

During Pride House Residential Facility's (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS's PREA Coordinator (PC) and PHRF's Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF's Director/PREA Coordinator submitted a their newly developed their "*PREA Pamphlet*," which has all the required PREA information for residents, including 3rd Party Reporting access. Additionally, PHRF's Director/PREA Coordinator submitted 3 reviewed, acknowledged, and signed "*Resident PREA Intake Orientation*" of PHRF's residents who were assigned to PHRF. PRHF, then submitted 6 acknowledged and signed "*PREA Information and Pamphlet Acknowledgement Forms*" of all their residents, showing evidence of providing "*PREA Refresher Education*" to all PHRF residents.

	<p>This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.354.</p>
115.361	<p>Staff and agency reporting duties</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.361. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.361. Excerpts from "PH/HHSF PREA Policy" states, "<i>PRIDE HOUSE program is required to report to law enforcement and/ or social services agencies as appropriate, immediately and according to program policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse.</i></p> <p><i>PRIDE HOUSE program is required to report to licensing and/ or regulatory agencies as appropriate, immediately and according to program policy any knowledge, suspicion, or information they receive regarding an incident of sexual harassment.</i></p> <p>PROCEDURE</p> <p class="list-item-l1">a) <i>The program shall require all staff to report immediately and according to program policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a program, whether or not it is part of the program; 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.</i></p> <p class="list-item-l1">b) <i>The program shall also require all staff to comply with any applicable mandatory child abuse reporting laws.</i></p> <p class="list-item-l1">c) <i>Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in program policy, to make treatment, investigation, and other security and management decisions.</i></p> <p class="list-item-l2">(1) <i>Contracted mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as</i></p>

well as to the designated State or local services program 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.

(3) If a juvenile court retains jurisdiction over the alleged victim, the Director or designee shall also report the allegation to the resident's attorney or other legal representative of record within 14 days of receiving the allegation.

d) The program shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the PREA Compliance Manager who will inform the Director."

This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.361.

While on-site, this auditor interviewed PHRF's Director/PREA Coordinator (PC) who shared that all staff understand to immediately respond to reports, suspicion, and observations of sexual abuse or sexual harassment. Additionally, both PHRF's House Manager stated that all PREA incidents are reported NV-DCFS, Child Protective Services (CPS), guardians, legal, and law enforcement (if sexual abuse).

Furthermore, this auditor interviewed PHRF's Psycho-Social Rehabilitation Worker, as well as NV-DCFS PREA Coordinator, who monitors PHRF's PREA efforts as a contracting facility for NV-DCFS. Each interviewed knew their duty to immediately report any allegation, information received, suspicion, or reported incident of sexual abuse and sexual harassment at PHRF. Additionally, this auditor interviewed 3 PHRF residents asking, *"Do you trust that if you report an incident of sexual abuse or sexual harassment to a PHRF staff they would respond and report it immediately?"* Each of the 3 interviewed residents responded that they trust that PHRF staff would immediately report.

This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.361.

115.362 Agency protection duties	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.362. Pride House Residential Facility (PHRF) submitted their "Pride

	<p>House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.362. Excerpts from "PH/HHSF PREA Policy" states, "<i>When a PRIDE HOUSE program staff learns that a resident is subject to a substantial risk of imminent sexual abuse, they should take immediate action to protect the resident.</i>"</p> <p>This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.362.</p> <p>While on-site, this auditor interviewed PHRF's Director/PREA Coordinator (PC) who shared that all staff understand to immediately respond to reports, suspicion, and observations of sexual abuse or sexual harassment. Additionally, both PHRF's House Manager stated that all PREA incidents are reported to PHRF's Director/PC, NV-DCFS, Child Protective Services (CPS), guardians, legal, and law enforcement (if sexual abuse).</p> <p>Furthermore, this auditor interviewed PHRF's Psycho-Social Rehabilitation Worker, as well as NV-DCFS PREA Coordinator, who monitors PHRF's PREA efforts as a contracting facility for NV-DCFS. Each staff interviewed knew their responsibilities to protect vulnerable youth at PHRF. This auditor also asked each staff, "<i>How would you keep a vulnerable youth safe who's placed at PHRF?</i>" Each interviewed staff response varied from higher observation of the resident, privately speaking with the resident to assess their sense of safety, confer with PHRF's house manager and/or PC, or request other safe alternatives for the resident (or a combination of the responses).</p> <p>Additionally, this auditor interviewed 3 PHRF residents asking, "<i>Does staff attempt to keep residents safe from sexual and sexual harassment?</i>" Each resident stated that staff check in on them and make changes when needed, to keep all residents safe.</p> <p>This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.362.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.363. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.363. Excerpts from "PH/HHSF PREA Policy"</p>

states, “*PRIDE HOUSE will notify the appropriate law enforcement or social services program upon receiving an allegation that a resident was sexually abused while confined at another program.*

PRIDE HOUSE will notify the appropriate licensing or regulatory agency upon receiving an allegation that a resident was sexually harassed while confined at another program.

PROCEDURE

a) When/If any resident informs a staff that they suffered sexual abuse at a previous facility, the Director/or designee should notify the Facility Director or appropriate office of the program where the alleged abuse occurred and shall also notify the appropriate law enforcement or social services program.

b) Notification should be provided as soon as possible, but no later than 72 hours after receiving the allegation from their resident.

c) The program shall document in the resident’s case notes that such notification has been provided, with a description of what was reported.

d) The program director or program office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.”

This auditor concludes that PH/HHSF’s PREA Policy has the necessary language to align with this PREA Standard 115.363.

While onsite this auditor interviewed PHRF’s director/PREA Coordinator (PC). She stated in the interview and documented in the PREA Resource Center’s Online Audit System (OAS) that PHRF had 0 incidents in the past 12 months, where a resident admitted to PHRF reported a PREA-related incident which occurred at another facility. This was confirmed through an interview with PHRF’s House Manager. Additionally, PHRF’s Director/PC submitted PHRF’S “*Facility Head to Facility Head*” template letter which is completed within 72 hours of receiving the resident’s report, and sent by the PHRF’s Director/PC in the event an allegation was reported by resident admitted from a previous facility.

Finally, this auditor interviewed 3 current PHRF residents asking, “*Have you reported or have another resident peer shared with you that they were sexually abused at a previous facility?*” Each of the 3 residents interviewed stated that they have not reported being sexually abused at a previous facility nor have another resident peer shared with them that they were sexually abused at a previous facility.

This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.363.

Auditor Overall Determination: Meets Standard
Auditor Discussion
<p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.364. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.364. Excerpts from "PH/HHSF PREA Policy" states, "<i>PRIDE HOUSE will have a written plan to coordinate actions taken in response to an incident of sexual abuse. The written plan to coordinate actions will specify which entities within the program are responsible for which actions, how actions should be sequenced, and which actions can occur concurrently with other actions.</i></p> <p>PROCEDURE</p> <p><i>The first staff member to respond to an incident shall be required to:</i></p> <ol style="list-style-type: none"> <i>1. Separate the alleged victim and abuser;</i> <i>2. Preserve and protect the scene until appropriate steps can be taken to collect any evidence.</i> <i>3. If the abuse occurred within a time 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.</i> <p><i>At a minimum, the following is to be determined in the plan:</i></p> <ol style="list-style-type: none"> <i>1. Assessment of the victim's acute medical needs.</i> <i>2. Informing the victim of his or her rights under relevant Federal or State law.</i> <i>3. Explanation of the need for a forensic medical exam and offering the victim the option of undergoing one.</i> <i>4. Offering the presence of a victim advocate or a qualified staff member to be present during the exam.</i> <i>5. Providing crisis intervention counseling.</i> <i>6. Interviewing the victim and any witnesses.</i> <i>7. Collecting evidence.</i> <i>8. Providing for any special needs the victim may have."</i>

This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.364.

