

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 07/01/16

Auditor Information			
Auditor name: Andrew Jess			
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Telephone number: 406-444-6583			
Date of facility visit: June 1-4, 2016			
Facility Information			
Facility name: Ely State Prison			
Facility physical address: 4569 N. State Route 490 Ely, NV 89301			
Facility mailing address: (if different from above) PO Box 1989 Ely, NV 89301			
Facility telephone number: (775) 289-8800			
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: 110			
Designed facility capacity: 1194			
Current population of facility: 1084			
Facility security levels/inmate custody levels: Maximum, close and minimum custody			
Age range of the population: 18-75			
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 State Prison from June 1-4, 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, infirmary, education, food services, recreation areas, library, visitation, laundry, shop/mechanical areas, and religious services areas. Camera locations were observed during the tour and the monitoring system was reviewed. 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, previous sexual abuse and harassment investigation documentation, 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 15 randomly selected correctional staff from all shifts. Other staff interviews conducted included:

Warden Renee Baker

Tasheena Sandoval, PREA Compliance Manager

2 non-security staff as first responders

Director of Nursing

2 intermediate/higher-level supervisors

A member of the incident review team

A case manager who performs screening

Intake staff

Staff who supervise inmates in segregation

A contractor for education

Human Resource staff member

22 randomly selected inmates were interviewed, with representation from each housing unit. Several letters from inmates were received in response to the audit notice. These inmates were also interviewed. In addition, the following inmate interviews were conducted:

An inmate who reported abuse

4 interviews with inmates who identified as gay, bisexual or transgender

Inmates who requested to speak to the auditor while on-site

A limited-English proficient inmate

Contact was made with Just Detention International prior to the audit requesting any information regarding allegations of abuse reported to them. They shared information reported to them regarding this facility. As the information was not specific, they sent notification to inmates who had contacted them to contact the auditor directly.

DESCRIPTION OF FACILITY CHARACTERISTICS

Ely State Prison opened in July 1989 and is the designated maximum-security prison for the State of Nevada. The facility is located approximately nine miles north of Ely, NV. The prison's current capacity is 1194. Programs offered at Ely State Prison include vocational training, education and treatment services. At the time of the audit, the facility housed 1084 inmates and employed 307 staff. The facility has eight housing units, including a death row, and an infirmary inside the secure perimeter. The facility has one minimum security housing unit outside the secure perimeter known as Building 12. Four of the housing units are single cell. Segregation cells total 384. Medical and mental health staff are on-site. Showers are individual stalls located in each unit.

SUMMARY OF AUDIT FINDINGS

Overall it was evident that the NDOC and Ely State Prison 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 State Prison 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 470 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)

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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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OP 326 Minimum Staffing outlines the plan for keeping minimum staffing and requires a yearly review of the staffing plan. 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 409 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. During interviews with an associate warden and a lieutenant they were able to describe the process of conducting unannounced rounds, including that rounds are done at random times covering all shifts and they call the CP towers prior to conducting the round to ensure they do not alert other staff.

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 State Prison does not house youthful inmates; stated in OP 513 Inmate Housing and Cell Assignments.

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)

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OP 734 Unclothed Body Searches 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. This language is repeated in OP 605 Infirmary Operations, OP 703 Condemned Mens Unit, OP 711 Segregation Unit Operations, OP 733 Building 12 Operations, OP 736 General Population Level 1 Operations and OP 738 General Population Special Management/Transition Unit, Level 2.

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 513 Inmate Housing and Cell Assignments, OP 605 Infirmary Operations, OP 703 Condemned Mens Unit, OP 711 Segregation Unit Operations, OP 733 Building 12 Operations, OP 736 General Population Level 1 Operations and OP 736 General Population Level 1 Operations all state 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. Urinals in the rec yard are designed to prevent viewing of the genitals and cameras in the area have been digitally blacked out where the camera can view the urinal. Staff do not have the ability to change this digital blackout.

OP 513 Inmate Housing and Cell Assignments, OP 605 Infrimary Operations, OP 703 Condemned Mens Unit, OP 711 Segregation Unit Operations, OP 733 Building 12 Operations, OP 736 General Population Level 1 Operations and OP 736 General Population Level 1 Operations all state that female staff will announce their presence every time they enter a housing unit or unit control room and that this announcement will be logged in the Daily Shift Log. 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 470 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. The inmate handbook states that the facility employs an institutional interpreter. Some staff on the CERT team speak Spanish and are able to interpret when necessary.

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)

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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. OP 494 Institutional Security Camera System states the PREA Compliance Coordinator will review camera placement for possible PREA related concerns. Incident review documents show that the review team discusses and makes recommendations regarding upgrades to monitoring technology. The tour and interview with the PREA Compliance Manager show that care has been taken to install cameras in areas where there were blind spots and with the intention of protecting inmates from sexual abuse.

