

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 07/01/16

Auditor Information			
Auditor name: Andrew Jess			
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Email: ajess@mt.gov			
Telephone number: 406-444-6583			
Date of facility visit: June 5-6			
Facility Information			
Facility name: Ely Conservation Camp			
Facility physical address: Horse and Cattle Camp Road			
Facility mailing address: (if different from above) HC 10 BOX 10813 Ely, NV 89301			
Facility telephone number: (775) 289-8430			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Renee Baker			
Number of staff assigned to the facility in the last 12 months: 11			
Designed facility capacity: 150			
Current population of facility: 140			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 20-54			
Name of PREA Compliance Manager: Tasheena Sandoval		Title: Correctional Casework Specialist III	
Email address: tsandoval@doc.nv.gov		Telephone number: (775) 289-1203	
Agency Information			
Name of agency: Nevada Department of Corrections			
Governing authority or parent agency: (if applicable) State of Nevada			
Physical address: 5500 Snyder Avenue Bldg 17, Carson City, NV 89701			
Mailing address: (if different from above) PO Box 7011, Carson City, NV 89702			
Telephone number: (775) 887-3285			
Agency Chief Executive Officer			
Name: James Dzurenda		Title: Director	
Email address: jedzurenda@doc.nv.gov		Telephone number: (775) 887-3266	
Agency-Wide PREA Coordinator			
Name: Pamela Del Porto		Title: Inspector General	
Email address: pdelporto@doc.nv.gov		Telephone number: (775) 887-3395	

AUDIT FINDINGS

NARRATIVE

An audit was conducted at Ely Conservation Camp from June 5-6, 2016 to determine compliance with the Prison Rape Elimination Act standards. A complete tour of the facility was conducted. Areas observed included inmate living areas, education, food services, recreation areas, library, visitation, laundry, and outlying buildings which belong to the Nevada Department of Forestry (NDF). Ely Camp does not have any video monitoring technology so special care was taken to ascertain staff supervision and the level/type of inmate access in all areas. Posters were visible throughout the facility announcing the audit as well as informative posters regarding PREA. The auditor spoke informally with staff and inmates as the tour was conducted. Documents reviewed for the audit included, but were not limited to, the facility completed pre-audit questionnaire, policy and procedure, staff training records, training curriculums, inmate screening, and log entries.

The Agency Head interview with Harold Baker was conducted on 3-29-16 via phone. A Department investigator from the Office of the Inspector General was interviewed via phone on 3-29-16. Interviews were conducted on-site with 9 randomly selected correctional staff from all shifts. Other staff interviews conducted included:

Warden Renee Baker

Tasheena Sandoval, PREA Compliance Manager

Director of Nursing

2 intermediate/higher-level supervisors

A case manager who performs screening

Intake staff

2 contractors from NDF

Human Resources staff member

10 randomly selected inmates were interviewed, with representation from each housing wing. No letters were received from inmates at Ely Camp prior to or during the audit. In addition to the random interviews, an inmate who identified as gay and a limited-English proficient inmate were interviewed.

Contact was made with Just Detention International prior to the audit requesting any information regarding allegations of abuse reported to them. They did not have any reports on record from this facility.

DESCRIPTION OF FACILITY CHARACTERISTICS

Ely Conservation Camp was constructed in 1984 and is approximately 17 miles south of Ely on Horse and Cattle Camp Road. The camp houses up to 150 minimum security inmates. The camp has an education program to assist inmates earn a high school diploma or equivalency certificate. The Nevada Department of Forestry (NDF) helps to train the inmates in a variety of skills, including: fire fighting, mechanics, fence rebuilding, concrete work, and building remodeling. ECC also offers other life skill classes. During the day, inmate workcrews are under the supervision of NDF staff who have received PREA training equal to that of correctional staff. The facility has 3 housing wings which are open dorm style. There is a central control room that has a view of all wings. There are no holding/segregation cells. Showers and bathroom stalls are located in a central area and have privacy curtains. Medical and mental health services are not on-site but are provided through Ely State Prison. The facility is legislatively approved to have 11 custody staff which includes one lieutenant, one sergeant, and one senior correctional officer.

SUMMARY OF AUDIT FINDINGS

Overall it was evident that the NDOC and Ely Conservation Camp have done a great deal of work preparing for this audit. During both the pre audit process and the on-site visit the staff were very professional and both staff and inmates were willing to speak openly with the audit team.