While on-site, this auditor interviewed PHRF's Director/PREA Coordinator who shared that all staff have not received "*PREA Staff Training*," and PHRF currently do not have a PREA Staff Training Curriculum/PPT which aligns with PREA's Staff Training Standard 115.331. Additionally, PHRF staff have not been trained in their "*1st Responder Duties*" if they observe and active incident/reported of sexual abuse. However, PHRF's PC shared that PHRF staff all understand their responsibilities to immediately respond to reports, suspicion, and observations of sexual abuse or sexual harassment.

Additionally, while onsite, this auditor interviewed PHRF's PC, House Manager and Psycho-Social Rehabilitative Worker. During each of these interviews, this auditor asked, "*What is your 1st Responder responsibility when someone you observe, or obtain knowledge of an allegation of sexual abuse?*" Each interviewed staff could not clearly share their 1st Responder roles, which entails: ensuring the victim safety and separation from perpetrator, preserving the scene of the sexual abuse, preservation of usable evidence if the incident occurred in time to collect evidence, encourage the victim not to shower, change clothing, or brush teeth to preserve evidence, do not allow the perpetrator to shower, change clothing, or brush teeth to preserve evidence. Each PHRF staff did state that they would take immediate action after receiving report, observe, or obtain information about sexual abuse or sexual harassment.

Furthermore, PHRF's PC submitted, in OAS, PHRF's newly developed "*PREA Initial Response Checklist (Form B)*," as evidence of compliance with this PREA Standard. However, this "*PREA Initial Response Checklist (Form B)*" was not yet implement while this auditor was conducting PHRF's onsite facility audit. Though this "*PREA Initial Response Checklist (Form B)*" is a good guide for all PHRF staff to follow and initial after completion, it is a supplement to comprehensive "*PREA Staff Training*" (which entails 1st Responder Duties), not a substitute. Finally, PHRF did not have any PREA-related staff training files, to provide as evidence of compliance.

This auditor recommended that PHRF develop an approved "*PREA Staff Training Curriculum/PPT*," whose contents align with the topics identified in PREA Standard 115.331 (which includes 1st Responder Duties). Additionally, this auditor recommended PHRF provide training to all current PHRF specialized, direct supervision, and contracted staff, then submit documentation of training curriculum and acknowledgement of participation. Finally, this auditor recommended PHRF establish consistency in practice with the above-mentioned recommendations for providing PREA staff training prior to staff having contact with PHRF residents, before compliance can be determined. This PREA auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.364. Corrective Action was required.

During Pride House Residential Facility's (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with

	<p>NV-DCFS's PREA Coordinator (PC) and PHRF's Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF's Director/PREA Coordinator submitted PHRF's "PREA Sexual Safety at Pride House/HHS" PowerPoints curriculum, as evidence of compliance with this standard. The 68 slide PPT contained all the topics required in this PREA Standard. The content of the training curriculum included 1) PREA Overview and Zero Tolerance Policy, 2) 1st Responder Duties, 3) Coordinated Response Responsibilities, 4) Monitoring for Retaliation, 5) Reporting Procedures and Confidentiality, 6) Professional Boundaries/Red Flag Behavior, and 7) Victim Advocacy Resources. Additionally, PHRF's Director/PREA coordinator submitted nine "<i>PREA Staff Training Rosters and Acknowledgement Forms</i>," as evidence of all PHRF staff receiving PREA training. Finally, PHRF's Director/PREA Coordinator submitted "<i>PREA Acknowledgements</i>" and "<i>PREA Questionnaires</i>" where staff acknowledged PHRF's zero-tolerance and having no previous sexual misconduct. According to PHRF's Director/PREA coordinator, these "<i>PREA Acknowledgements</i>" and "<i>PREA Questionnaires</i>" will be a part of PHRF's annual "<i>PREA Refresher Trainings</i>."</p> <p>This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.364.</p>
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.364. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.364. Excerpts from "PH/HHSF PREA Policy" states, <i>PRIDE HOUSE will have a written plan to coordinate actions taken in response to an incident of sexual abuse. The written plan to coordinate actions will specify which entities within the program are responsible for which actions, how actions should be sequenced, and which actions can occur concurrently with other actions.</i></p> <p>PROCEDURE</p> <p><i>The first staff member to respond to an incident shall be required to:</i></p> <ol style="list-style-type: none"> <i>Separate the alleged victim and abuser;</i> <i>Preserve and protect the scene until appropriate steps can be taken to collect</i>

any evidence.

3. If the abuse occurred within a time 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.

At a minimum, the following is to be determined in the plan:

1. Assessment of the victim's acute medical needs.
2. Informing the victim of his or her rights under relevant Federal or State law.
3. Explanation of the need for a forensic medical exam and offering the victim the option of undergoing one.
4. Offering the presence of a victim advocate or a qualified staff member to be present during the exam.
5. Providing crisis intervention counseling.
6. Interviewing the victim and any witnesses.
7. Collecting evidence.
8. Providing for any special needs the victim may have."

This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.365.

Pride House Residential Facility (PHRF) also submitted their "Coordinated Response," which entails staff roles, responsibilities, and a PREA Response Matrix. PHRF's "Coordinated Response" entails narrative instructions for each staff member's roles when sexual abuse is reported or observed.

While on-site, this auditor interviewed PHRF's Director/PREA Coordinator who shared that all staff have not received PREA staff training, and PHRF currently do not have a "PREA Staff Training Curriculum/PPT" which aligns with PREA's Staff Training Standard 115.331. Additionally, PHRF staff have not been trained in their "1st Responder Duties" if they observe an active incident/reported of sexual abuse. However, PHRF's PC shared that PHRF staff all understand their responsibilities to immediately respond to reports, suspicion, and observations of sexual abuse or sexual harassment.

Additionally, while onsite, this auditor interviewed PHRF's PC, House Manager and Psycho-Social Rehabilitative Worker. During each of these interviews, this auditor asked, "*If a report or incident of sexual abuse occurs while you are on duty at PRIDE HOUSE, what is your coordinated responsibilities?*" Each interviewed staff could not clearly share their coordinated response or their 1st Responder roles, which entails: ensuring victims' safety and separation, preservation of evidence, medical attention, transport for SANE/SAFE, victim advocacy emotions support, mental

health check-ins and assessments, communications with appropriate guardians and community entities, law enforcement, documentation, etc.

Furthermore, PHRF's PC submitted, in OAS, PHRF's newly developed "*PREA Initial Response Checklist (Form B)*," as evidence of compliance with this PREA Standard. However, this "*PREA Initial Response Checklist (Form B)*" was not yet implemented while this auditor was conducting PHRF's onsite facility audit. Though this "*PREA Initial Response Checklist (Form B)*" is a good guide for all PHRF staff to follow and initial after completion, it is a supplement to comprehensive "*PREA Staff Training*" (which entails 1st Responder Duties), not a substitute. Finally, PHRF did not have any PREA-related staff training file, to provide as evidence of compliance.

This auditor recommended that PHRF develop an approved "*PREA Staff Training Curriculum/PPT*," whose contents align with the topics identified in PREA Standard 115.331 (which includes Coordinated Response Responsibilities). Additionally, this auditor recommended PHRF provide training to all current PHRF specialized, direct supervision, and contracted staff, then submit documentation of training curriculum and acknowledgement of participation. Finally, this auditor recommended PHRF establish consistency in practice with the above-mentioned recommendations for providing PREA Staff Training prior to staff having contact with PHRF residents, before compliance can be determined. This PREA auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.365. Corrective Action was required.

