

PREA Facility Audit Report: Final

Name of Facility: Florence McClure Women's Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 01/26/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Nancy L Hardy	Date of Signature: 01/26/2022

AUDITOR INFORMATION	
Auditor name:	Hardy, Nancy
Email:	Nancy.Hardy@cdcr.ca.gov
Start Date of On-Site Audit:	05/17/2021
End Date of On-Site Audit:	05/20/2021

FACILITY INFORMATION	
Facility name:	Florence McClure Women's Correctional Center
Facility physical address:	4370 Smiley Rd, Las Vegas, Nevada - 89115
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Helen Peterson
Email Address:	hpeterson@doc.nv.gov
Telephone Number:	725-216-6213

Warden/Jail Administrator/Sheriff/Director	
Name:	Jerry Howell
Email Address:	jhowell@doc.nv.gov
Telephone Number:	725-216-6151

Facility PREA Compliance Manager	
Name:	Helen Peterson
Email Address:	hpeterson@doc.nv.gov
Telephone Number:	O: 725-216-6213

Facility Characteristics	
Designed facility capacity:	1068
Current population of facility:	745
Average daily population for the past 12 months:	740
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Females
Age range of population:	18-70
Facility security levels/inmate custody levels:	Min, Med, Close
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	180
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	12
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	242

AGENCY INFORMATION	
Name of agency:	Nevada Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	3955 W. Russell Road, Las Vegas, Nevada - 89118
Mailing Address:	
Telephone number:	725-216-6000

Agency Chief Executive Officer Information:	
Name:	Charles Daniels
Email Address:	cdaniels@doc.nv.gov
Telephone Number:	725-216-6010

Agency-Wide PREA Coordinator Information

Name:	Deborah Striplin	Email Address:	dstriplin@doc.nv.gov
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SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

0

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-05-17
2. End date of the onsite portion of the audit:	2021-05-20

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	We were auditing three facilities during this visit. One of the days, we met with the Victim Advocate.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1068
15. Average daily population for the past 12 months:	740
16. Number of inmate/resident/detainee housing units:	10
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	735
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	7
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	12
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	11
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	3
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	16
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	110
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The facility did not maintain data on inmates who identified as gay, lesbian, or bisexual. Counseling staff were asked to identify inmates for interview purposes.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	237
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	Volunteers and contractors were limited due to COVID restrictions.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	I tried to ensure I had a variety of ethnicities included in the interview list.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	15
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>3</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>3</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Reviewed housing for a sample of those who reported sexual abuse. None showed placement in segregated housing.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>Because there were no youthful inmates or inmates who had been placed in segregated housing, other categories were increased to ensure the minimum number of interviews were attained. In addition, there was only one transgender inmate at the facility during the on-site portion of the audit. The chart required two, so we increased the number of lesbian and bisexual interviews that were conducted.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>16</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>34</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input checked="" type="checkbox"/> Other
<p>If "Other," provide additional specialized staff roles interviewed:</p>	<p>Grievance Coordinator</p>
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>2</p>

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

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

<p>85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>During our visit, the education program was closed due to COVID. The auditor was able to observe intake and risk screening. The video was shown to the new arrivals while they were waiting to speak with the caseworker. During their interview with the caseworker, he explained PREA and asked if they have any questions.</p>
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Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

Yes

No

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

The auditor requested and received documentation for human resources, training, inmate intake, risk screening, inmate education, mental health referrals and disclosure information.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	7	0	0	7
Staff-on-inmate sexual abuse	16	0	0	16
Total	23	0	0	23

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	11	0	11	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	11	0	11	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

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

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	1	0	0	0	0
Staff-on-inmate sexual abuse	5	0	0	0	0
Total	6	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	1	2	4	0
Staff-on-inmate sexual abuse	5	3	8	0
Total	6	5	12	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	1	1	8	1
Staff-on-inmate sexual harassment	0	0	0	0
Total	1	1	8	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	11
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	4
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	6
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2

<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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Staff-on-inmate sexual harassment investigation files

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

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:</p>	<p>2</p>
<p>Non-certified Support Staff</p>	
<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
<p>AUDITING ARRANGEMENTS AND COMPENSATION</p>	
<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input checked="" type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<p>Identify your state/territory or county government employer by name:</p>	<p>California Department of Corrections and Rehabilitation</p>
<p>Was this audit conducted as part of a consortium or circular auditing arrangement?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Standard 115.11, Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator.</p> <p>The policy outlining Zero Tolerance and the Implementation Plan are in Administrative Regulation (AR) 421, updated on January 14, 2016, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act Policy. It outlines the agencies zero tolerance policy and includes sanctions for those who violate the zero tolerance policy. The policy further outlines implementation of the agency's approach to prevent, detect, and respond to sexual abuse and sexual harassment. The 11-page policy provides definitions of prohibited behaviors and a description of agency strategy and response to reduce and prevent sexual abuse and harassment of offenders. In many cases, the policy mirrors the language contained in the PREA Federal Standards.</p> <p>Section 421.02, PREA Coordinator</p> <ol style="list-style-type: none"> 1. It is the responsibility of the Prison Rape Elimination Act (PREA) Coordinator to develop, implement, and oversee the Department's compliance with all PREA standards. 2. The PREA Coordinator or designee will collect accurate, uniform data for every allegation of sexual abuse at institutions/facilities. <p>Section 421.03, PREA Compliance Managers</p> <ol style="list-style-type: none"> 1. The Warden at each institution is responsible to designate a PREA Compliance Manager (PCM) with sufficient time and authority to coordinate the institution/facilities' compliance with the PREA standards. The PCM will report directly to the Institutional Warden. 2. The PCM will facilitate the development of the confidential institution/facility PREA operational policies. 3. The Warden and CM will oversee adherence to each specific PREA related rules, regulations and practices at the institution/facility and document accordingly any need for adjustment and the implementation of adjusted policy, rule and practice. <p>FMWCC Operational Procedure (OP) 421, Prison Rape Elimination Act</p> <p>Section 421.01</p> <ol style="list-style-type: none"> 1) The NDOC and Florence McClure Women's Correctional Center (FMWCC) has a Zero Tolerance policy for any form of sexual misconduct to include staff/contractor/or volunteer on inmate or inmate on inmate sexual harassment, sexual assault, sexual abusive contact and consensual sex. Any staff member/contractor/volunteer who engages in, fails to report, or knowingly condones sexual harassment or sexual contact with or between inmates shall be subject to disciplinary action and may be subject to criminal prosecution. FMWCC will take a proactive approach regarding the prevention, detection, response and punishment of any type of sexual contact. <p>The standard of conduct for employees of the NDOC is outlined in AR 339, Code of Ethics, Employee Conduct, and Prohibitions and Penalties.</p> <p>Employees shall report, without reservation, any corrupt or unethical behavior, which could affect either inmates, employees, or the integrity of the DOC.</p> <ol style="list-style-type: none"> 2) NDOC and FMWCC prohibit retaliation against any person because of his/her involvement in the reporting or investigation of a sexual abuse/harassment complaint. 3) FMWCC shall ensure that referrals for administrative or criminal investigation are completed for all allegations of sexual abuse or sexual harassment. <p>AR 339, Employee Code of Ethics and conduct, Corrective or Disciplinary Action, and Prohibitions and Penalties (effective 07/2017)</p> <p>Purpose</p> <p>To establish a set of rules outlining the responsibilities of and proper practices for NDOC employees. Additionally, serves to inform employees of the Department's expectations as well as penalties for failing to comply.</p> <p>DOC 1952, PREA Zero Tolerance Policy – this is the volunteer/contractor acknowledgement form. The volunteer/contractor</p>

signs the form which states: "I acknowledge I have read and understand NDOC has a Zero Tolerance policy, I was given an opportunity to ask questions and that I am require to report. I also understand failure to abide by the zero tolerance policy could result in removal as a NDOC volunteer/contractor.

Substandard 115.11(a)

As reported on the Pre-Audit Questionnaire (PAQ), the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment and includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors and a description of agency strategies to reduce and prevent sexual abuse and sexual harassment of inmates.

As part of the documentation review, the auditor received the Agency's mission statement which reads: It is the mission of the NDOC to protect society by maintaining offenders in safe and humane conditions while preparing them for successful reentry back into the community. We operate as one team, proud of our reputation as leaders in corrections. Our staff will utilize innovative programming that will focus on education, mental health, substance abuse treatment and vocational training as the cornerstone to an offender's rehabilitation. The auditor also reviewed daily population reports for the 1st, 10th and 20th days of the month for the past 12 months and the schematic of the facility.

During the on-site portion of the audit, a list of staff assigned to the facility was received and utilized for selection of staff for interviews. The auditor was provided with a list of inmates by housing unit for selection of inmates for interviews.

Substandard 115.11(b)

Via the PAQ, the facility reported that the agency employs an agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities and the position of the PREA Coordinator is in the Agency's organization structure. The PREA Coordinator reports to the Inspector General. An organizational chart was provided.

The PREA Coordinator was interviewed on May 18, 2021 at approximately 10:20 am. During her interview, she indicated she has enough time to manage her PREA related responsibilities. There are 9 PREA Compliance Managers in the NDOC. She does not supervise any of them. Her interactions with the PREA Compliance Managers occur regularly via e-mail and phone conversations. They conduct Zoom meetings, as needed. In addition, the auditor was provided with a memorandum, authored by the NDOC Director, dated 1/14/2021. It was addressed to all staff, identified the PREA Coordinator, and outlined her duties and reporting responsibilities.

Substandard 115.11(c)

The facility reported, via the PAQ, that it has designated a PCM who has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The position of the PCM reports directly to the Warden and is shown in the facility's organization structure. An organizational chart was provided to the auditor.

The PCM was interviewed on May 18, 2021 at approximately 2:20 pm. When asked about having enough time to manage her PREA related responsibilities, she indicated that at times it is a struggle to get everything done.

The facility has demonstrated substantial compliance with standard 115.11.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.12, Contracting with Other Entities for the Confinement of Inmates.</p> <p><u>Substandard 115.12(a)</u></p> <p>The facility reported, via the PAQ, that the agency has not entered into or renewed any contracts for the confinement of inmates since the last PREA audit.</p> <p>The auditor was provided with a memorandum authored by the PREA Coordinator, dated 1/28/21, which stated that the NDOC had previously entered into a contract with CoreCivic, Inc. to house NDOC inmates at the Saguaro Correctional Center in Arizona. In November 2020, all NDOC inmates were returned to NDOC. The contract has expired and will not be renewed. At the present time, NDOC does not have any contracts for housing inmates, outside of NDOC facilities.</p> <p><u>Substandard 115.12(b)</u></p> <p>The contract administrator was interviewed, via the telephone on May 19, 2021 at approximately 9:30 am. He indicated that they currently do not have any contracts for housing inmates outside of NDOC facilities. All of their inmates were returned from Arizona approximately 3-4 months ago. When they had active contracts, the requirement for monitoring was included in any new contract or any contract renewal.</p> <p>The facility has demonstrated substantial compliance with standard 115.12.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 735 297">Standard 115.13, Supervision and Monitoring.</p> <p data-bbox="240 331 1058 358">The policy outlining supervision and monitoring is in AR 326, Annual Staffing Plan</p> <p data-bbox="240 389 641 416">Section 326.04, Annual Staffing Review</p> <p data-bbox="240 448 1485 506">I. At least once every year the institutions and facilities in collaboration with the PREA Coordinator, review the staffing plan to see whether adjustments are needed in the following areas:</p> <p data-bbox="240 537 512 564">A. The staffing plan.</p> <p data-bbox="240 595 759 622">B. The deployment of monitoring technology.</p> <p data-bbox="240 654 1485 680">C. The allocation of Agency/Institution or Facility resources to commit to the staffing plan to ensure PREA compliance.</p> <p data-bbox="240 712 1481 801">2. The Staffing Review will be submitted to the Deputy Director of Operations who will provide a copy to the PREA Coordinator for review. This Staffing Review will be submitted for all Institutions and Facilities in the manner described in AR 301, "Shift Bidding", Section 301 .01.</p> <p data-bbox="240 833 459 860">NDOC PREA Manual</p> <p data-bbox="240 891 1485 1048">The Warden/designee from each institution shall, on an annual basis, arrange for a discussion, review, and documentation involving the PREA Coordinator and the Deputy Director of Operations regarding the staffing plan for the institution and any designated satellite facility to the institution, to ensure that the plan provides for adequate levels of staffing. Where applicable, review and possibly revise video monitoring capability. The review should take into consideration all components outlined in 115.13(a).</p> <p data-bbox="240 1079 1485 1169">Each year the Deputy Director of Operations will submit the annual shift bid staffing plan for each institution and facility to the PREA Coordinator, who in turn will evaluate the plan and provide documentation of the review results to the institutional and/or facility Warden or designee and the Deputy Director of Operations.</p> <p data-bbox="240 1200 1485 1258">The policy outlining unannounced rounds is found in AR 400 – General Safety and Security, dated 3/19/13. Section 400.01, General Security Supervision Guidelines</p> <p data-bbox="240 1290 1485 1348">D. Supervisory staff will tour the entire facility at least once each shift every day, including weekends and holidays, including but not limited to PREA mandated unannounced rounds as designated by the PREA Manager (Warden);</p> <p data-bbox="240 1379 719 1406">FMWCC OP 400, General Security Supervision</p> <p data-bbox="240 1438 504 1464">Section 400.01, Definition</p> <p data-bbox="240 1496 1469 1594">1. Supervisors are the following staff as it relates to this procedure: Warden, Associate Wardens, Administrative Service Officer, Correctional Casework Specialist III, Lieutenants, Sergeants, and Senior Correctional Officers only when used as a backfill for a Sgt/Lt.</p> <p data-bbox="240 1626 1445 1684">2. Unannounced Tours – Tours/inspections that are unannounced to the staff or inmates by an inspecting staff member. Staff is not permitted to inform any other staff member or inmates of the unannounced tour/inspection.</p> <p data-bbox="240 1774 475 1800"><u>Substandard 115.13(a)</u></p> <p data-bbox="240 1832 1485 1989">The facility reported, via the PAQ, that it is required to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. Since the last PREA audit, the average daily number of inmates housed at the facility is 740. The average daily number of inmates on which the staffing plan was predicated is 958 inmates. Total bed capacity is 1,194. On the first day of the on-site portion of the audit, the count was 735 inmates.</p> <p data-bbox="240 2020 1461 2145">The auditor reviewed documentation of staffing plan development process. The excerpt from the PREA manual was provided and it describes the process for documentation of the staffing plan. In addition, the auditor reviewed the 2019 staffing plan for FMWCC. It was signed by the PREA Coordinator and the Director of Corrections on September 23, 2020. The staffing plan provided contains all of the required components.</p>