Ely Conservation Camp does not house youthful offenders so 115.14 is n/a.

NDOC does not contract for confinement so 115.12 is n/a

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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.

AR 421 Custodial Sexual Misconduct, Inmate Sexual Offenses, and Prison Rape Elimination Act and OP 422 Prison Rape Elimination Act both outline the agency's zero-tolerance of sexual abuse and sexual harassment and describe the agency and facility's efforts in preventing, detecting, and responding to sexual abuse and sexual harassment, as well as definitions of prohibitive behaviors. AR 339 Code of Ethics, Employee Conduct, Prohibitions and Penalties defines acts of sexual misconduct for staff and the consequences for such behavior.

The agency PREA Coordinator is the NDOC Inspector General who reports to the Department Director. The facility PREA Compliance Manager is the Correctional Case Worker III who reports to the Associate Warden of Programs. This is depicted in the organizational chart. Both positions have sufficient time and authority to oversee PREA compliance.

Interviews were conducted with the PREA Compliance Manager and PREA Coordinator

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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.

Not applicable. The Nevada Department of Corrections does not contract with other entities for the confinement of inmates.

Standard 115.13 Supervision and monitoring

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

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The most recent annual staffing plan review, Staffing Plan and Review: Sept. 2014/2015, was provided and reviewed. Minimum Staffing Overtime Authorizations were provided which documented times that overtime was approved in order to not go below the minimum staffing levels.

OP 490 Facility Inspections requires supervisors to conduct and document unannounced rounds and prohibits staff from alerting other staff that these rounds are occurring. Unannounced rounds are documented in the Daily Shift Log and Daily Administrative Officer Inspection Tours. Interview with lieutenant and sergeant detailed how these rounds are accomplished and they prevent staff from alerting others.

Standard 115.14 Youthful inmates

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

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Not applicable. Ely Conservation Camp does not house youthful inmates. This is stated in OP 422.

Standard 115.15 Limits to cross-gender viewing and searches

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

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.

OP 403 Institutional Search and Control of Contraband prohibits cross-gender unclothed body searches except in exigent circumstances or when performed by a medical practitioner. The OP also requires staff to document cross-gender unclothed body searches, prohibits staff from searching or examining a transgender or intersex inmate for the purpose of determining the inmate's genital status, and requires that staff be trained on conducting cross gender clothed body searches and searches of transgender and intersex inmates.

The facility provided lesson plans and the training power point presentation for cross-gender searches and searches of transgender and intersex inmates. All staff interviewed stated they received this training and demonstrated knowledge of how to conduct these searches.

OP 705 Inmate Grooming states that inmates shall shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when viewing is incidental to routine cell checks or being conducted by a medical practitioner. This privacy was observed on-site and supported by staff and inmates in interviews. Shower stalls are single stalls with privacy curtains.. At the time of the audit, no female staff were employed at ECC.

OP 513 Inmate Housing and Cell Assignments states female staff will be announced every time they enter a housing unit. This is done by the control room officer using the intercom. The announcement is documented in the Daily Shift Log in NOTIS. This practice was observed while on-site. Interviews with both staff and inmates indicate that this is done consistently.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

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

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.

The facility has pamphlets and posters with PREA-related information in both English and Spanish. The PREA video that is viewed by inmates at intake has been transcribed in Spanish and English and provided to inmates. A language interpretation service is established and instructions are provided to staff to use it. All staff interviewed identified that this service is available and that inmates should not be used as interpreters. OP 422 Prison Rape Elimination Act (PREA) states the facility will provide inmate education in formats accessible to all inmates and prohibits the use of inmate interpreters.

Standard 115.17 Hiring and promotion decisions

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

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.

AR 300 Recruitment and Hiring requires a PREA disclosure form be completed by applicants prior to an interview and pass a background check. The department contacts previous employers to establish if the employee was ever investigated and received a sustained adjudication or criminal referral for sexual abuse/harassment of an inmate or if the employee resigned during an ongoing investigation for sexual abuse/harassment of an inmate.

AR 212 Contracts and OP Background Clearance Application Procedure state background checks will be completed on contractors.

Examples of criminal records background checks were reviewed on-site.