During Pride House Residential Facility's (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS's PREA Coordinator (PC) and PHRF's Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF's Director/PREA Coordinator submitted PHRF's "*PREA Sexual Safety at Pride House/HHS*" PowerPoints curriculum, as evidence of compliance with this standard. The 68 slide PPT contained all the topics required in this PREA Standard. The content of the training curriculum included **1) PREA Overview and Zero Tolerance Policy, 2) 1st Responder Duties, 3) Coordinated Response Responsibilities, 4) Monitoring for Retaliation, 5) Reporting Procedures and Confidentiality, 6) Professional Boundaries/Red Flag Behavior, and 7) Victim Advocacy Resources**. Additionally, PHRF's Director/PREA coordinator submitted nine "*PREA Staff Training Rosters and Acknowledgement Forms*," as evidence of all PHRF staff receiving PREA training. Finally, PHRF's Director/PREA Coordinator submitted "*PREA Acknowledgements*" and "*PREA Questionnaires*" where staff acknowledged PHRF's zero-tolerance and having no previous sexual misconduct. According to PHRF's Director/PREA coordinator, these "*PREA Acknowledgements*" and "*PREA Questionnaires*" will be a part of PHRF's annual "*PREA Refresher Trainings*."

This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.365.

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Pride House Residential Facility (PHRF) pre-audit documents submitted via electronic source, conducted on-site interviews, as well as on-site observations to determine compliance for PREA Standard 115.366. This PREA auditor interviewed with PHRF Director/PREA Coordinator, who stated that PHRF have not entered any <i>“Collective Bargaining Agreements”</i> and they do not have limitations which would hinder the ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation. PHRF’S PREA Policy states, <i>“There are no collective bargaining or other agreements that limit Pride House’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.”</i></p> <p>This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.366.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Pride House Residential Facility’s (PHRF) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.367. Pride House Residential Facility (PHRF) submitted their <i>“Pride House/Health and Human Services Foundation PREA Policy”</i> as evidence of compliance with PREA Standard 115.367. Excerpts from <i>“PH/HHSF PREA Policy”</i> states, <i>“Pride House shall ensure that residents, staff, contractors, volunteers or third-party reporters who choose to file a report of sexual abuse or sexual harassment, or cooperate with an investigation, shall not be subject to any form of retaliation related to the reporting of or participation in an investigation of such.”</i></p>
	<p>PROCEDURE</p> <p>a) (1) <i>The program protects all residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The Director or designee is charged with monitoring retaliation against residents.</i></p>

(2) The program protects staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other staff. The Director is charged with monitoring retaliation against staff.

b) The program employs multiple protection measures, such as room changes 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 program 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 program should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassessments of staff. The program shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

d) If any other individual who cooperates with an investigation expresses a fear of retaliation, the program shall take appropriate measures to protect that individual against retaliation.

e) A program's obligation to monitor shall terminate if the program determines that the allegation is unfounded."

This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.367.

While on-site, this auditor interviewed PHRF'S Director/PREA Coordinator (PC). She shared that PHRF has not received any PREA allegations or reports or conducted any PREA related investigations. PHRF's PC also shared that PHRF do not have any staff who's specialized trained to conduct PREA Administrative Investigations. PHRF's PC did submit their newly developed "*Monitoring for Retaliation*" which is used to document that staff are performing resident retaliation monitoring when a PREA allegation/incident is being investigated. Though this "*Monitoring for Retaliation*" form has content which aligns with this PREA Standard, a staff assigned to monitor retaliation have not been identified and PHRF has not been trained on how to use the form. Finally, this auditor interviewed 3 PHRF residents and asked, "*Have you reported an incident of sexual abuse or sexual harassment while being at PHRF?*" Each resident shared that they have not reported a PREA incident at PHRF.

This auditor recommended PHRF identify a staff member to receive "*PREA Administrative Investigator's Specialized Training*." This auditor also recommended PHRF train all PHRF staff on their "*Monitoring for Retaliation*" form, its components, and the procedures for conducting and documenting PHRF's 10-day, 30-day, 60-day, and 90-day retaliation monitoring. Finally, this auditor recommended PHRF establish consistency in practice with the above-mentioned recommendations before

	<p>compliance can be determined. This PREA auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.367. Corrective Action was required.</p> <p>During Pride House Residential Facility's (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS's PREA Coordinator (PC) and PHRF's Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF's Director/PREA Coordinator submitted the "<i>PREA Juvenile Specialized Investigator's Training</i>" certificate of their assigned staff PREA Administrative Investigator. The 7.5-hour virtual training was facilitated by "<i>The Moss Group</i>" on 11/14/25 and covered the required topics identified in PREA Standard 115.334.</p> <p>PHRF's Director/PREA Coordinator submitted PHRF's "<i>PREA Sexual Safety at Pride House/HHS</i>" PowerPoints curriculum, as evidence of compliance with this standard. The 68 slide PPT contained all the topics required in this PREA Standard. The content of the training curriculum included 1) PREA Overview and Zero Tolerance Policy, 2) 1st Responder Duties, 3) Coordinated Response Responsibilities, 4) Monitoring for Retaliation, 5) Reporting Procedures and Confidentiality, 6) Professional Boundaries/Red Flag Behavior, and 7) Victim Advocacy Resources. Additionally, PHRF's Director/PREA coordinator submitted 9 "<i>PREA Staff Training Rosters and Acknowledgement Forms</i>," as evidence of all PHRF staff receiving PREA training. Finally, this auditor was unable to review any completed PHRF "<i>Monitoring for Retaliation</i>" forms, due to PHRF not having any PREA Investigations. This auditor confirmed this through interviewing PHRF's residents, PHRF's Director/PREA Coordinator, NV-DCFS' PREA Coordinator (contract monitor), as well as reviewing PHRF's "<i>2024 Annual PREA Report</i>."</p> <p>This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.367.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.368. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.368. Excerpts from "PH/HHSF PREA Policy" states, "<i>PRIDE HOUSE is a community-based independent living program that does</i></p>

	<p><i>not use segregated housing. The program is a home life setting environment."</i></p> <p>This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.368.</p> <p>While on-site, this auditor interviewed PHRF's Director/PREA Coordinator (PC) She shared PHRF do not have any protective custody or segregated room within their facility. She shared that PHRF is a community-based independent living program, which assists residents in reintegrating back into the community. If a resident's behavior does not align with PHRF's program expectations, their NV-DCFS parole officer will be contacted, and the resident is subject to removal.</p> <p>Additionally, while onsite, this auditor conducted a site review. This auditor did not observe any segregated or locked locations within PHRF. Finally, this auditor interviewed 3 PHRF residents. Each shared that the PHRF program does not have seclusion or segregated spaces within the facility.</p> <p>This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.368.</p>
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115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.371. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.371. Excerpts from "PH/HHSF PREA Policy" states, "<i>PRIDE HOUSE does not conduct criminal investigations. When PRIDE HOUSE conducts its own administrative investigation into allegations of sexual abuse and sexual harassment, they do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</i></p>
	<p>PROCEDURE</p> <p>(a) <i>When sexual abuse is alleged, the program shall use administrative investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to PREA Standard 115.334.</i></p> <p>(b) <i>Investigators or first responders shall preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data</i></p>

(c) Investigators shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

(d) The program shall not terminate an investigation solely because the source of the allegation recants the allegation.

(e) 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. The program shall not 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.

Administrative investigations:

(1) Should include an effort to determine whether staff actions or failures to act contributed to the abuse;

(2) Should 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.

(f) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

(g) PRIDE HOUSE should retain all written reports referenced in paragraphs (c) and (f) of this section for as long as the alleged abuser is on DCFS youth parole or employed by the PRIDE HOUSE, plus five years.

(h) The departure of the alleged abuser or victim from employment or control of PRIDE HOUSE shall not provide a basis for terminating an investigation.

(i) Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

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."

This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.371.

While on-site, this auditor interviewed PHRF'S Director/PREA Coordinator (PC). She shared that PHRF has not received any PREA allegations, reports, had any incidents, or conducted any PREA related investigations. PHRF's PC also shared that PHRF do not have any staff who's specialized trained to conduct PREA Administrative Investigations. PHRF's PC did submit their newly developed "Coordinated Response Plan" and "Coordinated Investigation Flow Chart" which is used to guide the procedures when an PHRF is made aware of an incident or allegation of sexual abuse or sexual harassment.