The Warden was interviewed on May 18 2021 at approximately noon. He indicated that the staffing plan that was developed for FMWCC was based on a private company's staffing plan who previously owned and operated the facility. He indicated that he has adequate staff resources; however, does not have enough supervisory positions to provide an appropriate level of supervision on all shifts. He stated he has a total of 7 supervisor positions in each 24 hour period. He further indicated that the agency requests additional staff resources through the budget process annually.

The PCM indicated, during her interview, that the staffing plan considers all of the components identified in the standard. She stated that in order to maintain their minimum staffing, they maintain a mandatory overtime list and hold people over to ensure the minimum staffing levels are met. They do not have a specific ratio and formally request additional staff resources through the annual budget process. They also request funds to enhance their monitoring technology each year.

The auditor reviewed the institutional staffing roster for custody supervisors and noted that there are 53 correctional officer (C/O) and senior correctional officer (SCO) posts on the day shift (5:00 am-1:00 pm). These posts are supervised by one sergeant and one lieutenant or two lieutenants, six days a week. One day a week, there are three supervisors on the shift. This creates a span of control of one supervisor for every 26.5 staff six days a week or one supervisor for every 17.7 staff one day a week.

On the swing shift (1:00 pm-9:00pm), there are 43 C/O and SCO posts. These posts are supervised by one sergeant and one lieutenant or two lieutenants, six days a week. One day a week, there are three supervisors on the shift. This creates a span of control of one supervisor for every 21.5 staff six days a week or one supervisor for every 14.3 staff one day a week.

On the night shift (9:00 pm-5:00 am), there are 33 C/O and SCO posts. These posts are supervised by one sergeant five days a week. On the sergeant's days off, the shift is covered by one of the SCO's who is assigned to another post. Effectively creating no supervision two days a week on the night shift.

The auditor has noted that this limited level of custody staff supervisors may be contributing to the inmate/staff relations issues and the facility culture issues that have been identified. It is recommended that this staffing issue be evaluated. The auditor gathered staffing information from two other female facilities in other states and provided it to the PREA Coordinator and the Warden.

Substandard 115.13(b)

The facility reported, via the PAQ, that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. They indicated that the most common reason for deviating from the staffing plan in the past 12 months has been to provide medical transports.

The auditor reviewed deviations from staffing plan which are recorded in Nevada Offender Tracking Information System (NOTIS). There were 2 incidents for medical transportations which caused the facility to fall below their minimum staffing levels. Overtime was hired to fill positions and bring the staffing back up to the minimum level.

The Warden stated, during his interview, that the facility documents all instances of non-compliance with the staffing plan. The documentation is made in NOTIS. The entry includes the reason for the non-compliance with the staffing plan and the areas of the institution that were shut down. Their staffing plan was built on a minimum staffing level, so they must fall below that level to reach non-compliance.

Substandard 115.13(c)

The facility reported, via the PAQ, that at least once each year the facility/agency, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: a) the staffing plan; b) the deployment of monitoring technology; or c) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.

The auditor received and reviewed documentation of annual reviews for the calendar years of 2017, 2018, and 2019. The 2019 Annual Review was signed by the PREA Coordinator and the Director of Corrections on September 23, 2020.

The PREA Coordinator indicated, during her interview, that in the past, she has not consistently been given the opportunity to review the staffing plans. This is changing, as the new management team, is setting expectations for Wardens which include the PREA Coordinator's review of the staffing plan. It is done at least annually.

Substandard 115.13(d)

The facility reported, via the PAQ, that it requires intermediate or higher-level staff to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds in NOTIS and over time the unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.

The auditor was provided with documentation of unannounced rounds, including rounds being conducted on all shifts. The examples provided cover the period of time from 1/1/2019 through 3/2/21.

The audit team interviewed four staff who conduct unannounced rounds. These staff were assigned on all shifts. All indicated the rounds are logged in NOTIS. Some indicated they are put in the unit logbook in red ink. As it relates to preventing staff from alerting other staff that the tours are being conducted, the interviewees offered: they leave their office unannounced and tour different areas; they randomly tour using different routes and times; they specifically instruct staff not to notify anyone else and move randomly throughout the facility; and she is all over the facility during the day, so she randomly chooses when to conduct the unannounced rounds.

During the facility tour, the auditor noted that unannounced rounds are logged in NOTIS. The auditor was told that the rounds are not logged in the logbooks which are maintained in some of the housing units.

Observations of blind spots & other issues from the tour:

Education:

The staff restroom has a key lock on it, but the door was standing open. It has a push-button lock on the inside. This door must be controlled or the lock on the inside must be removed.

Shift Command:

There were two staff restrooms. Both had a push lock on the inside. This door must be controlled by a key on the outside or the lock on the inside must be removed.

Laundry:

There was a blind spot identified behind the bank of washing machines.

Room M152 is a staff restroom, it has a turn lock on the inside and no key lock on the outside. The door must be controlled by a key on the outside or the lock on the inside must be removed.

Culinary:

Staff restroom has a lock on the inside, and it was standing open. Need to control the door or the lock on the inside must be removed.

The facility did not initially demonstrate compliance with Standard 115.13. Corrective action was identified and completed by the facility. Corrective action included maintenance work orders being generated by the facility and the identified physical plant and blind spot issues being corrected. As proof of this being completed, the auditor received copies of completed work orders and photographs of the areas showing the modifications. Based on the completed corrective action, the facility is in substantial compliance with Standard 115.13.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Standard 115.14, Youthful Offenders The facility does not house youthful offenders.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Standard 115.15, Limits to Cross-Gender Viewing and Searches.</p> <p>The policy outlining cross gender viewing and searches is in AR 492, Inmate Body Cavity Searches for Contraband (updated 9/16/14).</p> <p>Any search of an inmate's body cavity will be in a manner consistent with compliance to PREA and any applicable standards. Any physical intrusion into an inmate's body cavity must be performed by a physician or other mid-level practitioner not employed by the NDOC.</p> <p>AR 422, Search and Seizure Standards</p> <p>Section 422.01, General Guidelines</p> <p>4. Searches are not to be conducted for arbitrary, capricious, oppressive, unreasonable reasons or harassment.</p> <p>Section 422.04, Searches of Offenders</p> <p>1. Pat down, frisk, strip and visual body cavity searches of inmates and their property will be conducted by staff trained in conducting searches.</p> <p>4. Intrusive body cavity searches will be conducted in private and only be performed by a licensed medical professional acting within the scope of his or her license, or one of the following health services personnel: physician, dentist, physician's assistant, registered nurse, or licensed practical nurse. Dentists may only perform intrusive searches of the oral cavity.</p> <p>FMWCC OP 422 – Search and Seizure Procedures (9/25/15)</p> <p>Section 422.03, Searches of Offenders</p> <p>(2) Cross-gender pat-down searches and searches of transgender and intersex inmates will be performed in accordance with PREA guidelines, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. This requires using the following criteria for conducting searches in accordance with PREA Standard 115.15, Cross-gender viewing and searches:</p> <p>(a) FMWCC staff shall not conduct cross-gender unclothed body (strip search), clothed body (pat-down), or visual body cavity (meaning a search of the anal or genital opening) searches except in exigent circumstances or when performed by medical practitioners.</p> <p>(b) Absent exigent circumstances, female inmates' access to regularly available programming or other out-of-cell opportunities shall not be restricted in order to comply with this provision.</p> <p>(c) Staff shall document all cross-gender unclothed, clothed, or visual body cavity searches within the Nevada Offender Tracking Information System (NOTIS).</p> <p>(d) Inmates may shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Male staff are required to announce their presence when entering a unit housing female inmate.</p> <p>(e) FMWCC staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or if necessary, by learning that information as a broader medical examination conducted in private by a medical practitioner.</p> <p>(f) FMWCC staff will receive training in how to conduct cross-gender pat down searches, and searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.</p> <p>AR 494 – Transgender and Intersex Inmates (2/5/20 – temporary)</p> <p>b. The facility or institution shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or if necessary, by learning that information as a broader medical examination conducted in private by a medical practitioner.</p>

Standard 115.15(a)

The facility reported, via the PAQ, that it does not conduct cross gender strip or cross gender visual body cavity searches of inmates. In the past 12 months, there have been no cross gender strip or cross gender visual body cavity searches of inmates.

The audit includes an interview protocol for non-medical staff, involved in cross gender strip or visual searches. There were no instances where these were performed in the last 12 months, so no interviews were conducted.

The auditor was provided with a memorandum authored by the Warden, which confirmed there were no cross-gender strip searches, cross-gender pat searches, or cross-gender visual body cavity searches on any inmate. It further indicated medical staff have conducted no such searches during the audit review period.

Substandard 115.15(b)

The facility reported, via the PAQ, that it does not permit cross-gender pat down searches of female inmates, absent exigent circumstances. The facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. In the past 12 months, there were no pat down searches of female inmates conducted by male staff and there were no pat down searches of female inmates conducted by male staff that did not involve exigent circumstances.

Sixteen random staff were interviewed. All but one indicated that inmates are not delayed in attending program because female staff were not available to complete required pat searches. One staff indicated that occasionally, inmates are briefly delayed from attending programs because a female staff is not available to complete the required search.

The auditors completed 32 random inmate interview protocols. 29 of the inmates indicated there has been no issue with female staff being available to conduct pat searches prior to them attending out of cell activities. Two indicated they have been delayed in attending activities outside of their cell because female staff were not available to conduct pat searches. One inmate indicated it had happened once or twice since she arrived at the facility in 2002.

The auditor was tasked to review logs of cross-gender pat down searches of female inmates to identify documentation of exigent circumstances. There were none, per a memo authored by the Warden.

Substandard 115.15(c)

The facility reported, via the PAQ, that policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat down searches of female inmates be documented.

The auditor was provided with a memorandum authored by the Warden, which confirmed there were no cross-gender strip searches, cross-gender pat searches, or cross-gender visual body cavity searches on any inmate. It further indicated medical staff have conducted no such searches during the audit review period.

Substandard 115.15(d)

The facility reported, via the PAQ, that it has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

The auditor was tasked to review logs of exigent circumstances that might require deviation from the standard. The auditor was provided with the Daily Shift log for the period 2/23/19 through 1/23/20. It is 335 pages. It denotes the "male staff" entering housing unit when announcement is made.

Thirty-two random inmate protocols were completed. Twenty-two of those interviewed indicated that male staff announce their presence when entering the living units. Three indicated "not always", 4 indicated "most of the time", one indicated "about 50% of the time", one indicated "most of them announce" and one indicated "some of them announce when they come into the unit". All of the inmates interviewed indicated they are never naked in full view of the male staff while they are using the toilet, changing clothes, or taking a shower.

All 16 of the random staff interviewed, reported that male staff are required to announce their presence when entering the housing units. All staff interviewed indicated that female inmates are able to change clothing, take a shower, and use the toilet without being viewed by male staff.