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)

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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 470 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. Investigative files were reviewed onsite. No deficiencies were noted.

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 470 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 470 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. An interview was conducted with an education staff contracted with the facility who was knowledgeable about PREA and had a clear understanding of his responsibilities.

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.

AR 421 and OP 470 contain all requirements listed in this standard. The inmate handbook contains information on the definitions of sexual abuse and sexual harassment, reporting, the inmate’s right to be free from sexual abuse and harassment and right to be free from retaliation. Pamphlets with PREA information are provided to inmates and posters are prevalent throughout the facility. The PREA video is transcribed for inmates who are hearing impaired. Information is provided in English and Spanish. PREA videos are also played continuously on an inmate TV channel. During intake inmates see a short video and receive a pamphlet outlining rights and responsibilities. Education is given within 30 in the form of a longer video and question/answer lecture. Inmates interviewed stated they received information on PREA almost immediately upon entering the facility. During inmate interviews, all inmates were able to describe reporting methods. Inmates reported that even if only staying overnight at the prison for transports, they also receive the PREA information.

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)

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AR 421 states the IG will ensure investigative staff have received the training outlined in the standard and that the Department will maintain documentation that agency investigative staff have completed the required specialized training in conducting PREA related investigations. Training completion certificates were reviewed for staff who took the online course “PREA: Investigating Sexual Abuse in a Confinement Setting” presented by the NIC. Interview with investigator confirmed compliance with this standard.

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)

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AR 421 states all medical and mental health service providers will receive specialized PREA training. OP 670 Medical Standards for PREA outlines training and requirements for medical and mental health staff. Training completion certificates were reviewed for medical/mental health staff who took the “PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting,” “PREA: Investigating

Sexual Abuse in a Confinement Setting” and “PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting” presented by the NIC.

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.

AR 573 PREA Screening and Classification outlines all aspects required by the standard. OP 573 covers this information as well and outlines the confidentiality of PREA documentation and screening. The screening form was reviewed as well as completed screening forms on random inmates.

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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AR 573 PREA Screening and Classifications states that the information from screenings will be used to make housing, bed, work, education and program assignments. All inmates are reassessed every 6 months.

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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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 protection from sexual abuse.

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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AR 421 and OP 470 state inmates may report privately, verbally, in writing (including kites, grievances and notes/letters to staff, administrators or the IG), and by phone to the PREA hotline. Inmates interviewed were very familiar with the PREA hotline number as it is painted on the wall in each housing unit in large numbers and most inmates were able to list the other ways that they can report. The NDOC has an agreement with the New Mexico Department of Corrections to receive reports via letter from inmates. Staff interviewed identified methods by which inmates can report as well as how they as staff can privately report. The NDOC has a link on their employee access website where staff can send anonymous reports to the IG's office. The NDOC website also has a link where staff or any member of the public can make an anonymous report.

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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MOU with Las Vegas Rape Crisis Center and Crisis Call Center, Inc.; poster for victim advocacy and support

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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The NDOC website has a PREA reporting link. OP 470 outlines the methods by which third parties may report.

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)

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The facility has demonstrated compliance with all elements of this standard. NDOC Policy AR421 clearly outlines the agency's policy of zero 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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OP 470 states employees will take immediate action to protect inmates. Staff interviewed stated that they would take immediate action to separate and protect an inmate who was at imminent risk of sexual abuse.

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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OP 470 outlines the procedure. the compliance manager and inspector general showed the auditor examples of reports to other confinement facilities.

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)

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 470 and PREA Incident Response flow chart outline the coordinated response plan. Interviews with staff demonstrated an understanding of the plan and compliance with this standard.

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)

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 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 State Prison. The PREA Compliance Manager showed us 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 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 criminal and administrative investigations. No standard higher than a preponderance of the evidence is used to determine if an allegation is substantiated.

Interviews with investigators 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 alligations 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 substanciated 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 (e) 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.

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 670 Medical Standards for PREA contains language consistent with the standard. Interviews with staff indicate a clear understanding of the facilities responsibilities.

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 inspector general collects and reviews data for corrective action and reports on the SSV form to DOJ.

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

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 NDOC inspector general collects and reviews data for corrective action and reports on the SSV form to DOJ.

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.

The PREA Coordinator collects data and reports from all facilities and copiles an annual report of investigations and allegations of sexual abuse and sexual harassment.

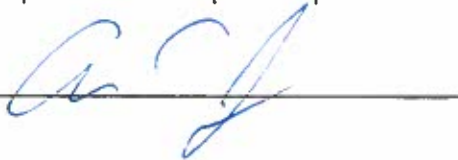
Aggregated data is available on the NDOC website. The agency redacts personal identifying information from its annual report

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

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Date