Though the “*Coordinated Response Plan*” and “*Coordinated Investigation Flow Chart*” has content which aligns with this PREA Standard, no PHRF staff has been trained on how to use the forms. Finally, this auditor interviewed 3 PHRF residents and asked, “*Have you reported an incident of sexual abuse or sexual harassment while being at PHRF?*” Each resident shared that they have not reported a PREA incident at PHRF.

This auditor recommended PHRF develop a “*PREA Investigations Checklist*” to guide PHRF PREA Investigators investigation procedures in maintaining structure and developing the content for their Investigation Reports. This auditor also recommended PHRF develop a “*PREA Investigation Report*” template for PHRF’s investigators to have as a guide in developing uniformed/structured PREA Investigation reports. Finally, this auditor recommended PHRF establish consistency in practice with the above-mentioned recommendations before compliance can be determined. This PREA auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.371. Corrective Action was required.

During Pride House Residential Facility’s (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS’s PREA Coordinator (PC) and PHRF’s Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF’s Director/PREA Coordinator submitted the “*PREA Juvenile Specialized Investigator’s Training*” certificate of their assigned staff PREA Administrative Investigator. The 7.5-hour virtual training was facilitated by “*The Moss Group*” on 11/14/25 and covered the required topics identified in PREA Standard 115.334.

PHRF’s Director/PREA Coordinator also submitted their developed “*PREA Investigations Checklist*” to guide PHRF PREA Investigators. The “*PREA Investigations Checklist*” assists the investigator in maintaining structure and developing the content for their Investigation Reports. PHRF also submitted their developed “*PREA Investigation Report*” template for PHRF’s investigators to have as a guide in developing uniformed/structured PREA Investigation reports. Finally, this auditor was unable to review any completed PHRF “*Investigation Reports*,” due to PHRF not having any PREA Investigations within their program. This auditor confirmed this through interviewing PHRF’s residents, PHRF’s Director/PREA Coordinator, NV-DCFS’ PREA Coordinator (contract monitor), as well as reviewing PHRF’s “*2024 Annual PREA Report*.”

This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.371.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard

Auditor Discussion
<p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.372. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.372. Excerpts from "PH/HHSF PREA Policy" states, "<i>Pride House 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>RECAPTION</p> <p><i>The program shall not terminate an investigation solely because the source of the allegation recants the allegation.</i>"</p> <p>This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.372.</p> <p>While on-site, this auditor interviewed PHRF'S Director/PREA Coordinator (PC). She shared that PHRF has not received any PREA allegations, reports, had any incidents, or conducted any PREA related investigations. PHRF's PC also shared that PHRF do not have any staff who's specialized trained to conduct PREA Administrative Investigations. PHRF's PC did submit their newly developed "<i>Coordinated Response Plan</i>" and "<i>Coordinated Investigation Flow Chart</i>" which is used to guide the procedures when an PHRF is made aware of an incident or allegation of sexual abuse or sexual harassment.</p> <p>Though the "<i>Coordinated Response Plan</i>" and "<i>Coordinated Investigation Flow Chart</i>" has content which aligns with this PREA Standard, no PHRF staff has been trained on how to use the forms. Finally, this auditor interviewed 3 PHRF residents and asked, "<i>Have you reported an incident of sexual abuse or sexual harassment while being at PHRF?</i>" Each resident shared that they have not reported a PREA incident at PHRF.</p> <p>This auditor recommended PHRF develop a "<i>PREA Investigations Checklist</i>" to guide PHRF PREA Investigators investigation procedures in maintaining structure, developing the content for their Investigation Reports, and Preponderance of Evidence determinations. This auditor also recommended PHRF develop a "<i>PREA Investigation Report</i>" template for PHRF's investigators to have as a guide in developing uniformed/structured PREA Investigation reports. Finally, this auditor recommended PHRF establish consistency in practice with the above-mentioned recommendations before compliance can be determined. This PREA auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.372. Corrective Action was required.</p> <p>During Pride House Residential Facility's (PHRF) Corrective Action Period (CAP), this</p>

	<p>auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS's PREA Coordinator (PC) and PHRF's Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF's Director/PREA Coordinator submitted the "<i>PREA Juvenile Specialized Investigator's Training</i>" certificate of their assigned staff PREA Administrative Investigator. The 7.5-hour virtual training was facilitated by "<i>The Moss Group</i>" on 11/14/25 and covered the required topics identified in PREA Standard 115.334.</p> <p>PHRF's Director/PREA Coordinator also submitted their developed "<i>PREA Investigations Checklist</i>" to guide PHRF PREA Investigators. The "<i>PREA Investigations Checklist</i>" assists the investigator in maintaining structure and developing the content for their Investigation Reports. PHRF also submitted their developed "<i>PREA Investigation Report</i>" template for PHRF's investigators to have as a guide in developing uniformed/structured PREA Investigation reports. Finally, this auditor was unable to review any "<i>Preponderance of Evidence Outcomes</i>," due to PHRF not having any PREA Investigations. This auditor confirmed this through interviewing PHRF's residents, PHRF's Director/PREA Coordinator, NV-DCFS' PREA Coordinator (contract monitor), as well as reviewing PHRF's "<i>2024 Annual PREA Report</i>."</p> <p>This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.372.</p>
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.373. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.373. Excerpts from "PH/HHSF PREA Policy" states, "<i>PRIDE HOUSE will report the outcomes of internal and external investigations to the resident victim.</i></p> <p>PROCEDURE</p> <p>a) <i>Following an investigation into a resident's allegation of sexual abuse suffered in the facility, the facility shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</i></p> <p>b) <i>If the facility did not conduct the investigation, it shall request the relevant</i></p>

information from any applicable law enforcement agency in order to inform the resident.

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility shall subsequently inform the resident (unless the program 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 program;*
- 3. The program learns that the staff member has been indicted on a charge related to sexual abuse within the program; or*
- 4. The program learns that the staff member has been convicted on a charge related to sexual abuse within the program.*

c) Following a resident's allegation that he or she has been sexually abused by another resident, the program shall subsequently inform the alleged victim whenever:

- 1. The program learns that the alleged abuser has been indicted on a charge related to sexual abuse within the program; or*
- 2. The program learns that the alleged abuser has been convicted on a charge related to sexual abuse within the program.*

d) All such notifications or attempted notifications shall be provided to the resident in writing on a "Post Allegation Resident Notification Response Form" by the Director (or designee) and kept in the resident file.

Note: Obligation to report outcomes to the resident shall terminate if the resident is released from the program."

This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.373.

While on-site, this auditor interviewed PHRF'S Director/PREA Coordinator (PC). She shared that PHRF has not received any PREA allegations, reports, had any incidents, or conducted any PREA related investigations. PHRF's PC also shared that PHRF do not have any staff who's specialized trained to conduct PREA Administrative Investigations. PHRF's PC did submit their newly developed "*Coordinated Response Plan*" and "*Coordinated Investigation Flow Chart*" which is used to guide the procedures when an PHRF is made aware of an incident or allegation of sexual abuse or sexual harassment.

Though the "*Coordinated Response Plan*" and "*Coordinated Investigation Flow Chart*" has content which aligns with this PREA Standard, no PHRF staff has been trained on how to use the forms. Finally, this auditor interviewed 3 PHRF residents and asked, "*Have you reported an incident of sexual abuse or sexual harassment while being at PHRF?*" Each resident shared that they have not reported a PREA incident at PHRF.

This auditor recommended that PHRF develop a “*PREA Investigations Checklist*” to guide PHRF PREA Investigators investigation procedures in maintaining structure, developing the content for their Investigation Reports, Preponderance of Evidence determinations, and notification of investigation outcome to resident victims of sexual abuse. This auditor also recommended that PHRF develop a “*PREA Investigation Report*” template for PHRF’s investigators to have as a guide in developing uniformed/structured PREA Investigation reports. Finally, this auditor recommended that PHRF establish consistency in practice with the above-mentioned recommendations before compliance can be determined. This PREA auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.373. Corrective Action was required.