The auditor noted, during the tour, that our presence was announced each time we entered a housing unit. The auditor also observed these announcements being made when other male staff were entering the housing units.

Substandard 115.15(e)

The facility reported, via the PAQ, that it has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. There were no such searches in the past 12 months.

All 16 random staff interviewed stated that policy would not allow a non-medical staff member to search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

The LGBTI inmates who were interviewed indicated they had never been searched for the purpose of identifying their gender.

Substandard 115.15(f)

The facility reported, via the PAQ, that the percentage of security staff who received training on conducting cross gender pat down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs is approximately 98%.

The auditor was provided with a PowerPoint presentation entitled "Searches of Offenders (NAC 289.160, AR 422)". It covered body searches, area/facility searches, and property searches. The training provides detailed instruction on how to conduct body searches. The auditor was also provided with the NDOC Standard Clothed Body Search-information sheet. It outlines the steps that staff are expected to take when conducting a clothed body search.

Training files were reviewed on 15 staff. Of those, eight should have received the pat search training, as it is a requirement of their job. The auditor received verification that five of the eight have completed the pat search training. During the corrective action period, the auditor received ___.

Sixteen random staff were interviewed. There were five staff who are non-custody and do not conduct pat down searches, as part of their duties. The remaining 11 staff indicated they had received pat-search training either as part of their initial training in the academy or in the last couple of years.

The facility did not initially demonstrate compliance with Standard 115.15. Corrective action was initiated to include the auditor receiving the pat search training documentation for the 3 identified staff. During the corrective action period, the auditor received training certificates for two of the three staff members. The third employee was not employed at FMWCC when he completed the training and the staff at the facility where he was assigned was unable to provide the requested documentation. With completion of the corrective action, the facility is in substantial compliance with Standard 115.15.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Standard 115.16, Inmates with Disabilities and Inmates who are Limited English Proficient.</p> <p>The policy outlining equal opportunity for disabled or limited English proficient (LEP) inmates is in AR 658, Reasonable Accommodation for Inmates with Disabilities. The policy describes the process to be utilized to provide assistance to inmates with physical or mental disabilities.</p> <p>Section 658.02, Policy Objective</p> <p>1. It is the policy of NDOC to establish procedures that will provide an accommodation or allow inmates to request an accommodation for a qualified disability that affects a major life activity and to ensure that:</p> <p>A. Every inmate, including those with a qualified disability, shall be housed in a manner that provides for his/her safety and security; Reasonable accommodations are made only if the accommodations pose no direct threat to the individual requesting the accommodation, or to others, or cause an undue hardship on facility security and orderly operations;</p> <p>B. Reasonable accommodations shall be made to the physical structure of housing for an inmate with a qualified disability to accommodate for the physical limitations of the disabled inmate and facilitate the inmate's inclusion in facility life;</p> <p>C. The Facility ADA Coordinator may authorize housing unit furnishings within the cell/dorm to be rearranged to best accommodate an inmate with a qualified disability and shall identify specific criteria for bottom bunk priority. A visually or mobility impaired inmate shall be given bottom bunk status;</p> <p>D. Reasonable accommodations shall be made to facility assignment assignments, programs, activities, and services to permit participation by a qualified inmate with a disability;</p> <p>E. No qualified individual with a disability shall, solely by reason of such disability, be excluded from participation in or be denied the benefits of assignments, programs, activities, or services offered by the NDOC.</p> <p>Section 658.07 Access to auxiliary Visual, hearing aids and services</p> <p>For those inmates identified with a visual impairment or hearing impairment, the ADA Coordinator, with the assistance of the medical staff, will ensure that visually-impaired and hearing-impaired inmates are provided access to auxiliary aids and services when required for effective communication in accessing and participating in department programs, services and activities.</p> <p>I. Such programs, services and activities include but are not limited to the following:</p> <p>A. Intake assessments and classification;</p> <p>B. Institutional orientation;</p> <p>C. Medical and mental health services;</p> <p>D. Substance abuse and other treatment programs;</p> <p>E. Inmate work and education programs;</p> <p>F. Program, housing, classification, release and other status reviews;</p> <p>G. Disciplinary hearings, grievances, discrimination complaint, and other administrative processes for review of decisions and actions by department staff affecting inmates; and</p> <p>H. PREA reporting and/or follow-up with any PREA concerns</p> <p>AR 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act</p> <p>Section 421.07, Inmate Education</p> <p>3. All inmates will be afforded education in formats accessible to everyone, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who</p>

have limited reading skills.

Substandard 115.16(a)

The facility reported, via the PAQ, that it has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The auditor was provided with and reviewed contracts with interpreters or other professionals hired to ensure effective communication with inmates who have disabilities. The auditor was provided with the ASL Translation Services Contract and the CTS Language Link contract (telephone based interpreters), was good through 2023. In addition, the auditor was provided with written materials used for effective communication about PREA with inmates with disabilities or limited reading skills. These included brochures, posters and pamphlets in English and Spanish. They also have materials available in Braille. They also have videos available to inmates to use, if needed. They do not have a process in place to ensure the inmate understands the materials that are being provided.

The auditor was provided with the PREA training curriculum which addressed staff training on PREA compliant practices for inmates with disabilities.

The Director indicated, during his telephonic interview, that the agency has contracts in place to provide interpreter services for more than 240 languages and these services are available 24 hours a day/7 days a week. He indicated that in some institutions, reporting allegations is a cultural issue and the inmates do not feel comfortable making a report. He further indicated that at times, they will involve a mental health staff member to assist the person in making the report.

Six inmates were interviewed. Two were limited English proficient, two were developmentally disabled, one was hearing impaired, and one was mobility impaired. The two limited English proficient inmates indicated that the PREA information they received was in Spanish and they were able to understand the materials. The hearing-impaired inmate indicated she was provided the handbook and was not able to understand the video that was shown. The mobility impaired inmate indicated she was able to understand the PREA materials provided to her. The two developmentally disabled inmates indicated they were not able to understand the materials they were provided, and they were not provided with assistance to understand them.

During the facility tour, the auditor noted that posters were available in a variety of areas around the institution. She observed posters in English and Spanish. She also was made aware that the materials are available in braille.

Substandard 115.16(b)

The facility reported, via the PAQ, that it has established procedures to provide inmates who are LEP with an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The auditor reviewed contracts with interpreters or other professionals hired to ensure effective communication with inmates who are LEP. In addition, she reviewed written materials used for effective communication about PREA with inmates with disabilities or limited reading skills. The informational sheet for inmates was provided. It has Frequently Asked Questions (FAQ) on it. They have a braille book, and the caseworker will also take extra time to explain it to them. It was not clear to the auditor how effective communication is achieved for those inmates with cognitive or learning disabilities.

Six inmates were interviewed. Two were limited English proficient, two were developmentally disabled, one was hearing impaired, and one was mobility impaired. The two limited English proficient inmates indicated that the PREA information they received was in Spanish and they were able to understand the materials.

Substandard 115.16(c)

The facility reported, via the PAQ, that agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first response duties under 115.64, or the investigation of the inmate's allegation. The facility is required to document the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used. In the past 12 months, there have been no instances where inmate interpreters, readers, or other types of inmate assistants have been used.

A total of 16 random staff were interviewed. All indicated they would use an interpreter either a staff member or through the

language link. Several indicated they would not allow an inmate to act as an interpreter. Others indicated they would only allow an inmate to interpret if it was an emergency situation. None of the staff were aware that inmates being utilized as interpreters for PREA allegations.

Of the six inmates interviewed, none indicated they were provided assistance by another inmate.

The auditor did not receive any documentation of circumstances when inmate interpreters, readers, or other inmate assistants were used. The NDOC PREA manual states: Staff shall not use and/or rely upon inmate interpreters, inmate readers, or other types of inmate assistants. Policy 421, Section 24 states that staff will not rely on inmate interpreters, readers, or other types of inmate assistance. On 5/19/21, the Warden authored a memorandum certifying that no inmate interpreters, inmate readers or any other type of inmate assistant has been used for PREA reporting.

Language Link instructions were provided to the auditor.

The facility did not initially demonstrate compliance with Standard 115.16. Corrective action was identified to include the requirement of establishing effective communication with developmentally disabled offenders to ensure they are able to understand the PREA materials provided to them. The facility was instructed to provide training to all classification staff regarding effective communication. This was completed via a memorandum. They were also instructed to provide the auditor with copies of documentation where effective communication was utilized during the corrective action period. The auditor was provided with an example of their proposed language and provided input and some additional text that was recommended for inclusion. The auditor received completed examples where effective communication was utilized on September 8, 2021, October 15, 2021, and October 25, 2021. All were clear that staff had taken the steps necessary to ensure effective communication with the offender. Based on the corrective action that was completed, the facility has demonstrated substantial compliance with Standard 115.16.

115.17	Hiring and promotion decisions
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 778 300">Standard 115.17, Hiring and Promotion Decisions.</p> <p data-bbox="240 331 1445 389">The policy outlining hiring and promotions is located in AR 212, Contracts, AR 300, Recruitment and Hiring, and AR 308, Department Staff and Applicant Records.</p> <p data-bbox="240 421 1485 515">Policy prohibits the hiring or promotion of anyone who may have contact with offenders, who have engaged in the three criteria outlined in standard provision 115.17(a). It also mandates the agency to consider any incidents of sexual harassment in determining whether to hire or promote anyone that may have contact with offenders.</p> <p data-bbox="240 546 1485 909">Policy states that a criminal background records check will be completed before hiring staff that may have contact with offenders and will make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The policy requires a criminal background records check be performed before enlisting the services of any contractor who may have contact with offenders. It requires that all applicants & employees who may have contact with offenders be asked directly about previous sexual misconduct in written applications or interviews for hiring or promotions and in interviews or written self-evaluations conducted as part of reviews of current employees. Further, imposes upon employees a continuing affirmative duty to disclose any such previous misconduct. It mandates that material omissions regarding sexual misconduct, or the provision of materially false information, shall be grounds for termination and requires the agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.</p> <p data-bbox="240 940 676 967">AR 126 (3/19/13), Interagency Cooperation</p> <p data-bbox="240 999 400 1025">Responsibilities</p> <p data-bbox="240 1057 1441 1115">Appointing authorities are responsible to coordinate planning and consultation with community related groups in order to enhance the operations of the Department.</p> <p data-bbox="240 1146 1474 1240">Any outside contractor, vendor, employee, or volunteer associated or working in conjunction with a community group who have direct contact or control of inmates are responsible to be notified of and acknowledge the HDOC PREA zero tolerance policy and may require a background check and training as appropriate.</p> <p data-bbox="240 1272 432 1299">AR 212, Contracts</p> <p data-bbox="240 1330 1490 1388">Mandatory background checks on contractors/vendors will be completed each year in compliance with PREA federal mandates. The purchasing division is required to maintain background check files on contractors/vendors for audit purposes.</p> <p data-bbox="240 1420 459 1447">NDOC PREA Manual</p> <p data-bbox="240 1478 1422 1536">All departmental divisions shall implement policies and procedures to ensure the Department does not hire or promote anyone, or utilize the services of any contractor or volunteer, who:</p> <ul data-bbox="240 1568 1477 1751" style="list-style-type: none"> <li data-bbox="240 1568 1401 1626">· Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; <li data-bbox="240 1657 1477 1751">· Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. <p data-bbox="240 1783 448 1809">On page 7, it states:</p> <p data-bbox="240 1841 1385 1899">11. HR and IG shall perform a criminal background records check of all current employees every three years, beginning the first year of each PREA audit cycle.</p> <p data-bbox="240 1930 1461 1989">13. All applicable agency divisions shall perform a criminal background records check of all current contractors every year, unless the contractor is a State of Nevada employee.</p> <p data-bbox="240 2020 1485 2114">Background clearances are updated once each three years, consistent with the audit cycle. They are completed monthly for all staff who were hired during that month. Within the first year of the audit cycle, all employee's background clearances should be updated.</p>

Substandard 115.17(a)

The facility reported, via the PAQ, that policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: 1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the any of these activities.

During the on-site portion of the audit, the audit team reviewed files of persons hired or promoted in the past 12 months to determine whether the questions regarding past conduct were asked and answered.

The auditor reviewed personnel files for 15 staff. Within those files, the auditor noted the completed NDOC 1957 form, which is used to complete the administrative adjudication check, for all 15 staff. In addition, the auditor requested documentation for the two contractors who were interviewed. One has been received, and the auditor is waiting on the other one.

The auditor was provided with copies of several documents utilized to demonstrate compliance with this standard. These included:

NDOC 1952 (9/17), PREA Contractor and Volunteer Questionnaire. It is used to ask the two questions to contractors and volunteers.

NDOC 1953 (9/17), PREA Zero Tolerance Policy. This is the information sheet that is given to contractors or volunteers which outline the PREA policy.

NDOC 1957 (1/21), Agency Applicants & Current Employee Questionnaire. This is the document used by new applicants and promotional applicants to answer the two questions.