Standard 115.18 Upgrades to facilities and technologies

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

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.

The facility has had no significant modifications or expansions to existing buildings. The facility has added mirrors to help view areas that may be blind spots. Windows have been installed in doors for better viewing of offices and storage areas when the door is closed. Doors have been labeled to designate areas where inmates are not allowed access.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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.

AR 421 states investigators will follow a uniform evidence protocol that is developmentally appropriate for youth. The protocol provided by the facility is “A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents Second Edition” from the Department of Justice. The Department has a MOU with Crisis Call Center, Inc. Sexual Assault Support and Direct Services Program to provide emotional support services, crisis intervention, information and referrals to inmates who are victims of sexual assault. The Department has a MOU with the Las Vegas Rape Crisis Center to make a victim advocate available if any alleged victim is brought to the University Medical Center for a sexual assault exam. The advocate will be available to the victim for the forensic medical examination, investigatory interviews, and for emotional support, crisis intervention, information and referrals. OP 457 Investigations outlines the evidence and investigation protocol for incidents of sexual abuse.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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.

OP 457 Investigations and OP 422 Prison Rape Elimination Act (PREA) both state that allegations are referred to the Office of the Inspector General for investigation. AR 457 Investigations also states the IG will be immediately notified of any PREA related incidents and is published on the NDOC website.

Standard 115.31 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

AR 421 and OP 422 state all employees who may have contact with inmates will receive pre-service training in PREA and refresher training every 2 years as well as refresher information on PREA policies in years they don’t receive training. OP 422 also states that staff who transfer from a female facility will receive PREA training specifically tailored to a male offender population. Staff sign a PREA training acknowledgement form. Training curriculums were reviewed and cover all the components required by this standard. Staff interviewed verified that they had been trained in the components required by this standard.

Standard 115.32 Volunteer and contractor training

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

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.

AR 802 Community Volunteer Program states volunteers will receive training on PREA and the NDOC zero tolerance policy. Refresher training is required every three years. Volunteers sign a training acknowledgement form. AR 212 Contracts states all contractors who have contact with inmates will be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. AR 421 requires training for volunteers and contractors prior to them having contact with inmates. The facility provided a tracking sheet of when each volunteer, education staff or intern received PREA training.

Standard 115.33 Inmate education

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

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.

Department policy and procedure indicates that all inmates will receive prea education during orientation. The orientation covers the departments zero tolerance policy concerning sexual abuse and harassment and how to report abuse and harassment.

At Ely CC the inmates receive a video and handout upon arrival and a more comprehensive prea education the next day in orientation.

During random interviews with inmates several reported that they receive prea training often and regularly. Some reported they received prea education even on an overnight stop during transport.

Standard 115.34 Specialized training: Investigations

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

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.

NDOC Policy AR421 states that the IG shall insure that investigators are trained in conducting sexual abuse investigations in confinement. In an interview with a department investigator I learned that NDOC relies on NIC training and training records support this.

Standard 115.35 Specialized training: Medical and mental health care

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

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.

Ely CC and the Nevada Department of Corrections demonstrated compliance with all elements of this standard. NDOC AR421 Prison Rape Elimination Act of 2003 (PREA) states that prior to working with offenders, all Department employees with direct and/or incidental contact with offenders must receive documented PREA training. Additionally, all full time and part time medical and mental health care receive specialized training for PREA Medical and Mental Care Standards with includes the following additional training: Detecting and assessing signs of sexual abuse and harassment; Reporting and the PREA standards; Effective and professional responses; and the medical forensic examination and forensic evidence preservation.

Training rosters were provided for the auditors review demonstrating that all medical and mental health staff had received the specialized training. This was supported during auditor interviews with medical and mental health staff.

Standard 115.41 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

NDOC AR 421 and OP 573 indicate that all inmates will be screened for their risk of being abused or being abusive to others during intake and upon transfer. The policy calls for this screening to take place within 72 hours. AR 753 and OP 573 requires that inmates be rescreened within 30 days of arrival and when indicated by an event or receipt of additional information.

AR 573 prohibits inmates from being disciplined for refusing to answer screening questions.

A review of Inmate files and NOTIS indicate this is the practice.

Standard 115.42 Use of screening information

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

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NDOC AR 421 and OP 573 state that staff shall use the information from the risk assessment to make informed housing, bed, work, education and program assignments with the goal of keeping separate those inmate at high risk of being sexually victimized from those at high risk of being sexual abusive.