During Pride House Residential Facility’s (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS’s PREA Coordinator (PC) and PHRF’s Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF’s Director/PREA Coordinator submitted the “*PREA Juvenile Specialized Investigator’s Training*” certificate of their assigned staff PREA Administrative Investigator. The 7.5-hour virtual training was facilitated by “*The Moss Group*” on 11/14/25 and covered the required topics identified in PREA Standard 115.334.

PHRF’s Director/PREA Coordinator also submitted their developed “*PREA Investigations Checklist*” to guide PHRF PREA Investigators. The “*PREA Investigations Checklist*” assists the investigator in maintaining structure and developing the content for their Investigation Reports. PHRF also submitted their developed “*PREA Investigation Report*” template for PHRF’s investigators to have as a guide in developing uniformed/structured PREA Investigation reports. Finally, this auditor was unable to review any executed PHRF “*Reporting to Resident*” forms, due to PHRF not having any PREA Investigations. This auditor confirmed this through interviewing PHRF’s residents, PHRF’s Director/PREA Coordinator, NV-DCFS’ PREA Coordinator (contract monitor), as well as reviewing PHRF’s “*2024 Annual PREA Report*.”

This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.373.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Pride House Residential Facility’s (PHRF) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as

onsite document/file reviews and observations to determine compliance for Standard 115.376. Pride House Residential Facility (PHRF) submitted their “Pride House/Health and Human Services Foundation PREA Policy” as evidence of compliance with PREA Standard 115.376. Excerpts from “PH/HHSF PREA Policy” states, *“Pride House shall ensure that staff shall be subject to disciplinary sanctions up to and including termination for violating sexual abuse or sexual harassment policies.*

PROCEDURE

(a) *Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.*

(b) *Disciplinary sanctions for violations of program 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.*

(c) *All terminations for violations of program 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 and social services agencies.”*

This auditor concludes that PH/HHSF’s PREA Policy has the necessary language to align with this PREA Standard 115.376.

While onsite, this PREA Auditor interviewed Pride House Residential Facility (PHRF) Director/PREA Coordinator (PC) to gain insight into disciplinary sanctions for staff PREA violations. PHRF’s Director/PC informed this auditor that disciplinary actions for staff PREA violations range from reassignment, suspension, and termination, and up to legal action taken. If staff sexual abuse is substantiated, PHRF’s PC Director/PC shared that termination is the presumptive outcome, as well as referral for prosecution. This auditor also corresponded with Nevada DCFS’ PC who confirmed that termination is the expected outcome of staff sexual abuse of a PHRF resident.

This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.376.

115.377 Corrective action for contractors and volunteers	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Pride House Residential Facility’s (PHRF) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as

onsite document/file reviews and observations to determine compliance for Standard 115.377. Pride House Residential Facility (PHRF) submitted their “Pride House/Health and Human Services Foundation PREA Policy” as evidence of compliance with PREA Standard 115.377. Excerpts from “PH/HHSF PREA Policy” states, *“Pride House shall ensure that volunteers and contractors found to have participated in activity in this policy will be reported to law enforcement and to relevant licensing bodies. Volunteers and contractors will also be prohibited from any further contact with any resident and be denied access to the facility.*

PROCEDURE

The program should take appropriate remedial measures and prohibit further contact with residents and be denied access to any program.”

This auditor concludes that PH/HHSF’s PREA Policy has the necessary language to align with this PREA Standard 115.377.

While onsite, this PREA Auditor interviewed Pride House Residential Facility (PHRF) Director/PREA coordinator (PC) to gain insight into corrective actions for volunteer and contractor PREA violations. PHRF’s Director/PC informed this auditor that disciplinary actions for volunteers and contractors range from removal/denying access to PHRF residents and reporting contractor/volunteer to child protective services to reporting contractor/volunteer to their licensing agency, up to criminal charges being filed. PHRF’s Director/PC further shared that PHRF informs other facilities who are seeking to contract or engage in a volunteer relationship with the former contractor/volunteer who has been substantiated for sexual abuse while at any PHRF.

This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.377.

115.378 Interventions and disciplinary sanctions for residents	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Pride House Residential Facility’s (PHRF) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.378. Pride House Residential Facility (PHRF) submitted their “Pride House/Health and Human Services Foundation PREA Policy” as evidence of compliance with PREA Standard 115.378. Excerpts from “PH/HHSF PREA Policy” states, <i>“PRIDE HOUSE promotes a safe environment with established rules that are designed to protect the residents and staff. Residents shall understand the program rules, as well as the consequences for not meeting them. Rule violations shall be</i>

addressed through a consistent and fair process. (See PRIDE HOUSE Policy- Code of Conduct)

PROCEDURE

(a) A resident will be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on- resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

(b) Pride House will follow their code of conduct continuum up to and including removal from program and potential criminal charges.

(c) Pride House may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. Pride House may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced."

This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.378.

While onsite, this PREA auditor interviewed Pride House Residential Facility (PHRF) Director/PREA Coordinator (PC) to gain insight into disciplinary sanctions for resident PREA violations. PHRF's Director/PC shared that PHRF's "Code of Conduct Policy" prohibits all sexual contact and sexual harassment between PHRF's residents. PHRF's Director/PC also informed this auditor that PHRF interventions utilizes a range of interventions ranging from mental health counseling, program adjustments, disciplinary review, removal from program, and up to criminal prosecution for residents.

Additionally, while onsite, this auditor also interviewed PHRF's House Manager who confirmed PHRF's Director/PC responses. Finally, this auditor interviewed Nevada DCFS' PREA Coordinator who shared that all the required reporting entities, guardians, court-personnel are informed of the outcome of the investigation related to the alleged resident(s). This auditor also reviewed PHRF's "Code of Conduct Policy" which identified and explained the interventions for various PHRF resident behaviors (including sexual abuse and sexual harassment). Finally, this auditor interviewed 3 PHRF asking, "Were you informed of PHRF's disciplinary actions for resident who engage in sexual abuse and sexual harassment?" Each resident interviewed responded that they knew that "Any sexual behaviors are major violations at PHRF."

This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.378.

115.381	Medical and mental health screenings; history of sexual abuse
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	Auditor Overall Determination: Meets Standard
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Auditor Discussion
<p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.381. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.381. Excerpts from "PH/HHSF PREA Policy" states, "<i>PRIDE HOUSE will screen for prior sexual victimization or perpetration and provide mental health follow up.</i></p> <p>PROCEDURE</p> <p><i>If the screening pursuant to PREA Standard 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.</i></p> <p><i>(a) If the screening pursuant to PREA Standard 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.</i></p> <p><i>(b) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including room assignments, or as otherwise required by Federal, State, or local law.</i></p> <p><i>(c) Contracted 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.</i></p> <p><i>(d) Programs will 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 qualified mental health practitioners."</i></p> <p>This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.381.</p> <p>While on-site, this auditor interviewed PHRF's Director/PREA Coordinator (PC). She shared that she is working with NV-DCFS' PREA Coordinator to develop a PREA Risk Screening Tool for PHRF. PRHF's PC submitted, in OAS, an example PREA Risk Screening Tool as evidence of compliance with this PREA Standard. However, this PREA Risk Screening Tool is not personalized to PHRF's program. For example, PHRF does not provide services to residents under 18 years. However, the screening tool has an "age range" section from 10-18 years. Additionally, PHRF has not</p>

implemented or used the form at all, to ensure that it aligns with the resident population at PHRF.

This auditor recommended that PHRF personalize their newly developed “PREA Risk Screening Tool” to align with PHRF resident population. This auditor also recommends that PHRF identify a private and confidential area where “PREA Risk Screenings” can be conducted. Additionally, this auditor recommended that PHRF develop a referral process where all residents who have history of sexual victimization or sexual abusiveness receive a follow-up meeting with a PHRF’s mental health practitioner within 14 days of their PREA screening results. Finally, this auditor recommended that PHRF establish consistency in practicing the above recommendations, before compliance can be determined. This PREA auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.381. Corrective Action was required.