Per a memo dated 11/8/2017 from the PREA Coordinator, the following information was provided to the auditor: Cooperative Agreement Statewide Conservation Camp Program between the State of Nevada Department of Conservation and Natural Resources and the Nevada Department of Corrections meets compliance with this standard. NDF requires new hire staff to complete the following forms prior to contact and before taking temporary custody of inmates. Contract is valid for 4 years and was renewed September 12, 2017. The PREA Coordinator stated that the agency has already begun negotiations with the conservation camp program to update the agreement.

All NDF staff/new hires are required to complete the following NDOC agency forms and PREA requirements:

Security Background Check Application DOC 560, Security Regulation Acknowledgement form (DOC 04 7), PREA Contractor and Volunteer Questionnaire form (DOC 052) and DOC agency PREA Zero Tolerance Policy form (DOC 503) background checks are completed for all NDF candidates during the new hire process and in compliance with contract.

The auditor was provided with the Recruitment Packet Checklist (DOC 1049) which outlines the items that will be needed by Human Resources to process hiring packets. It includes the Consent for Release of Criminal History Records and the DOC 1057, PREA Questionnaire.

Substandard 115.17(b)

The facility reported, via the PAQ, that policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

The Human Resources Administrator was interviewed on May 18, 2021 at approximately 9:00 am. She indicated the agency considers prior incidents of sexual harassment when deciding to hire or promote anyone or to enlist the services of any contractor who may have contact with inmates.

A copy of the NDOC PREA Manual was provided which requires the agency to consider any incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

Substandard 115.17(c)

The facility reported, via the PAQ, that policy requires before new employees (who may have contact with inmates) are hired, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts

to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. In the past 12 months, 60 people have been hired who may have contact with inmates who have had criminal background record checks.

The Human Resources Administrator indicated, during her interview, that the agency performs criminal record background checks and considers pertinent civil or administrative adjudications for all newly hired employees and those being considered for promotion, who may have contact with inmates.

During the on-site portion of the audit, the audit team reviewed 15 randomly selected files of personnel hired in the past 12 months to determine that the agency has completed checks consistent with this standard and contact was made with prior institutional employers. The auditor noted that 13 of the 15 employees had criminal record background checks in their file. The two that did not have them were hired in 2020 and 2021, so both files should have contained this documentation. Of the 15 personnel files that were reviewed, only one should have had a prior institutional reference check conducted. There was a note in the file that indicated it was not required, but in reviewing the application, it was noted that the employee worked for the California Department of Corrections prior to being hired by NDOC in 2014. This is outside the 12-month timeframe.

The auditor was provided with a copy of the contract between NDOC and the Department of Conservation and Natural Resources. It requires all new hires to complete a background check and complete all required training before taking temporary responsibility of any inmates. The contract is in effect through 2021. The auditor was provided with a blank Consent for Release of Criminal History Records (Job Applicants and Contractors) and the clearances for three contractors – these occurred in 2015.

Substandard 115.17(d)

The facility reported, via the PAQ, that policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. In the past 12 months, there have been eight contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates.

During the interview with the Human Resources Administrator, the auditor was told that her staff also complete background checks for potential contractors who may have contact with inmates.

The auditor was tasked to review documentation of background records checks of contractors. The auditor was provided with the clearances for three contractors – these occurred in 2015. In addition, the SS-0063 Contractors Background Procedure was provided with the PAQ. The auditor requested background checks for the two contractors who were interviewed. One was received and one is pending.

Substandard 115.17(e)

The facility reported, via the PAQ, that policy requires a criminal background record check be conducted at least every five years for current employees and contractors who may have contact with inmates.

The Human Resources Administrator indicated, during her interview, that criminal record background checks are completed with two components. They contact NCIC to complete a background check and submit fingerprint cards to the Nevada Department of Public Safety.

The audit team was tasked to review documentation that background records check of current employees and contractors were completed at five-year intervals. A list of the 5-year background checks is maintained by the Inspector General's Office. The auditor was provided with a copy of the list for all employees assigned at FMWCC. In reviewing the list, the auditor noted that all those employees who required a five-year background check, had received one, with the exception of one employee.

Substandard 115.17(f)

The Human Resources Administrator indicated, during her interview, that the agency asks all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this standard in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency also requires employees to immediately disclose any such misconduct to their appointing authority.

Substandard 115.17(g)

The facility reported, via the PAQ, that policy requires that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Substandard 115.17(h)

The Human Resources Administrator indicated, during her interview, that her staff will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee when they receive a request from an institutional employer where the employee has applied to work.

The facility did not initially demonstrate compliance with Standard 115.17. Corrective action required the facility to provide the completed NDOC 1952 form for the contractor who was interviewed. In addition, there were two staff and one contractor for whom the facility was not able to provide documentation that a background check had been completed and approved. Lastly, there was one employee who the facility could not provide documentation that a five-year background check had been completed. On July 20, 2021, the auditor received the completed NDOC 1952 form. On July 22, 2021, the auditor received signed copies of the background clearances for the three identified individuals. On July 22, 2021, the auditor received documentation that reflects a five-year background check has been completed. Based on this, the facility is in substantial compliance with Standard 115.17.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.18, Upgrades to Facilities and Technologies.</p> <p><u>Substandard 115.18(a)</u></p> <p>The facility reported, via the PAQ, that it has not acquired any new construction or made a substantial expansion or modification to existing facilities since the last PREA audit.</p> <p>The Director indicated, during his telephonic interview on May 20, 2021, that the agency considers sexual safety in all decisions related to designing, acquiring, or planning substantial modifications to facilities. They review incident reports and consider what more can be done to improve sexual safety for the inmate population.</p> <p>The Warden indicated, during his interview, that they have not made any substantial expansions or modification to the facility since the last PREA audit, in 2017.</p> <p>During the facility tour, the auditor did not identify any new construction that had been completed since the last PREA audit.</p> <p><u>Substandard 115.18(b)</u></p> <p>The facility reported, via the PAQ, that it has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>The Director indicated, in his telephonic interview, that they request funding each year to maintain and/or improve their monitoring technology. He indicated the monitoring technology varies from facility to facility. The monitoring technology is helpful in capturing information on all allegations and potential retaliation. Over the last couple of years, they have purchased equipment with enhanced security features to eliminate tampering or disabling the equipment.</p> <p>When monitoring technology has been expanded, the Warden indicated they consider areas where there have been PREA allegations, places that are isolated, areas where the foot traffic is minimal, and where line of sight is limited in determining where to place additional monitoring technology.</p> <p>The facility has quite an extensive camera system. It is accessible in the main control room and in the shift commander's office. The auditor reviewed the screens to determine there were no camera angles which would facilitate cross-gender viewing. The auditor reviewed minutes from meetings referencing installing or updating monitoring technology.</p> <p>The facility has demonstrated substantial compliance with standard 115.18.</p>

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1019 297">Standard 115.21, Evidence Protocol and Forensic Medical Examinations.</p> <p data-bbox="240 331 938 358">The policy regarding investigations is found in AR 457, Investigations.</p> <p data-bbox="240 389 483 416">Responsibilities Section</p> <p data-bbox="240 448 1453 506">The Inspector General is responsible for conducting or assigning investigations related to PREA, criminal activity by or on behalf of inmates, other incidents, and staff misconduct accusations.</p> <p data-bbox="240 537 507 564">Section 457.02, Reporting</p> <p data-bbox="240 595 1484 654">3. The IG or designee shall be immediately notified of PREA related or serious incidents involving suspected criminal activity by inmates, staff, or outside parties; or serious violations of Department policy.</p> <p data-bbox="240 685 1477 743">5. The IG will determine the need for an investigation; the type/methodology of the investigation; the staff responsible for the investigation; and the priority of the investigation.</p> <p data-bbox="240 775 501 801">Section 457.04, Evidence</p> <p data-bbox="240 833 1425 891">1. The Deputy Directors, in cooperation with the Inspector General shall develop an Operational Procedure (OP) for all institutions and facilities for the preservation of evidence.</p> <p data-bbox="240 922 687 949">2. The OP will include procedures for:</p> <p data-bbox="240 981 525 1008">A. marking evidence;</p> <p data-bbox="240 1039 512 1066">B. storing evidence;</p> <p data-bbox="240 1097 668 1124">C. documenting evidence with logs;</p> <p data-bbox="240 1155 432 1182">D. securing;</p> <p data-bbox="240 1214 557 1240">E. transferring evidence;</p> <p data-bbox="240 1272 549 1299">F. disposal of evidence.</p> <p data-bbox="240 1330 1465 1357">3. Each institution and facility will establish a secure and restricted access location for the maintenance of evidence.</p> <p data-bbox="240 1388 1107 1415">4. Evidence should be handled so ns to preserve trace and fingerprint evidence.</p> <p data-bbox="240 1447 1018 1473">5. The chain of evidence should be kept to as few persons as possible.</p> <p data-bbox="240 1505 1206 1532">AR 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act</p> <p data-bbox="240 1563 1465 1684">The agency is responsible to conduct both administrative and criminal sexual abuse investigations for incidents of offender on offender and staff sexual misconduct. Policy provides uniform evidence protocol for sexual abuse. The facility ensures that offenders who allege the incident occurred within the last 72 hours are offered a forensic medical examination and if accepted, transported promptly to ensure evidence is not lost.</p> <p data-bbox="240 1715 464 1742">NDOC PREA Manual.</p> <p data-bbox="240 1774 456 1800">Responsive Planning</p> <p data-bbox="240 1832 855 1859">Evidence protocol and forensic medical examinations: 115.21</p> <p data-bbox="240 1890 1477 1948">1. All victims of sexual abuse shall be offered access to forensic medical examinations, performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANESs) where possible.</p> <p data-bbox="240 1980 1471 2038">a. The forensic medical examinations will be done off site, without expense to the inmate victim, depending upon the location of the institution or facility where the inmate is housed.</p> <p data-bbox="240 2069 1409 2128">b. If a SAFE or SANE cannot be made available, the examination can be performed by other qualified medical practitioner only after contacting the Warden and the PREA Management Team.</p>

1. All forensic medical examinations that are done by someone other than a SANE or SAFE shall be documented within NOTIS.
2. Specific procedures for investigation of sexual abuse and sexual harassment of an inmate by staff or another inmate are referenced in this manual.
 - a. The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

Transporting Victims for a Sexual Assault forensic Exam: 115.21

1. Victims must agree to have a sexual assault forensic exam prior to transporting for the exam. Should an inmate refuse to have the exam, we must document the refusal on a Release of Liability for Refusal of Medical Treatment Form (DOC 2523) form.
 - a. Forensic examination will be offered at no cost to the victim.

Medical Directive 117, Sexual Assault (updated 11/2020)

117.01 – Procedures: Sexual Assault

Sexual Assault examinations shall be performed by a SAFE or SANE without financial cost to the inmate. If the inmate agrees to have a sexual assault forensic examination, referral to an outside medical facility for examination, treatment, or gathering of evidence is indicated.

Substandard 115.21(a)

The facility reported, via the PAQ, that the agency is responsible for conducting administrative or criminal sexual abuse investigations. When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.

The uniform evidence protocol was provided to the auditor. It is: The Recommendations for Administrators of Prisons, Jails, and CCF for Adapting the US DOJ's "A National Protocol for Sexual Assault Medical forensic Examinations, Adults/Adolescents (August 2013). In addition, an April 2013 version of a National Protocol for Sexual Assault Medical Forensic Examination, Adult/Adolescents, was provided to the Auditor.

Sixteen random staff were interviewed. One staff indicated they are not involved in this process so were unable to answer this question. Most indicated that to ensure evidence was maintained, they would secure the area and bag or gather all potential evidence. About 40% indicated they would ensure the victim and the suspect did not shower, brush their teeth, or take other actions that may destroy evidence. About 60% indicated they request the victim not take any action that could destroy evidence and ensure the suspect does not take any of those actions. All but one staff member indicated that the Inspector General's Office is responsible to conduct investigations. The other staff member was unsure who completes the investigations.

Substandard 115.21(b)

The facility reported, via the PAQ, that the protocol utilized for forensic examinations is developmentally appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

The NDOC PREA Manual states in the section entitled "Evidence Protocol and Forensic Examinations." The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

Substandard 115.21(c)

The facility reported, via the PAQ, that it offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility. Forensic medical examinations are offered without financial cost to the victim and where

possible, examinations are conducted by SAFEs or SANES. When SANES or SAFEs are not available; a qualified medical practitioner performs the forensic medical examination. The facility documents efforts to provide SANES or SAFEs. In the past 12 months, there have been no forensic medical exams conducted.