This information is put in NOTIS alerts for staff to use in making housing, bed, work, education and program assignments. NDOC does not place LGBTI inmates in dedicated units based on this status.

Standard 115.43 Protective custody

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

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NDOC policy AR 573 and OP 573 prohibits placing inmates that are at high risk for sexual victimization in involuntary segregation unless no available means of separation from abusers is available.

NDOC policy AR 573 and OP 573 also states that inmates placed in segregation for protective custody shall have access to programs, privileges, education and work opportunities to the extent possible.

Standard 115.51 Inmate reporting

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

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NDOC policy 421 and OP 421 have procedures with multiple internal ways for inmates to report allegations of abuse to agency officials. AR 421 states inmates can report verbally to any employee, in writing by the grievance process and inmate kites.

NDOC AR 421 states that staff will accept reports verbally, in writing and from third parties and immediately report that information up their chain of command. It was also verified during staff interviews that all staff are aware of these requirements and understand their responsibility.

The NDOC web site has a method for staff to privately report directly to the IG's office.

The NDOC does not house inmates for the sole purpose of civil immigration.

Standard 115.52 Exhaustion of administrative remedies

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

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AR 421 meets requirements of 115.52 (b)(1)(2)(3), (c)(1)(2)(3), (e)(1)(2)(f)(1)(2)

AR 421 states that there is no time limit on filing a grievance alleging sexual abuse.

Offenders are not required to use an informal grievance system nor are they required to resolve such a grievance with staff.

Offenders are not required to submit the grievance with the staff member that is the subject of the complaint

Standard 115.53 Inmate access to outside confidential support services

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

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NDOC has an MOU with the Los Vegas rape crisis center for outside confidential support services. This information is on posters in the facility.

In inmate interviews most were aware of this resource.

Standard 115.54 Third-party reporting

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

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NDOC policy AR 421 is available on the department’s web site and it describes the ways that a family member, friend or associate can privately report abuse or harassment

Standard 115.61 Staff and agency reporting duties

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

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.

tolerance against sexual misconduct to include sexual abuse, sexual harassment and retaliation.

A review of policy and staff interviews demonstrated that risk assessments are completed for every inmate. Information from this assessment is utilized to assist in identifying those at risk for sexual victimization and those at risk of being sexually abusive. This information is used when determining housing assignments that are most appropriate.

Auditor interviews with the Agency's Inspector General, Warden , and random staff demonstrated an agency understanding of the requirement to report allegations immediately and knew what steps would be taken to separate the potential victim from the suspected aggressor

Standard 115.62 Agency protection duties

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

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NDOC Policy AR421 clearly outlines the agency's policy of zero tolerance against sexual misconduct to include sexual abuse, sexual harassment and retaliation.

Auditor interviews with the Agency's Inspector General, Warden, and random staff demonstrated an understanding of need to immediately respond to any threat of imminent sexual abuse and take immediate action.

Standard 115.63 Reporting to other confinement facilities

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

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The NDOC prea manual has a procedure for reporting abuse to other confinement facilities. The report of abuse is made from the facility head where the report is received to the facility head where the abuse is alleged. The IG's office assists with this process.

Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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Interviews with staff first responders demonstrate that they understand their responsibilities regarding separation of the victim and abuser, and protection of the crime scene and evidence. These duties are outlined in OP 470.

Standard 115.65 Coordinated response

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

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The Facility follows OP 458 crime scene preservation and investigation procedures. This procedure outlines the duties of the first responders, medical and mental health staff, investigators and facility management.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

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

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NDOC does not participate in collective bargaining and therefore do not have limitations on the ability to remove or discipline staff sexual abusers. OP 470 states they will not enter into any collective bargaining agreement that would limit their ability to do so.

Standard 115.67 Agency protection against retaliation

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

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.

AR 421 and OP 470 contain language consistent with the standard. The PREA Compliance Manager is responsible for monitoring retaliation at Ely CC. The PREA Compliance Manager showed her documentation of when she monitored retaliation.

Standard 115.68 Post-allegation protective custody

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

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.