During Pride House Residential Facility’s (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS’s PREA Coordinator (PC) and PHRF’s Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF’s Director/PREA Coordinator submitted their newly developed “PREA Risk Screening Tool,” personalized for PHRF program-type. This auditor reviewed the tool and confirmed that it contained all the components required in this PREA Standard. PHRF’s Director/PREA Coordinator also submitted PHRF’s “PREA Risk Screening Frequency Policy.” This policy provides instruction for all PHRF’s staff to conduct PREA Risk Screenings at intake, then a PREA Re-screening within 30 days, followed by additional PREA Screenings every 6 months thereafter. Furthermore, PHRF’s “PREA Risk Screening Frequency Policy” requires additional screening if a sexual abuse incident occur or if new information is presented/identified.

Additionally, PHRF’s Director/PREA Coordinator submitted their “Referral Policy: Mental Health services for Residents with a History of Sexual Abuse,” which contains the referral procedures to PHRF’s Mental Health practitioners when a resident discloses, or it is identified that a resident has a history of sexual abuse or sexual perpetration. An excerpt from the policy states, “*Within 24 hours of disclosure or incident, staff will complete a referral to the designated licensed mental health practitioner or assigned designee...The Mental Health Practitioner will have 14-days from assessment date to provide the resident with the appropriate mental health services needed.*” Finally, to date, PHRF’s Director/PREA Coordinator shared that there are residents who enter PHRF with known history of sexual abuse or sexual perpetration, and currently receiving services by PHRF’s mental health practitioners.

This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.381.

Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.382. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.382. Excerpts from "PH/HHSF PREA Policy" states, <i>"Resident victims will have access to emergency medical and mental health services.</i></p> <p>PROCEDURE</p> <p class="list-item-l1">(a) <i>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. Pride House utilizes Child Advocacy Center for SAFE/SANE exams and Renown Medical Center for all other medical needs.</i></p> <p class="list-item-l1">(b) <i>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 Pride House contracted mental health practitioner(s).</i></p> <p class="list-item-l1">(c) <i>Resident victims of sexual abuse while in the program shall be 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.</i></p> <p class="list-item-l1">(d) <i>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.</i></p> <p class="list-item-l1">(e) <i>A written MOU will be established by PREA Compliance Manager for outside services for emergency and mental health services."</i></p> <p>This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.382.</p> <p>While onsite, this PREA auditor interviewed PHRF's Director/PREA Coordinator who shared that PHRF does not have any full or part-time medical practitioners who work in its facility. PHRF's Director/PC shared that all residents are sent out to "Renown Medical Center" for medical needs and the "Child Advocacy Center" for SANE/SAFE exams (if needed). PHRF's Director/PC further shared that PHRF coordinates all community-based medical services and utilizes contracted mental health services providers for PHRF residents. This auditor also interviewed PHRF's House Manager,</p>	

	<p>who confirmed PHRF's Director/PC responses. Furthermore, PHRF's Director/PC and House Manager further shared that if a sexual abuse incident occurred, PHRF may contact law enforcement, coordinate for the sexual abuse victim to have medical and victim advocacy for emotional support while at hospital. Finally, PHRF's Director/PC shared that PHRF pays for medical, mental health services, and follow-ups for resident victims of sexual abuse.</p> <p>Additionally, while onsite, this auditor interviewed 3 PHRF residents. Two of the 3 residents shared that the turnaround for residents to receive medical services is a rapid turnaround (24 to 48-hours) for non-emergency appointments (1 of the 3 interviewed residents was new to PHRF). Finally, PHRF's Director/PC shared that, if emergent, PHRF may call 911 or utilize hospital emergency rooms for emergency medical needs.</p> <p>This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.382.</p>
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115.383	<p>Ongoing medical and mental health care for sexual abuse victims and abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.383. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.383. Excerpts from "PH/HHSF PREA Policy" states, "<i>PRIDE HOUSE offers medical and mental health evaluations for residents who have been sexually abused. Pride House utilizes Renown Medical Center and other community-based hospitals for medical care. Pride House utilizes contracted mental health practitioner(s).</i></p> <p>PROCEDURE</p> <p><i>Ongoing medical and mental health care will be available for sexual abuse victims and abusers.</i></p> <p class="list-item-l1">(a) <i>The program should offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse.</i></p> <p class="list-item-l1">(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</i></p>

the program.

(c) The program shall provide such victims with medical and mental health services consistent with the community level of care.

(d) Resident victims of sexually abusive vaginal penetration while in the program shall be offered pregnancy tests.

(e) If pregnancy results from conduct specified 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. The Director will notify the parent/guardian of test results in accordance with state and local laws.

(f) Resident victims of sexual abuse while in the program shall be offered tests for sexually transmitted infections as medically appropriate. The Director will notify parent/guardian of test results in accordance with state and local laws.

(g) 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.

(h) The program 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."

This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.383.

While onsite, this PREA auditor interviewed PHRF's Director/PREA Coordinator who shared that PHRF does not have any full or part-time medical practitioners who work in its facility. PHRF's Director/PC shared that all residents are sent out to "Renown Medical Center" for medical needs and the "Child Advocacy Center" for SANE/SAFE exams (if needed). PHRF's Director/PC further shared that PHRF coordinates all community-based medical services and utilizes contracted mental health services providers for PHRF residents. This auditor also interviewed PHRF's House Manager, who confirmed PHRF's Director/PC responses.

Furthermore, PHRF's Director/PC and House Manager further shared that if a sexual abuse incident occurred, PHRF may contact law enforcement, coordinate for the sexual abuse victim to have medical and victim advocacy for emotional support while at hospital. Moreover, PHRF's Director/PC shared that PHRF pays for medical, mental health services, and follow-ups for resident victims of sexual abuse. Finally, PHRF is an all-male residential facility. PHRF's Director/PC shared that mental health evaluation is conducted on all known resident-on resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate.

Additionally, while onsite, this auditor interviewed 3 PHRF residents. Two of the 3 residents shared that the turnaround for residents to receive medical services is a rapid turnaround (24 to 48-hours) for non-emergency appointments (1 of the 3 interviewed residents was new to PHRF). Finally, PHRF's Director/PC shared that, if

	<p>emergent, PHRF may call 911 or utilize hospital emergency rooms for emergency medical needs.</p> <p>This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.383.</p>
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115.386	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.386. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.386. Excerpts from "PH/HHSF PREA Policy" states, <i>"Within 30 days of the conclusion of any substantiated or unsubstantiated investigation, an Incident Review Team, designated by the Superintendent to include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners, shall meet to review the allegation and investigative report, assess possible causes and identify any needed facility and policy changes. The Incident Review Team shall be provided the final investigative report at least two business days prior to the meeting and shall be advised of its confidential nature. The team's findings shall be documented on the PREA Incident Review Team Form (Attachment R). The Superintendent shall review and accept, reject, or modify any team recommendations."</i></p> <p>This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.386.</p> <p>While on-site, this auditor interviewed PHRF'S Director/PREA Coordinator (PC). She shared that PHRF has not received any PREA allegations, reports, had any incidents, or conducted any PREA related investigations. This auditor interviewed 3 PHRF residents and asked, <i>"Have you reported an incident of sexual abuse or sexual harassment while being at PHRF?"</i> Each resident shared that they have not reported a PREA incident at PHRF. PHRF's PC also shared that PHRF do not have any staff who's specialized trained to conduct PREA Administrative Investigations.</p> <p>PHRF's PC did submit their newly developed <i>"Coordinated Response Plan"</i> and <i>"Coordinated Investigation Flow Chart"</i> which is used to guide the procedures when an PHRF is made aware of an incident or allegation of sexual abuse or sexual harassment, as well as conducting sexual abuse incident reviews at the conclusion of sexual abuse investigations. This auditor also asked PHRF's PC if PHRF has assembled a <i>Sexual Abuse Incident Review (SAIR)</i> Team to conduct sexual abuse</p>

incident reviews within 30 days of the conclusion of sexual abuse investigations. She responded that PHRF has not and was unaware of this process. This auditor shared the purpose of the *Sexual Abuse Incident Review (SAIR)* Team and the meetings content. This auditor also directed PHRF's PC to Nevada's Department of Children Services (NV-DCFS) PC to review their SAIR forms as a guide to developing their own SAIR forms if/when SAIR meetings occur. This auditor shared with PHRF's PC the components that this PREA Standard 115.386 requires to guide SAIR meeting discussions.