The auditor was tasked to review documentation of efforts made by the agency to provide SANES/SAFES. She received and reviewed the contract with the University Medical Center (UMC) which states a SAFE or SANE will be available whenever needed. The auditor noted that policy indicates that forensic medical examinations are offered for free

The SAFE/SANE staff person was interviewed on May 18, 2021 at approximately 1:00 pm. During the interview, she indicated that she and her co-workers are responsible for conducting all forensic medical examination for the FMWCC. There are three nurses who rotate the on-call responsibility to respond, as required. There is not a time when one of the three SANE/SAFE staff would not be available.

The auditor was tasked to review documentation to corroborate that all inmate victims of sexual abuse have access to forensic medical examinations. During the review period, there were no instances where a forensic exam would have been required. The auditor confirmed this by reviewing the log of allegations to determine if there had been any instances where a forensic exam should have been conducted.

Substandard 115.21(d)

The facility reported, via the PAQ, that it attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means and that the efforts are documented. Rape crisis center staff is available to provide victim advocate services. The facility does not provide a staff member from a community-based organization or a qualified agency staff member.

The auditor was tasked to review any documented agreement with a rape crisis center for services or documentation of efforts. The current memorandum of understanding with the Rape Crisis Center (RCC) was provided with PAQ.

The PCM indicated, during her interview, that they have an agreement with the local rape crisis center to provide victim advocate services, when requested by a victim.

Four inmates were interviewed, who had reported sexual abuse. None of the allegations rose to the level of requiring a victim advocate or a forensic examination.

The auditor was provided with a copy of an e-mail where two inmates were referred to the RCC. There is also a NOTIS log showing that one of the inmates accepted the referral and one declined the referral. The auditor was also provided with the advocacy posters in English and Spanish.

Substandard 115.21(e)

The facility reported, via the PAQ, that if requested by the victim, a victim advocate accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

The PCM indicated, during her interview, that the shift commander is responsible to notify the hospital and victim advocate, when they have a case that will need to go out for a forensic medical examination.

Four inmates were interviewed, so had reported sexual abuse. None of the allegations rose to the level of requiring a victim advocate or a forensic examination.

The facility has demonstrated substantial compliance with standard 115.21. As a best practice, the auditor is recommending that some additional training be provided to all staff which focuses on the subject of evidence collection and the steps that should be taken to preserve all potential evidence.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 197 1509 253">Auditor Discussion</p> <p data-bbox="229 253 1509 309">Standard 115.22, Policies to Ensure Referrals of Allegations for Investigations.</p> <p data-bbox="229 309 1509 387">The policy outlining investigations of allegations of sexual abuse and sexual harassment is in AR 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, and AR 457, Investigations.</p> <p data-bbox="229 387 1509 443">AR 457</p> <p data-bbox="229 443 1509 499">Responsibilities Section</p> <p data-bbox="229 499 1509 589">The Inspector General is responsible for conducting or assigning investigations related to PREA, criminal activity by or on behalf of inmates, other incidents, and staff misconduct accusations.</p> <p data-bbox="229 589 1509 645">Section 457.02, Reporting</p> <ol data-bbox="229 645 1509 992" style="list-style-type: none"> <li data-bbox="229 645 1509 701">2. All incidents shall be reported to the IG per the requirements of AR 332. <li data-bbox="229 701 1509 790">3. The IG or designee shall be immediately notified of PREA related or serious incidents involving suspected criminal activity by inmates, staff, or outside parties; or serious violations of Department policy. <li data-bbox="229 790 1509 880">4. The IG or designee and designated Equal Employment Opportunity (EEO) official shall be immediately notified of serious incidents involving sexual harassment. <li data-bbox="229 880 1509 992">5. The IG will determine the need for an investigation; the type/methodology of the investigation; the staff responsible for the investigation; and the priority of the investigation. <p data-bbox="229 992 1509 1048">AR 421</p> <p data-bbox="229 1048 1509 1261">The Inspector General shall ensure that investigative and other staff members assigned to investigate any allegation related to PREA have received training in conducting such investigations in confinement settings. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Department shall maintain documentation that agency investigative staff have completed the required specialized training in conducting PREA related investigations.</p> <p data-bbox="229 1261 1509 1317">NDOC PREA Manual</p> <p data-bbox="229 1317 1509 1373">Specialized training: Investigations: 115.34</p> <p data-bbox="229 1373 1509 1462">Only investigative staff assigned to the IG's office will conduct investigations into allegations or reports of sexual abuse or suspected sexual abuse of an inmate by a staff member.</p> <p data-bbox="229 1462 1509 1518"><u>Substandard 115.22(a)</u></p> <p data-bbox="229 1518 1509 1798">The facility reported, via the PAQ, that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. In the past 12 months, there have been 68 allegations of sexual abuse and sexual harassment that were received. Eleven of the allegations resulted in an administrative investigation and 22 allegations were referred for criminal investigation. Referring to allegations received in the past 12 months, all administrative and/or criminal investigations from 2020 were completed. Some of the investigations from 2021 are still being completed.</p> <p data-bbox="229 1798 1509 2067">The Director indicated, in his telephonic interview, that the NDOC has initiated an administrative or criminal investigation on all allegations of sexual abuse or sexual harassment for a long time. All allegations are referred to the Inspector General's office, where they are screened by the PREA Coordinator, or one of two supervisors assigned in the Inspector General's office. Once screened, the allegations are assigned to a criminal investigator or assigned back to an investigator at the facility to complete the investigation. They have 90 days to complete the investigation. The investigation includes interviews with pertinent staff and inmates to try and identify what has happened. Once completed, they document their findings in a written report. If it is determined to be criminal, it is referred to the Attorney General for consideration of prosecution.</p> <p data-bbox="229 2067 1509 2157">The auditor was tasked to review reports of sexual abuse and harassment and documentation of investigations, including full investigative reports with findings. The auditor reviewed six examples of referrals. Review of full investigative reports are</p>

addressed in 115.71.

Substandard 115.22(b)

The facility reported, via the PAQ, that it has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. Agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website.

The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

The three investigators indicated, during their interviews, that policy requires that all allegations of sexual abuse or sexual harassment be referred to the Office of the Inspector General for investigation.

The auditor verified that the policy is on the NDOC website. A allegations tracking log is maintained by the IG which includes the outcome of each. The auditor was provided with a copy of this log during the on-site portion of the audit.

Substandard 115.22(c)

This substandard is not applicable because a separate entity is not responsible for conducting criminal investigations.

Substandard 115.22(d)

The substandard requires that any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons shall have in place a policy governing the conduct of such investigations. NDOC utilizes AR 457 and 421 to address sexual abuse or sexual harassment investigations. The language is outlined above.

The facility has demonstrated substantial compliance with standard 115.22.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.31, Employee Training.</p> <p>The policy outlining training policies and procedures is in AR 360, Correctional Employee/Officer Basic Pre-Service Training.</p> <p>The Department provides a Correctional Employee/Officer Basic Pre-Service Training (PST) program which includes a minimum of 80 hours for non-custody and a minimum of 160 hours for custody staff. The PST course curriculum, at a minimum, will comply with Chapter 289 of the Nevada Revised Statutes and Nevada Administrative Code for Category III Peace Officers and the Department's Administrative Regulations and Directives. All staff are required to attend the Department's PST</p> <p>AR 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act</p> <p>Employee Training</p> <p>1. All employees who have contact with inmates will receive instruction on the requirements and responsibilities of PREA in pre-service training.</p> <p>A. All employees who may have contact with inmates will receive refresher training on the requirements and responsibilities of PREA every two (2) years.</p> <p>B. In years which an employee does not receive PREA refresher training the employee, shall receive refresher information on current PREA policies.</p> <p>NDOC PREA Manual</p> <p>Training and Education</p> <p>I. The Employee Development Division (EDD) in conjunction with the PREA Management Team will develop and provide a block of instruction to all Department staff on the requirements and responsibilities related to PREA. The instruction will include, at a minimum:</p> <p>a. The Department's zero-tolerance policy for sexual abuse and sexual harassment;</p> <p>b. Identify the responsibilities and how to fulfill them for all staff related to the Department's sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures;</p> <p>c. Inmates' right to be free from sexual abuse and sexual harassment;</p> <p>d. The right of inmates and employees to be free from retaliation for reporting or cooperating in an investigation involving sexual abuse or sexual harassment;</p> <p>e. The dynamics surrounding the issues of sexual abuse and sexual harassment in confinement;</p> <p>f. The common reactions of sexual abuse and sexual harassment victims;</p> <p>g. How to detect, respond to signs and report threatened and actual sexual abuse;</p> <p>h. How to avoid inappropriate relationships with inmates;</p> <p>i. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming; and</p> <p>J. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities and who has what responsibility.</p> <p>2. The block of instruction will be tailored so that all staff will have the necessary and required skills, knowledge and abilities to respond to the gender of the inmates at their assigned duty post. If necessary, additional training and education will be made available to any staff member upon transfer to a new duty station.</p> <p>3. All staff will have a refresher block of instruction at a minimum every two years.</p> <p>a. During the year that refresher on the PREA block of instruction is not provided, all staff should be provided</p>

information on the Department's current sexual abuse and sexual harassment policies.

4. EDD will maintain the signatures or electronic verification of all staff members having attended the blocks of instruction.

a. Signature or electronic verification is an affirmative acknowledgement of each staff members' understanding of the training they have received.

Substandard 115.31(a)

The facility reported, via the PAQ, that it trains all employees who may have contact with inmates on all components required in the standards.

The auditor received and reviewed the Pre-Service Staff Training on PREA which was revised in January 2020.

All 16 of the random staff interviewed indicated they have completed PREA training and all required components were addressed in the training.

The auditor was also provided with a copy of the NDOC 1954, PREA Training Acknowledgement form. The form outlines the training that was given and at the bottom of the form, before the employee signature, it states: "I understand my rights and responsibilities as an employee of the NDOC. I understand NDOC has a "Zero Tolerance" policy regarding staff on inmate sexual abuse and harassment, inmate on inmate sexual abuse and harassment and failure to report. I also understand failure to abide by the Zero Tolerance policy could result in disciplinary action."

Substandard 115.31(b)

The facility reported, via the PAQ, that training is tailored to the gender of the inmates at the facility. Employees who are reassigned from facilities housing the opposite gender inmates are given additional training.

The auditor received and reviewed the Pre-Service Staff Training on PREA which was revised in January 2020. In addition, the auditor reviewed documentation of electronic verification signifying comprehension of the training for staff. Once the employee completes the training and passes the test, they are provided with a certificate. Certificates were provided, as requested. In addition, the auditor was provided with copies of the test – revised 01/2020 and 12/2020.

Substandard 115.31(c)

The facility reported, via the PAQ, that between trainings, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. The frequency with which employees who may have contact with inmates receive refresher training on PREA requirements is every other year.

The auditor reviewed Pre-Service Staff Training on PREA (revised 01/2020). The auditor was also provided with the training curriculum from 2019, which is the prior year. In addition, the auditor reviewed training records for all staff who were selected to be randomly interviewed.

The auditor reviewed training records for 15 staff. The following was noted: Training provided in 2019 should have been completed by nine of these staff. The auditor was only able to confirm three completed the 2019 training. Fourteen of these staff should have completed the 2020 PREA training. The auditor was able to confirm ten staff completed the 2020 PREA Training module. The facility was just beginning the 2021 PREA training module. Of the files reviewed, only two staff members had completed the training for 2021.

Substandard 115.31(d)

The facility reported, via the PAQ, that the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification.