OP 573 PREA Screening and Classification outlines the facility's process for segregation of inmates who are victims or at high risk for sexual victimization. The procedure follows the language of the standard. No inmates have been placed in segregation for post allegation protective custody sexual abuse.

Standard 115.71 Criminal and administrative agency investigations

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

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.

AR 421 outlines the procedure for both criminal and administrative investigations. Policy and interviews indicate that investigations into PREA Audit Report

allegations of sexual abuse and sexual harassment will be handled promptly, thoroughly, and objectively to include third party and anonymous reports.

Investigators have received specialized training on conducting sexual assault investigations in confinement.

Interviews with investigators indicate they understand and follow the procedures for gathering and preserving evidence.

Investigators indicated that they do not determine credibility based on a persons status as an inmate or staff and polygraph or truth telling devices are not used.

Several investigative files were reviewed and indicate a clear understanding of this standard.

Standard 115.72 Evidentiary standard for administrative investigations

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

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.

AR 421 outlines the procedure for both crimianal and administrative investigations. No standard higher than a preponderance of the evidence is used to determine if an allegation is substantiated.

Interviews with investigaors and inspector general clearly indicate an understanding of this standard

Standard 115.73 Reporting to inmates

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

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.

OP 457 Investigations contains language consistent with the standard. The inmate is informed verbally and the facility documents these notifications in NOTIS which was reviewed by the auditor.

Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

AR 339 states staff on inmate sexual harassment can be a class 1 to class 5 offense. Sexual misconduct is a class 5 offense. Depending on the nature and history of the misconduct, the penalty for a class 1 offense can range from verbal counsel to dismissal. The penalty for a class 5 offense is dismissal. AR 421 and OP 470 contain language consistent with the standard.

Standard 115.77 Corrective action for contractors and volunteers

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

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.

AR 421 and OP 470 contain language consistent with the standard. Sanctions will include removal and denial of access, criminal prosecution or both.

The facility stated they did not have any allegations during the past 12 months.

In the interview with the warden she indicated that in the event of an allegation the contractor or volunteer would be removed pending an investigation and if substantiated they would be terminated immediately.

Standard 115.78 Disciplinary sanctions for inmates

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

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.

AR 421 and OP 470 contain language consistent with the standard. AR 707 Inmate Disciplinary Process outlines disciplinary sanctions for inmates

Standard 115.81 Medical and mental health screenings; history of sexual abuse

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

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.

AR 643 Mental Health Services: Inmates referred for non-emergency mental health care will be evaluated within 14 days after the referral date. Newly arrived inmates should be evaluated by mental health staff for level of aggression, deviant sexual behavior, history of sexual abuse (aggressor and/or victim). Inmates with a history of sexual abuse must be referred in a timely manner for mental health counseling and custody must be notified within 72 hours. OP 670 Medical Standards for PREA contains the language of section (a), (b), and (c) of this standard

Standard 115.82 Access to emergency medical and mental health services

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

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.

OP 670 Medical Standards for PREA contains language consistent with the standard. Access to emergency medical and mental health services are consistent with the community level of care.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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.

OP 609 and AR 421 both outline the agency and facilities process for providing ongoing medical and mental health care.

Interviews with medical and mental health staff and review of medical records indicate that the level of care is consistent with the community level of care.

Standard 115.86 Sexual abuse incident reviews

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

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.

AR 421 and OP 470 contain language consistent with the standard. Incident review team documentation was reviewed by the auditor. When recommendations from the review team were not implemented, the reasons were documented. The review team includes upper-level management, medical and mental health staff, investigators, and the PREA compliance manager

Standard 115.87 Data collection

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

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.

The NDOC prea manual identifies the IG's office as being responsible to collect accurate, uniform data for every allegation of sexual abuse from every facility using a standardized instrument and definitions. The manual states that the data shall include all data necessary to complete the SSV survey for the Dept of Justice.

The Agency provided examples of the data collection system.

Interviews with the PREA Coordinator verify that the information in the manual is the practice of the department.

Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

The annual report, up to 2014, is approved by the agency head and is published on the NDOC website

Standard 115.89 Data storage, publication, and destruction

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

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.

NDOC PREA manual calls for all data collected related to incidents of sexual abuse to be securely retained and made available to the public through the website. Before it is made available personal identifiers are removed. Aggregated data is available on the NDOC website

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Andrew C. Jess

Auditor Signature

7/1/16

Date