This auditor recommended PHRF assemble a "*Sexual Abuse Incident Review*" team consisting of 3-4 multi-disciplinary individuals to review completed substantiated and unsubstantiated sexual abuse investigations. This team must meet within 30 days of the conclusion of the investigation and contain documented meeting agenda/minutes. The components which should guide SAIR meetings which align with this PREA Standard are as follows:

1. *Identifying whether the allegation or investigation indicates a need to change ARDOC's policy or practice to better prevent, detect, or respond to sexual abuse.*
2. *Identifying 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. *Assessing the area in the facility where the incident allegedly occurred to assess whether blind spots or barriers in the area may enable abuse.*
4. *Assessing staffing levels in that area during the shift at the time of the incident.*
5. *Assessing whether there's a need for video/audio monitoring technology to supplement supervision by staff.*
6. *Corrective Actions/Recommendations*

Finally, this auditor recommended PHRF establish consistency in practice with the above-mentioned recommendations before compliance can be determined. This PREA auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.386. Corrective Action was required.

During Pride House Residential Facility's (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS's PREA Coordinator (PC) and PHRF's Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF's Director/PREA Coordinator submitted PHRF's "*PREA Incident Review Form*," contained all the components required within this PREA Standard. PHRF's Director/PREA Coordinator also submitted 3 "*Sexual Abuse Incident Review Team Agreements*," which provides evidence of an established multidisciplinary team to review PREA sexual abuse investigated incidents (excluding unfounded). Finally, this auditor was unable to review any executed PHRF "*Reporting to Resident*" forms, due to PHRF not having

	<p>any PREA Investigations. This auditor confirmed this through interviewing PHRF's residents, PHRF's Director/PREA Coordinator, NV-DCFS' PREA Coordinator (contract monitor), as well as reviewing PHRF's "2024 Annual PREA Report."</p> <p>This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.386.</p>
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.387. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.387. Excerpts from "PH/HHSF PREA Policy" states, "<i>Pride House will collect accurate, uniform data for every allegation of sexual abuse.</i></p> <p>PROCEDURE</p> <p>(a) <i>The PREA Compliance Manager and Director shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</i></p> <p>(b) <i>Data collected by the Director and PREA Compliance Manager 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></p> <p>(c) <i>The Director and PREA Compliance Manager shall aggregate the incident-based sexual abuse data at least annually.</i></p> <p>(d) <i>Upon request, the Director and PREA Compliance Manager shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th.</i></p> <p>(e) <i>All PREA completed administrative investigation packets will be provided to DCFS PREA Coordinator monthly, even if there are zero investigations.</i>"</p> <p>This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.387.</p> <p>While onsite, this auditor interviewed PHRF's Director/PREA Coordinator (PC). She shared that PHRF has not started collecting data on sexual abuse and sexual</p>

harassment investigations. She further shared that PHRF is in the process of implementing their PREA investigation procedures, as well as procedures for collecting data on PREA sexual abuse and sexual harassment investigations which occur at PHRF. Finally, PHRF Director/PC shared that there have been 0 incidents of sexual abuse or sexual harassment at PHRF in the past 12 months. This auditor also interviewed Nevada Division of Child Services PREA Coordinator (NV-DCFS). She shared that PHRF will start submitting their monthly and annual data, as well as PHRF submitting an *“Annual Report”* to NV-DCFS’ PREA Coordinator. Finally, NV-DCFS’ PREA Coordinator shared that PHRF’s *“Annual Report”* will be referenced on NV-DCFS’ website.

This auditor recommended PHRF immediately start collecting data on all sexual abuse and sexual harassment investigations which occur at PHRF. Furthermore, this auditor recommended PHRF develop their *“2024 Annual Report,”* then submit to NV-DCFS for review and reference on their website. PHRF’s which *“2024 Annual Report”* should contain the following information and data:

1. *Facility Type, demographics, Program Type, etc.,*
2. *Facility’s PREA Zero Tolerance Policy,*
3. *Sexual abuse and sexual definitions,*
4. *Incident-based data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice,*
5. *Sexual Abuse Incident Review to identify problem areas,*
6. *Corrective Action Findings, Recommendations, Responses, and Ongoing Corrective Actions,*
7. *New Strategies to protect residents from sexual abuse, and*
8. *Redact any Personal Identifiers from the report.*

This PREA auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.387. Corrective Action was required.

During Pride House Residential Facility’s (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS’s PREA Coordinator (PC) and PHRF’s Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF’s Director/PREA Coordinator developed their Pride House website (<http://www.pridehousehhs.com/>) which contains a designated PREA annual reports section. Within this section, PHRF’s has their *“2024 Annual PREA Report,”* which contains all the documentation, data-related, corrective actions, and redactions required within this PREA Standard. Finally, PHRF shared that they will also be publishing their upcoming *“PREA Facility Audit Final Report”* on their website.

This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.387.

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.388. Pride House Residential Facility (PHRF) submitted their "Pride House/Health and Human Services Foundation PREA Policy" as evidence of compliance with PREA Standard 115.388. Excerpts from "PH/HHSF PREA Policy" states, <i>"Pride House shall review data collected and aggregated pursuant to PREA Standard 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training.</i></p>
	PROCEDURE
	<i>Data reviewed shall include the following:</i>
	<p>(a) <i>Identifying problem areas;</i></p>
	<ol style="list-style-type: none"> 1. <i>Taking corrective action on an ongoing basis; and</i> 2. <i>Preparing an annual report of its findings and corrective actions.</i>
	<p>(b) <i>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 facility's progress in addressing sexual abuse.</i></p>
	<p>(c) <i>The facility's report should be approved by the Director and made readily available to the public through its website or, if it does not have one, through other means. A copy of the annual report shall be provided to DCFS PREA Coordinator.</i>"</p>
	<p>This auditor concludes that PH/HHSF's PREA Policy has the necessary language to align with this PREA Standard 115.388.</p>
	<p>While onsite, this auditor interviewed PHRF's Director/PREA Coordinator (PC). She shared that PHRF has not started collecting data on sexual abuse and sexual harassment investigations. She further shared that PHRF is in the process of implementing their PREA investigation procedures, as well as procedures for collecting data on PREA sexual abuse and sexual harassment investigations which occur at PHRF. Finally, PHRF Director/PC shared that there have been 0 incidents of sexual abuse or sexual harassment at PHRF in the past 12 months. This auditor also interviewed Nevada Division of Child Services PREA Coordinator (NV-DCFS). She shared that PHRF will start submitting their monthly and annual data, as well as PHRF submitting an "Annual Report" to NV-DCFS' PREA Coordinator. Finally, NV-DCFS' PREA Coordinator shared that PHRF's "Annual Report" will be referenced on NV-DCFS' website.</p>

This auditor recommended PHRF immediately start collecting data on all sexual abuse and sexual harassment investigations which occur at PHRF. Furthermore, this auditor recommended PHRF develop their “2024 Annual Report,” then submit to NV-DCFS for review and reference on their website. PHRF’s which “2024 Annual Report” should contain the following information and data:

1. *Facility Type, demographics, Program Type, etc.,*
2. *Facility’s PREA Zero Tolerance Policy,*
3. *Sexual abuse and sexual definitions,*
4. *Incident-based data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice,*
5. *Sexual Abuse Incident Review to identify problem areas,*
6. *Corrective Action Findings, Recommendations, Responses, and Ongoing Corrective Actions,*
7. *New Strategies to protect residents from sexual abuse, and*
8. *Redact any Personal Identifiers from the report.*

This PREA auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.388. Corrective Action was required.