The facility did not initially demonstrate compliance with standard 115.31. Corrective action required the facility to provide documentation that the identified staff had completed the 2021 PREA training. The auditor was informed that the 2021

training was being provided on-line through NIC and was related to transgender people in custody. The auditor identified 13 staff and requested training certificates for these individuals. On August 20, 2021, the auditor received training certificates on all identified staff. Based on the corrective action being completed, the facility is in substantial compliance with standard 115.31.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 232">Auditor Discussion</p> <p data-bbox="240 271 802 295">Standard 115.32, Volunteer and Contractor Training.</p> <p data-bbox="240 329 1168 353">The policy on volunteer and contractor training is in AR 802, Community Volunteer Programs</p> <p data-bbox="240 387 1342 445">D. An approved volunteer must complete the Department's initial Volunteer Training before entry to any institution/facility.</p> <p data-bbox="240 479 1485 537">(1) According to PREA standard 115.32 all volunteers that have contact with inmates will receive training on PREA and NOOC Zero Tolerance policy.</p> <p data-bbox="240 571 1382 595">(2) Documentation confirming volunteers understand the NDOC PREA policy and training will be maintained.</p> <p data-bbox="240 629 1394 687">E. Refresher Volunteer Training is required every three years. Failure to attend will result in the revocation of volunteer status.</p> <p data-bbox="240 721 1406 813">9. All volunteers enter the Department at their own risk and must acknowledge in writing that by the act of volunteering, the volunteer assumes the risks inherent in any prison environment and understands the policy that the Department does not negotiate with hostage-takers in the event of an incident.</p> <p data-bbox="240 846 1490 871">C. A volunteer must agree, as an adjunct employee, to abide, by all NDOC policies, rules, regulations and procedures.</p> <p data-bbox="240 904 1366 929">H. A volunteer may not engage in sexual abuse or harassment with an inmate, to include romantic relationships.</p> <p data-bbox="240 963 632 987">Section 802.02, Dual Status Forbidden</p> <p data-bbox="240 1021 1465 1113">2. If circumstances suggest that a volunteer has been compromised into a personal relationship with an inmate, or through any other situation or event, that volunteer will be excluded from the institution/facility pending an investigation into the situation.</p> <p data-bbox="240 1146 1461 1205">3. A volunteer who is found to have been compromised will be permanently barred from participating as a volunteer for the Department in any capacity.</p> <p data-bbox="240 1238 1007 1263">A. PREA related incidents will be reported to the JG and investigated.</p> <p data-bbox="240 1296 1206 1321">AR 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act</p> <p data-bbox="240 1355 746 1379">Section 421.06, Contractor and Volunteer Training</p> <p data-bbox="240 1413 1485 1536">1. The Department shall ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. All volunteers and contractors who have contact with inmates will receive training on their responsibilities under the department's zero tolerance policy and procedures.</p> <p data-bbox="240 1570 603 1594">AR 212, Contracts (effective 3/7/17)</p> <p data-bbox="240 1628 1477 1720">The level and type of training provided to contractors shall be based on the services they provide and the level of contact they have with inmates. All contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p data-bbox="240 1753 459 1778">NDOC PREA Manual</p> <p data-bbox="240 1812 1453 1892">1. All volunteers and contractors for the Department who have contact with inmates will be trained on their responsibilities and reporting requirements on sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p data-bbox="240 1984 477 2009"><u>Substandard 115.32(a)</u></p> <p data-bbox="240 2042 1469 2166">The facility reported, via the PAQ, that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. There have been 242 volunteers and individual contractors, who have contact with inmates, who have been trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.</p>

The auditor received and reviewed the NDOC Volunteer and Contractor PREA training. All requirements are covered in the training.

The audit team interviewed two contract employees. At the present time, there are no volunteers and no other contractors being allowed to enter the institution due to COVID-19 restrictions. The two contract employees indicated they received training on their responsibilities regarding sexual abuse and sexual harassment prevention, detection and response. One indicated the training was completed in 2017 and the second indicated the training was completed in 2019.

The auditor was tasked to review a sample of training records of volunteers and contractors who have contact with inmates. A blank DOC 051 form was provided, which is the volunteer Training/Orientation Acknowledgement Form. The auditor requested training records for the two contractors who were interviewed. Both had signed the required acknowledgment forms.

The auditor was provided with a memorandum authored by the Warden in April 2021. It states that effective March 2020 and remaining in effect, all contractors and volunteer entry into the facility has been limited or eliminated due to the COVID-19 pandemic.

Substandard 115.32(b)

The facility reported, via the PAQ, that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. All volunteers and contractors have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

In a conversation with the Warden, he indicated that before the volunteers and contractors are allowed back into the facility, they will be required to complete the training, even if they have done it in the past.

The auditor received and reviewed the NDOC Volunteer and Contractor PREA training. All requirements are covered in the training.

The two individuals who were interviewed indicated the training they received included information about what was acceptable or allowed, who to report to and that there was no such thing as consent between staff and inmates. One of the individuals also indicated it included how to identify and react to signs of sexual harassment and sexual abuse.

The auditor was tasked to review a sample of training records of volunteers and contractors who have contact with inmates. A blank DOC 051 form was provided, which is the volunteer Training/Orientation Acknowledgement Form. The auditor requested training records for the two contractors who were interviewed. Both had signed the required acknowledgment forms.

Substandard 115.32(c)

The facility reported, via the PAQ, that it maintains documentation confirming that volunteers/contractors understand the training they have received.

The NDOC 1953, PREA Zero Tolerance Policy form is used to provide information to contractors and volunteers about zero tolerance and their duty to report. They certify, by signing the form, that they have read and understand the information contained on the form.

The auditor was provided with completed NDOC 1953 forms for 4 contractors/volunteers with the PAQ. Three were signed in 2020 and one was signed in December 2019.

A blank sample of the NDOC 051, Volunteer Training/Orientation Acknowledgement Form was provided with PAQ. Above the signature of the volunteer, he/she certifies:

I attended the Volunteer Training and was given the opportunity to ask questions and discuss the subject matter taught. I am aware of my responsibilities as a Volunteer, Educational staff member, or contractor and understand that failure to follow NDOC Policies and Procedures can result in removal from the Volunteer Program and/or Gatehouse List.

I understand the training given on the above subject of PREA and have a good understanding of this topic within the guidelines of the Nevada Department of Corrections. I understand the NDOC has a "Zero Tolerance" Policy regarding volunteers/staff/contractors on inmate sexual abuse and harassment as well as inmate on inmate sexual abuse and harassment.

The facility has demonstrated substantial compliance with standard 115.32.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 624 297">Standard 115.33, Inmate Education.</p> <p data-bbox="240 329 1265 356">The policy related to inmate education is in AR 511-Inmate Orientation Program (updated 12/17/2012).</p> <p data-bbox="240 387 1273 414">The orientation process will ensure that inmates receive the following: (K) Information regarding PREA.</p> <p data-bbox="240 445 1206 472">AR 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act</p> <p data-bbox="240 504 584 530">Section 421.07, Inmate Education</p> <ol data-bbox="240 562 1460 1202" style="list-style-type: none"> <li data-bbox="240 562 1460 701">1. During initial intake orientation all inmates will receive information explaining the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. <li data-bbox="240 732 1460 826">2. Within thirty (30) days of intake, the Department shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding Departmental policies and procedures for responding to such incidents. <li data-bbox="240 857 1460 996">3. All inmates will be afforded education in formats accessible to everyone, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. <li data-bbox="240 1028 1460 1108">4. Documentation of inmate participation in these education sessions will be contained within the NOTIS case management module. <li data-bbox="240 1140 1460 1202">5. In addition to providing such education, key information will be continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. <p data-bbox="240 1234 879 1261">FMWCC OP 513, PREA Screening and Classification (02/2020)</p> <ol data-bbox="240 1292 1492 2157" style="list-style-type: none"> <li data-bbox="240 1292 1492 2157">2. PREA Risk Assessments will be completed as follows: <ul data-bbox="240 1350 1492 2157" style="list-style-type: none"> <li data-bbox="240 1350 1492 1816">• Intake Assessment - Upon intake or transfer to FMWCC <ul data-bbox="240 1408 1492 1816" style="list-style-type: none"> <li data-bbox="240 1408 1492 1529">o Initial screening should take place as soon as possible but shall be completed within 72 hours of arrival at FMWCC, excluding holidays. FMWCC will conduct assessments using the PREA Risk Assessment Instrument. Whenever possible, and consistent with the safety and security needs of FMWCC, inmates are not to be housed together in two-man cells prior to PREA screening. <li data-bbox="240 1561 1492 1619">o A CCS shall be present for all pre-scheduled inmate arrivals and all arrivals that occur during normal business hours. <li data-bbox="240 1650 1492 1816">o For unscheduled transfers or arrivals occurring after normal business hours, the Shift Supervisor will be notified, and the inmate will be single housed in Administrative Segregation pending assessment by the CCS no later than the next business day. The Transportation CCS will be responsible for ensuring that all inmates transferred from other institutions are receiving all required PREA information. To include the PREA 3-minute video, PREA Education 15 minute video and the 30 day follow-up. This will be logged into NOTIS and into the PREA database. <p data-bbox="240 1848 1469 1942">The Shift Supervisor will make appropriate documentation in NOTIS regarding the housing needs and notify, via email, the designated CCS, CCSIH, and AWP regarding the issue. INMATES ARE NOT TO BE HOUSED TOGETHER IN TWO-MAN CELLS PRIOR TO PREA SCREENING.</p> <ul data-bbox="240 1973 1469 2157" style="list-style-type: none"> <li data-bbox="240 1973 1469 2031">• 30 Day Follow up Within 30 days of intake or transfer to FMWCC CCS will meet with inmate to ensure there have been no changes to the initial assessment <li data-bbox="240 2063 1469 2157">o Prior to the inmate being released to general population from the Intake Unit or within three (3) weeks of their arrival per AR 504), the CCS will interview the inmate to determine if there have been any changes in the inmate's risk of victimization or potential for abusiveness towards other inmates based upon any additional, relevant information which may

have been received since the initial screening.

Substandard 115.33(a)

The facility reported, via the PAQ, that inmates receive information at intake about the zero-tolerance policy and how to report incidents or suspicion of sexual abuse or harassment. Of the inmates admitted during the past 12 months, 730 inmates were given this information at intake.

Two casework staff were interviewed. Both indicated that inmates are shown the PREA video as soon as they get off the bus. It is played on a loop in the dayroom where intake is completed. The inmates sit in the dayroom waiting to be seen by a variety of staff to address clothing needs, medical/mental health concerns, housing concerns, and PREA information. When the inmate is interviewed by the intake caseworker, they are provided with an orientation handbook and a PREA Education and Information Sheet. The auditor observed the intake process during the on-site visit and confirmed this is the process that is completed.

Of the 32 random inmate interview protocols completed, 24 indicated they received information during the intake process. Four inmates arrived at the facility before this process was implemented during intake (2002, 2006, 2013, 2016). Three inmates either did not answer the question or indicated they did not receive PREA information during the intake process. One inmate indicated she received the handbook, but she cannot read. No one assisted her to understand the information.

The auditor reviewed intake records of inmates entering the facility in the past 12 months and records corroborating that those inmates received information at intake. The audit team reviewed 15 inmate files. One of the inmates has been at the facility since before PREA was implemented. Of the 14 remaining inmates, all received information during the intake process. The facility has the inmate sign a DOC-2096-1, PREA Orientation Education form when they receive the written materials during intake.

The auditor was tasked to review any PREA education materials to ensure that relevant information is covered. The English and Spanish version of the information Sheet were provided with the PAQ. All required information is included. The form does not include a signature or date it was provided. The auditor was also provided with a copy of the FMWCC Offender Manual, which was updated in March 2021. It provides PREA information to the inmates in English and Spanish and is given to the inmate during the intake process.

Substandard 115.33(b)

Of inmates admitted during the past 12 months, whose length of stay in the facility was for 30 days or more, 556 received comprehensive education within 30 days of intake.

Through the interview with the caseworkers, the auditor was informed that the comprehensive education component of NDOC's process is completed the day the inmate arrives at the facility. They are shown a 15-minute PREA video and provided with written materials. They are also screened by the caseworker and allowed to ask questions that they might have. The auditor was told that the transcript for the video is also available and given to the inmates when the video is not working.

Of the 32 random inmate interview protocols completed, 27 inmates reported that the information they received included their right to be free from sexual abuse and sexual harassment, how they could make a report, and their right to be free from retaliation for reporting such incidents. One indicated she didn't remember what was covered in the information she received and four indicated they were not told about their right to be free from sexual abuse and sexual harassment, how they could make a report, and their right to be free from retaliation for reporting such incidents. Of the 28 inmates who indicated they received the information, 24 indicated they received it the day they arrived. One indicated she received it the next day. One indicated she did not receive the information until about 2 months later, when she was placed in segregation, one indicated she didn't remember when she got the information, and one indicated she arrived in 2002, but has gotten the information several times since then.

The audit team reviewed 15 inmate files. One inmate has been at the facility since 2002, so she did not receive the comprehensive education upon arrival. She indicated she has watched the video a number of times since then. Of the 14 remaining inmates, all received the comprehensive education within 30 days of arrival.

The auditor was provided with the DOC 2096-2, PREA Comprehensive Education form (04/14), in English and Spanish.

Substandard 115.33(c)

The facility reported, via the PAQ, that of those who were not educated within 30 days of intake, all inmates have been educated subsequently. Policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.

Both intake staff who were interviewed indicated that the PREA video is shown while the inmates are waiting to see their caseworker. They also indicated that there are posters in every housing unit and most other spaces around the facility which provide PREA information for the inmate population.

The auditor reviewed the educational materials provided to the offender population and reviewed documentation from the inmate files that corroborates that current inmates received comprehensive PREA education within one year of the effective date of the PREA standards.

Substandard 115.33(d)

The facility reported, via the PAQ, that inmate comprehensive PREA education is available in accessible formats for all inmates including those who are outlined in the standard.

The auditor reviewed inmate education materials to ensure they are in a format accessible to all inmates. Materials are available in English, Spanish and Braille. They also have contracts to provide interpreter services when the language needed is not English or Spanish.

AR 658, Hearing Impaired Inmates, states: The ADA coordinator will ensure that deaf and hearing-impaired inmates are provided access to auxiliary aids and services when required for effective communication in accessing and participating in departmental programs, services, and activities. Such programs, services and activities include, but are not limited to: (H) PREA reporting and/or follow-up with any PREA concerns.

Substandard 115.33(e)

The facility reported, via the PAQ, that it maintains documentation of inmate participation in PREA comprehensive education sessions.

The auditor was tasked to review a sample of documentation of inmate participation in education sessions. The documentation was located in the inmate file and of the 15 files reviewed, 14 contained the required documentation.

Substandard 115.33(f)

The facility reported, via the PAQ, that it ensures that key information about the PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats.

During the facility tour, the auditor noted that posters were up in a variety of locations around the institution. In addition, the institution has created stickers with pertinent telephone numbers on them and placed the stickers directly on the pay phones. This allows the inmates to have access to the IG's hotline number and the number for emotional support while on the telephone.

The auditor reviewed the education and informational materials to ensure compliance with the standard.

Informational posters give the inmate a lot of information about reporting including contact numbers and addresses.

The facility has demonstrated substantial compliance with standard 115.33.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 820 297">Standard 115.34, Specialized Training: Investigations.</p> <p data-bbox="240 331 1410 389">Policy outlining agency training is in AR 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act</p> <p data-bbox="240 423 1481 584">Page 5 mandates that in addition to the general training provided to all employees, the facility shall ensure that, to the extent the agency itself conducts sexual abuse investigations; its investigators have received training in conducting such investigations in a confinement setting. This agency is trained to conducts both administrative and criminal investigations on sex abuse cases. It requires that the agency maintain documentation that investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p data-bbox="240 618 1481 707">AR 421 also requires specialized training to include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecutor referral.</p> <p data-bbox="240 741 459 768">NDOC PREA Manual</p> <ol data-bbox="240 801 1481 1491" style="list-style-type: none"> 1. All staff of the Department that conduct investigations related to PREA sexual abuse and/or sexual harassment of inmates by other inmates are required to receive and successfully complete training focused on sexual abuse or sexual harassment in the confinement setting. The training will include: <ol style="list-style-type: none"> a. Techniques for interviewing sexual abuse victims; b. Proper use of Miranda and Garrity warnings; c. Sexual abuse evidence collection in confinement settings; 7 and d. Criteria and the evidence required to substantiate a case for administrative, penal code of discipline or prosecution referral. 2. An on-line course specifically developed for specialized training for investigations of sexual abuse and sexual harassment in confinement is available on the PREA Resource Center web site under Training and Technical Assistance. A certificate of completion is available once the participant successfully completes the examination at the end of the block of instruction. 3. The PMT and EDD will maintain documentation that staff who conduct PREA investigations have completed the required training related to the confinement setting. 4. Only investigative staff assigned to the IG's office will conduct investigations into allegations or reports of sexual abuse or suspected sexual abuse of an inmate by a staff member. <p data-bbox="240 1581 475 1608"><u>Substandard 115.34(a)</u></p> <p data-bbox="240 1641 1485 1700">The facility reported, via the PAQ, that policy requires investigators to be trained in conducting sexual abuse investigations in confinement settings.</p> <p data-bbox="240 1733 1481 1823">The auditor was tasked to review the training curriculum. The agency provided a link to NIC along with a copy of the power point presentation. Two courses were provided. NIC Advanced Specialized Training and NIC Investigator Training. All required components of the training were included in the course materials.</p> <p data-bbox="240 1856 1481 1982">Three investigators were interviewed. Two from the Office of the Inspector General and a local investigator from FMWCC. One of the staff from the IG's Office is a supervisor. All three indicated they have completed training specific to conducting sexual abuse investigations in a confinement setting. They indicated the training is provided on-line through the National Institute of Corrections and is specific to sexual abuse investigations in a confinement setting.</p> <p data-bbox="240 2016 1481 2074">The auditor reviewed training records of investigative staff and noted that all who conducted investigations during the audit period had completed the required specialized training.</p> <p data-bbox="240 2107 1485 2166">The auditor was provided with a memorandum, dated 5/3/19 from PREA Program Officer. In the memo, she indicates the IG has 19 category I/II criminal investigator positions who are sworn Peace Officers. All investigators may be assigned PREA</p>

criminal or internal affairs investigations. All investigators have completed specialized training. Training Curriculum, entitled "PREA Investigating Sexual Abuse in a Confinement Setting", was reviewed by the PRC to ensure compliance with the standards.

Substandard 115.34(b)

The auditor was tasked to review the training curriculum. The agency provided a link to NIC along with a copy of the power point presentation. Two courses were provided. NIC Advanced Specialized Training and NIC Investigator Training. All required components of the training were included in the course materials.

The three investigators indicated, during their interviews, that the specialized training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. One of the investigators indicated that it also included the requirement to document all actions taken during the investigation.

The auditor reviewed training records of investigative staff and noted that all who conducted investigations during the audit period had completed the required specialized training.

Substandard 115.34(c)

The facility reported, via the PAQ, that the agency maintains documentation showing that investigators have completed the required training. There are 27 investigators who are currently employed who have completed the required training.

Fifteen of the 27 investigators' certificates were provided. The auditor selected investigators who completed investigations at FMWCC and verified they completed the specialized training.

Substandard 115.34(d)

This substandard is not applicable, as the NDOC conducts all criminal and administrative investigations, internally.

The facility has demonstrated substantial compliance with standard 115.34.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1007 297">Standard 115.35, Specialized Training: Medical and Mental Health Care.</p> <p data-bbox="240 331 1449 389">The policy outlining specialized medical/mental health training is in AR 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act</p> <p data-bbox="240 423 727 450">Section 421.05, Staff Duty to Report Misconduct</p> <p data-bbox="240 483 1485 573">1. Any employee, contractor, or volunteer who has any knowledge, suspicion, information or becomes aware of any alleged act of sexual abuse or sexual harassment by another employee, contractor, or volunteer is required to immediately report the knowledge, suspicion, or information to his or her immediate supervisor.</p> <p data-bbox="240 607 1477 696">A. In the event that the allegations of misconduct concern the employee, contractor or volunteer's immediate supervisor, the report should be made up the chain of command. The report of the alleged act of misconduct will not be referred to a employee, contractor, or volunteer who is the subject of the accusation.</p> <p data-bbox="240 730 1386 757">The NDOC PREA Manual outlines the requirements for the specialized training for medical and mental health staff.</p> <p data-bbox="240 842 477 869"><u>Substandard 115.35(a)</u></p> <p data-bbox="240 902 1458 992">The facility reported, via the PAQ, that it has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. There are 29 medical and mental health practitioners, who work regularly at this facility, who received the specialized training. This represents 100% of the staff.</p> <p data-bbox="240 1025 1477 1182">The audit team interviewed two medical staff and two mental health staff. These interviews were conducted on May 18 and May 21, 2021. All four staff indicated they have received specialized training through the NIC for medical and mental health practitioners. All indicated the training addressed how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p data-bbox="240 1216 1485 1305">The auditor was tasked with reviewing training records to verify that regular practitioners have been trained. The auditor was provided copies of training certificates for 20 of the 29 medical/MH staff. They were provided alphabetically, so I think they maxed out the number of files they were able to provide.</p> <p data-bbox="240 1339 1394 1397">The auditor was also provided with screen-prints from PREA on-line training for medical/mental health staff which is sponsored by National Institute of Corrections. All of the required components were included in the training.</p> <p data-bbox="240 1482 477 1509"><u>Substandard 115.35(b)</u></p> <p data-bbox="240 1543 1206 1570">The facility reported, via the PAQ, that medical staff at the facility do not conduct forensic exams.</p> <p data-bbox="240 1603 1493 1662">Through staff interviews, the audit team verified that facility medical staff do not conduct forensic medical examinations. They are conducted at the local community hospital.</p> <p data-bbox="240 1747 477 1774"><u>Substandard 115.35(c)</u></p> <p data-bbox="240 1807 1485 1865">The facility reported, via the PAQ, that it maintains documentation showing that medical and mental health practitioners have completed the required specialized training.</p> <p data-bbox="240 1899 1485 1989">The auditor was tasked with reviewing training records to verify that regular practitioners have been trained. The auditor was provided copies of training certificates for 20 of the 29 medical/MH staff. They were provided alphabetically, so it appears the facility maxed out the number of files they were able to upload.</p> <p data-bbox="240 2074 477 2101"><u>Substandard 115.35(d)</u></p> <p data-bbox="240 2134 1477 2161">The auditor was tasked with reviewing training records to verify that the general PREA training for all staff was completed by</p>

regular practitioners at the facility. Training records were reviewed for all of the random staff who were interviewed which included one medical staff. She had completed the general PREA training and the specialized training.

The facility has demonstrated substantial compliance with standard 115.35.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 999 297">Standard 115.41, Screening for Risk of Victimization and Abusiveness.</p> <p data-bbox="240 331 1461 389">The policy outlining screening Procedures is in AR 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act</p> <p data-bbox="240 423 1485 882">All inmates shall be assessed for their risk of being sexually abused by or abusive toward other inmates during an intake screening and upon transfer to another institution/facility. The PREA risk screening assessment tool is confidential. OP 573-PREA Screening and Classification, states A) initial screening should take place as soon as possible, but shall be completed within 72-hours of arrival at an institution or facility. Whenever possible, and consistent with the safety and security needs of the institution or facility, inmates are not to be housed together in two-person cells prior to PREA screening. A casenote (PREA-Intake Assessment) will be generated to document said action. A corresponding NOTIS alert will be entered on all known victims (PREA-High risk of sexual victimization) and all known predators (PREA-High risk of sexual abusiveness). B) Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, a Correctional Caseworker will reassess the inmate's risk of victimization or potential for abusiveness toward other inmates based upon any additional relevant information which may have been received since the initial screening. C) Transgender/Intersex inmates will be reassessed at each 6-month regular review and a casenote (PREA-Special Referral Assessment) will be entered to document said action. D) Inmates will be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of being sexually victimized or being sexually abusive. A casenote (PREA-Special Referral Assessment) will be generated reflecting this assessment.</p> <p data-bbox="240 916 1477 1072">If during a PREA Risk Assessment it is learned that an inmate has been found guilty of a MJ19 – Sexual Assault and/or is a known inmate-on-inmate abuser, the PREA Compliance Manager or Associate Warden must be notified immediately. If this is the first instance where an inmate's guilty MJ19 and/or known inmate-on-inmate abuse is being reported, the PREA Compliance Manager will refer the inmate to mental health within 60 days for purposes of obtaining a mental health evaluation and treatment when deemed appropriate by mental health practitioners.</p> <p data-bbox="240 1106 684 1133">AR 573, PREA Screening and Classification</p> <p data-bbox="240 1167 759 1193">Section 573.01, PREA Screening and Classification</p> <ol data-bbox="240 1227 1453 1285" style="list-style-type: none"> 1. All inmates shall be assessed for their risk of being sexually abused by other inmates or sexually abusive toward other inmates in accordance with Federal PREA standards. <ol data-bbox="240 1319 1477 1680" style="list-style-type: none"> A. Initial screening should take place as soon as possible, but shall be completed within 72 hours of arrival at an institution or facility, excluding holidays. Whenever possible, and consistent with the safety and security needs of the institution or facility, inmates are not to be housed together in two-man cells prior to PREA screening. B. Within 30 days from the inmate's arrival at the facility, a Correctional Caseworker will reassess the inmate's risk of victimization or potential for abusiveness toward other inmates based upon any additional, relevant information which may have been received since the initial screening. C. Inmates will be reassessed at each 6 month regular review. D. Inmates will be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of being sexually victimized or being sexually abusive. <ol data-bbox="240 1713 1414 1740" style="list-style-type: none"> 2. The PREA Risk Assessment will be used for all screenings and assessments and will include the following factors: <ul data-bbox="240 1774 1035 2134" style="list-style-type: none"> • Possible Victim Factors: • Whether the inmate has a mental, physical or developmental disability. • The age of the inmate. • The physical build of the inmate. • Whether the inmate has previously been incarcerated. • Whether the inmate's criminal history is exclusively nonviolent. • Whether the inmate has prior convictions for sex offenses.

- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
- Whether the inmate has previously experienced sexual victimization.
- The inmate's own perception of vulnerability.
- A transgender and/or intersex inmate's own views with respect to his/her safety shall be given serious consideration.
- Possible Aggressor Factors:
 - History of institutional violent behavior.
 - Any history of sexual abuse.
 - History of convictions for violent offenses.
 - History of correctional facility sexual abuse, which may include violations contained in AR 707 that are of a sexual nature.

Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked during assessments.

Confidentiality and Documents:

- Only medical, mental health and classification staff will have access to PREA documentation, unless a security incident dictates custody staff may need the information for safety and security of involved inmates or staff.
- Classification may share PREA information on case-by-case, need to know, basis to ensure safety and security of the institution and inmates.
- All PREA Risk Assessments will be completed by classification and stored in NOTIS upon completion. PREA Risk Assessments are considered confidential and may not be viewed by inmates.