During Pride House Residential Facility’s (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS’s PREA Coordinator (PC) and PHRF’s Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF’s Director/PREA Coordinator developed their Pride House website (<http://www.pridehousehhs.com/>) which contains a designated PREA annual reports section. Within this section, PHRF’s has their “2024 Annual PREA Report,” which contains all the documentation, data-related, corrective actions, and redactions required within this PREA Standard. Finally, PHRF shared that they will also be publishing their upcoming “PREA Facility Audit Final Report” on their website.

This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.388.

115.389 Data storage, publication, and destruction	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Pride House Residential Facility’s (PHRF) pre-audit evidentiary documents uploaded via PREA’s Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as

onsite document/file reviews and observations to determine compliance for Standard 115.389. Pride House Residential Facility (PHRF) submitted their “Pride House/Health and Human Services Foundation PREA Policy” as evidence of compliance with PREA Standard 115.389. Excerpts from “PH/HHSF PREA Policy” states, *“Pride House will ensure that data collected pursuant to PREA Standard 115.387 is properly secured and retained. The facility 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.*

PROCEDURE

- (a) *Hard copies of data are secured in the Director’s office.*
- (b) *The electronic data is securely retained with access limited to the Director and PREA Compliance Manager.*
- (c) *Pride House should make all aggregated sexual abuse data, from programs under its direct control readily available to the public at least annually through its website or, if it does not have one, through other means, upon request.*
- (d) *Before making aggregated sexual abuse data publicly available, Pride House should remove all personal identifiers.”*

This auditor concludes that PH/HHSF’s PREA Policy has the necessary language to align with this PREA Standard 115.389.

While onsite, this auditor interviewed PHRF’s Director/PREA Coordinator (PC). She shared that PHRF has not started collecting data on sexual abuse and sexual harassment investigations. She further shared that PHRF is in the process of implementing their PREA investigation procedures, as well as procedures for collecting data on PREA sexual abuse and sexual harassment investigations which occur at PHRF. Finally, PHRF Director/PC shared that there have been 0 incidents of sexual abuse or sexual harassment at PHRF in the past 12 months. This auditor also interviewed Nevada Division of Child Services PREA Coordinator (NV-DCFS). She shared that PHRF will start submitting their monthly and annual data, as well as PHRF submitting an “Annual Report” to NV-DCFS’ PREA Coordinator. Finally, NV-DCFS’ PREA Coordinator shared that PHRF’s “Annual Report” will be referenced on NV-DCFS’ website.

This auditor recommended PHRF immediately start collecting data on all sexual abuse and sexual harassment investigations which occur at PHRF. Furthermore, this auditor recommended PHRF develop their “2024 Annual Report,” then submit to NV-DCFS for review and reference on their website. PHRF’s which “2024 Annual Report” should contain the following information and data:

1. *Facility Type, demographics, Program Type, etc.,*
2. *Facility’s PREA Zero Tolerance Policy,*
3. *Sexual abuse and sexual definitions,*
4. *Incident-based data necessary to answer all questions from the most recent*

version of the Survey of Sexual Violence conducted by the Department of Justice,

5. Sexual Abuse Incident Review to identify problem areas,
6. Corrective Action Findings, Recommendations, Responses, and Ongoing Corrective Actions,
7. New Strategies to protect residents from sexual abuse, and
8. Redact any Personal Identifiers from the report.

Finally, this auditor recommended that PHRF demonstrate the ability to provide confidential storage of PREA completed investigations, data, and annual reports. This PREA auditor concluded that Pride House Residential Facility (PHRF) was not in compliance with PREA Standard 115.389. Corrective Action was required.

During Pride House Residential Facility's (PHRF) Corrective Action Period (CAP), this auditor conducted and engaged in a series of meetings and correspondence with NV-DCFS's PREA Coordinator (PC) and PHRF's Director/PREA Coordinator. The goal was to discuss the recommended corrective actions needed to meet compliance with this standard. After the meetings and email correspondence, PHRF's Director/PREA Coordinator developed their Pride House website

(<http://www.pridehousehhs.com/>) which contains a designated PREA annual reports section. Within this section, PHRF's has their "2024 Annual PREA Report," which contains all the documentation, data-related, corrective actions, and redactions required within this PREA Standard. PHRF also shared that they will also be publishing their upcoming "PREA Facility Audit Final Report" on their website, as well as ensure that data collected (pursuant to § 115.387) is securely retained.

Finally, PHRF's Director/PREA Coordinator submitted PHRF's "Confidential Storage of PREA Records" procedures, which identifies PHRF's storage practices. These procedures include physical records storage, secondary storage, electronic records, confidentiality and access, and file retention practices. PHRF's "Confidential Storage of PREA Records" procedures align with this PREA Standard.

This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.389.

115.401 Frequency and scope of audits	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This PREA Auditor reviewed Pride House Residential Facility's (PHRF) pre-audit evidentiary documents uploaded via PREA's Online Audit System (OAS), documents submitted through other electronic sources, conducted on-site interviews, as well as onsite document/file reviews and observations to determine compliance for Standard 115.401.

	<p>This auditor interviewed PHRF'S Director/PREA Coordinator, who shared that she understands that PHRF is required to have a PREA audit every three years, after the conclusion of this PREA Audit. The auditor had access to, and the ability to observe, all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents. The auditor was permitted to conduct private interviews with residents, residents, and detainees. The PHRF residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. Finally, this auditor was able to contact community-based <i>Child Advocacy Center</i> regarding SANE/SAFE provisions, as well as <i>Renown Medical Center</i> regarding medical services for PHRF residents.</p> <p>This PREA auditor concludes that Pride House Residential Facility (PHRF) is in compliance with PREA Standard 115.401.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pride House Residential Facility (PHRF) did not submit a website for this auditor to review. Additionally, PHRF did not have any “<i>PREA Annual Reports</i>” and “<i>PREA Facility Audit Reports</i>” to be posted. This auditor was not able to view Pride House Residential Facility (PHRF)’s PREA Audit Report due to this being their first PREA Facility Audit. Upon conclusion of this PREA Facility Audit and PHRF completing their <i>2024 Annual Report</i>, they will submit to NV-DCFS’ PREA Coordinator to reference/post on their website. Its content are available for public viewing. This PREA auditor concludes is in compliance with PREA Standard 115.403.</p>

Appendix: Provision Findings

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

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

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

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

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes

115.315 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective	yes

	communication with residents who are deaf or hard of hearing?	
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual	yes

	abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry	yes

	maintained by the State or locality in which the employee would work?	
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	

	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321	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
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321	Evidence protocol and forensic medical examinations	

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

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes

	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who	yes

	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?	
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through	yes

	video regarding: Agency policies and procedures for responding to such incidents?	
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its	yes

	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).)	
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and	yes

	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.)	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by	yes

	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.)	
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes

	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes

	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes

115.342 (d)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.342 (e)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.342 (f)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.342 (g)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351	Resident reporting	

(a)		
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this	yes

	standard.)	
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352	Exhaustion of administrative remedies	

(f)		
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline	yes

	numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	no
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	no
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	no
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes

115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	

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

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

	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be	yes

	criminal referred for prosecution?	
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is	yes

	responsible for conducting administrative and criminal investigations.)	
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse	yes

	within the facility?	
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378	Interventions and disciplinary sanctions for residents	

(c)		
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that	yes

	the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate	yes

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

	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.)	
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or	yes

	investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in	yes

	addressing sexual abuse?	
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once?	no

	(Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or	na

	<p>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.)</p>	
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