Substandard 115.41(a)

The facility reported, via the PAQ, that it has a policy requiring screening, upon admission to a facility or transfer to another facility, for risk of sexual abuse victimization or sexual abusiveness toward other inmates.

Two casework staff, who perform screening for risk of victimization and abusiveness, were interviewed. Both indicated they complete the screening of inmates, upon admission to their facility, for risk of sexual abuse victimization and sexual abusiveness toward other inmates.

Of the 32 random inmate interview protocols completed, 14 of the inmates had arrived at the institution within the last 12 months. Of those 14, 11 indicated they had been asked the PREA risk screening questions, one did not remember being asked, and two indicated they were not asked. Of the 11, seven indicated the screening was completed on the day they arrived, one indicated it was the next day, one indicated it was about 2 weeks later, one indicated it was about 3 weeks later, and one did not answer the question.

During the on-site portion of the audit, the auditor reviewed the risk screening form that is utilized and observed intake for four inmates who arrived to FMWCC. Two were from county jails and two were return to custody. The risk screening was completed within 2 hours of these inmates arriving at FMWCC.

The auditor was provided with the NDOC 2097, PREA Risk Assessment form (paper version).

Substandard 115.41(b)

The facility reported, via the PAQ, that policy requires inmates to be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. In the past 12 months, 113 inmates entering the facility, whose length of stay in the facility was for 72 hours or more, were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

The two staff interviewed indicated they generally conduct the risk screening the day the inmate arrives, unless it is later in the evening, then they would complete it the next morning.

Of the 11 inmates interviewed, seven indicated the screening was completed on the day they arrived, one indicated it was the next day, one indicated it was about 2 weeks later, one indicated it was about 3 weeks later, and one did not answer the question.

The auditor was tasked to review records for inmates admitted to the facility within the past 12 months for evidence of appropriate screening. Fifteen inmate files were reviewed. One of the inmates has been at FMWCC since before PREA was implemented and she did not have a risk screening completed. Of those remaining 14, 13 received their initial screening within the required 72 hours.

Substandard 115.41(c)

The facility reported, via the PAQ, that the risk assessment is conducted using an objective screening instrument.

The auditor was provided with a blank example of the risk screening tool. It contained all required components. Completed screening tools are maintained in NOTIS.

Substandard 115.41(d)

The auditor was provided with a blank example of the risk screening tool. It contained all required components.

The two staff interviewed indicated the risk assessment form is automated in NOTIS. They go through it with the inmate and input the inmate's answers to the questions. Some of the answers to the questions can be found in the inmate's file. This process is completed when the inmate gets off the bus. They are in the dayroom of unit 10. They are shown the PREA video, fitted for their clothing, interviewed by medical and mental health staff, and interviewed by the caseworker, where the PREA risk screening is completed, and they are given written materials related to PREA.

AR 573, PREA Screening and Classification, outlines the factors for potential victims and potential aggressors. They are detailed on page 2 of the policy.

Substandard 115.41(e)

The two staff interviewed indicated the risk assessment form is automated in NOTIS. They go through it with the inmate and input the inmate's answers to the questions. Some of the answers to the questions can be found in the inmate's file. This process is completed when the inmate gets off the bus. They are in the dayroom of unit 10. They are shown the PREA video, fitted for their clothing, interviewed by medical and mental health staff, and interviewed by the caseworker, where the PREA risk screening is completed, and they are given written materials related to PREA.

Substandard 115.41(f)

The facility reported, via the PAQ, that policy requires the facility to reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. In the past 12 months, 557 inmates entering the facility were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival.

The two caseworkers interviewed indicated they reassess the inmate's risk level as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that could change the risk level. The second reassessment typically happens between 21-30 days of arrival. The auditor was informed that some cases were delayed due to the COVID-19 quarantine requirements.

Of the 32 random inmate interview protocols completed, 14 inmates indicated they had arrived at the facility within the last 12 months. Of those 14, eight indicated a follow-up had occurred. Two indicated they were not sure or couldn't remember, and four indicated no follow-up had been done. Of the eight who indicated follow-up, six stated it happened within a month of their arrival and two couldn't remember.

The auditor was tasked to review records of initial assessment and reassessment for risk of sexual victimization or abusiveness. The auditor reviewed files for the inmates who were selected for random interviews. Fifteen inmate files were reviewed. One of the inmates has been at FMWCC since before PREA was implemented and she did not have a risk screening completed. Of the remaining 14, 13 inmates received their follow-up screening within the required 30 days.

Substandard 115.41(g)

The facility reported, via the PAQ, that policy requires an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

The two caseworkers interviewed indicated they reassess the inmate's risk level as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that could change the risk level. The second reassessment typically happens between 21-30 days of arrival. The auditor was informed that some cases were delayed due to the COVID-19 quarantine requirements.

The auditor reviewed two examples of inmates who were reassessed for risk of sexual victimization or abusiveness.

Substandard 115.41(h)

The facility reported, via the PAQ, that policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding:

- Whether or not the inmate has a mental, physical, or developmental disability
- Whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming
- Whether or not the inmate has previously experienced sexual victimization
- The inmate's own perception of vulnerability

Both caseworkers interviewed indicated that inmates are not disciplined for refusing to respond to risk screening questions or for not disclosing completed information.

Substandard 115.41(i)

During her interview, the PREA Coordinator indicated that the agency has implemented controls of what staff can have access to the information gathered on the risk assessment screening. The staff who are authorized access include classification staff, and executive staff. The process creates an alert, which all staff can view.

The PCM indicated, during her interview, that the agency has determined that classification staff, associate wardens, and the Warden can access the risk screening information.

Both caseworkers who were interviewed indicated that the agency has outlined who can have access to the risk screening information. It is casework staff and above who need to have access to the information.

The facility has demonstrated substantial compliance with standard 115.41.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Standard 115.42, Use of Screening Information.</p> <p>The policy outlining the use of screening information is in AR 573, PREA Screening and Classification</p> <p>Section C, PREA Designations</p> <p>(1) The results of the NDOC approved PREA Risk Assessment will determine the PREA designations and will be considered in classification and placement decisions.</p> <p>Section 573.01, PREA Screening and Classification</p> <p>1. All inmates shall be assessed for their risk of being sexually abused by other inmates or sexually abusive toward other inmates in accordance with Federal PREA Standards.</p> <p>Section 573.02, Housing and Placement based on PREA Classification.</p> <p>1. Staff shall use information from the risk assessment to make informed housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Staff shall make individualized determinations about how to ensure the safety of each inmate.</p> <p>2. At no time will a known victim and a known aggressor be housed together in a 2-man cell.</p> <p>3. A possible victim and a possible aggressor should not be housed together unless necessary.</p> <p>4. Non-victims and non-aggressors may be housed with any other category, subject to individual case factors.</p> <p>Institutional Placement based on Gender Identity</p> <p>1. In deciding whether to assign a transgender or intersex inmate to a facility/institution for male or female inmates, and in making other housing and programming assignments, the agency shall consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security risks. Reference should also be made to Administrative Regulation 494. The following factors will be taken into account for housing and programming:</p> <p>a. A transgender or intersex's own views with respect to his or her own safety;</p> <p>b. Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates; and</p> <p>c. Lesbian, gay, bisexual, transgender, or intersex inmates will not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status.</p> <p>2. A classification review committee consisting of a certified medical/mental health practitioner, Inspector General's Office, PREA management team member, and a designated staff member from Offender Management will determine appropriate institutional placement of a transgender or intersex inmate based on the review.</p> <p>a. The classification review committee will conduct an individual assessment based upon their specific area of expertise, knowledge, and control.</p> <p>b. All documentation, information, and recommendations of the review committee are confidential and will be maintained in a secure location.</p> <p>Section 573.03 Housing and Placement Based on PREA Classification</p> <p>1. Staff shall use information from the risk assessment to make informed housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Staff shall make individualized determinations about how to ensure the safety of each inmate.</p> <p>AR 494, Transgender and Intersex Inmates, was approved in February 2020. It outlines the agency expectation on addressing the needs of transgender and intersex inmates.</p> <p><u>Substandard 115.42(a)</u></p>

The facility reported, via the PAQ, that it uses information from the risk screening required by 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

The auditor was tasked to review documentation of use of screening information for these purposes. The auditor was provided with a summary of the process. It references AR 503, the auditor requested and received a copy. This document provides clarification of the process for the auditor.

The PCM indicated, during her interview, that inmates known to be victims or aggressors are not housed together. Also, they make every attempt to not house "possible victims" with "possible aggressors". While in intake, they are housed only with the individuals who they arrived with. For example, if the bus dropped off six inmates. Those six would only be housed individually (based on risk screening or other critical case factors) or with each other.

The two caseworkers interviewed indicated the information gathered during the risk screening process is utilized to determine appropriate housing and program assignments. It can also be used to address safety or security concerns.

Substandard 115.42(b)

The facility reported, via the PAQ, that it makes individualized determinations about how to ensure the safety of each inmate.

The two caseworkers interviewed indicated the information gathered during the risk screening process is utilized to determine appropriate housing and program assignments. It can also be used to address safety or security concerns.

Substandard 115.42(c)

The facility reported, via the PAQ, that it makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis.

The PCM indicated, during her interview, that they work with the inmate to try and identify a good match to house with them. She further indicated the agency consider whether the placement will ensure the inmate's health and safety and whether the placement would present management or security problems.

Four inmates were interviewed. One identified as transgender and 3 identified as lesbian. Three of these inmates indicated they were asked about their safety and one indicated that staff did not ask questions about safety upon arrival. The auditor reviewed the risk screening that was completed for this inmate and noted that the inmate did not express any concerns for their safety. In addition, the auditor reviewed the housing record for this inmate and noted that the inmate had been housed in a variety of different locations and in different programs. The inmate was in segregated housing at the time of our visit, due to a disciplinary issue. I spoke to the Warden and suggested he consider temporary single-cell housing upon release from segregation and allow the inmate to identify a compatible cell partner. The Warden indicated he would consider my recommendations.

Substandard 115.42(d)

The PCM indicated, via the PAQ, that placement and programming assignments for transgender and intersex inmates are evaluated at least once every six months or less, if needed.

Both caseworkers indicated, during their interviews, that housing and program assignments for transgender and intersex inmates are reassessed two times a year for any threats to safety being experienced by the inmate.

The auditor was tasked to review documentation of reassessment of programming assignments for each transgender or intersex inmate in compliance with the standard. Two examples were provided.

AR 573 states that transgender/Intersex inmates will be reassessed every six (6) months for placement and programming needs.

Substandard 115.42(e)

The PCM indicated, during her interview, that transgender and intersex inmate's view with respect to their own safety are

given serious consideration when making housing and programming decisions.

Both caseworkers interviewed indicated that all inmate's views of their own safety are given serious consideration. This includes inmates who are transgender or intersex.

Substandard 115.42(f)

The PCM indicated, during her interview, that all showers are single showers, and all have a door or curtain on the front on them. If requested, the transgender inmate can shower at a separate time from other inmates.

Both caseworkers indicated, during their interviews, that transgender and intersex inmates are given the opportunity to shower separately from other inmates. All showers are individual with either doors or curtains over the front of them.

The LGBTI offender that were interviewed indicated that all of the housing units have individual shower stalls, but some of them are not as high as others.

During the facility tour, the audit team noted that all housing units have individual shower stalls for inmates to use. Some of them have tall doors and other are not quite as tall. All provided the required modesty.

Substandard 115.42(g)

The PREA Coordinator stated, during her interview, that the facility does not use dedicated areas to house lesbian, bisexual, transgender, or intersex inmates. Housing assignments are based on the totality of the inmate's case factors.

The PCM indicated, during her interview, that the facility is not subject to any a consent decrees, legal settlements, or legal judgments requiring them to establish dedicated facilities, units, or wings to house lesbian, gay, bisexual, transgender, or intersex (LGBTI) inmates.

Of the four inmates interviewed, all indicated they are not in a housing area designated only for LGBTI inmates.

The auditor did not receive any consent decree, legal settlement, or legal judgement requiring a facility to establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmates. In addition, the auditor was provided with three examples of housing assignments of inmates identified to be LGBTI for compliance with the standard. All were compliant.

During the tour, the auditor did not identify any facilities, units or wings identified to exclusively house LGBTI inmates.

The facility has demonstrated substantial compliance with standard 115.42.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 643 297">Standard 115.43, Protective Custody.</p> <p data-bbox="240 331 1334 358">The policy outlining protective custody for PREA allegations is in AR 573, PREA Screening and Classification</p> <p data-bbox="240 389 772 416">Section 573.03, Segregation of Inmates under PREA</p> <ol data-bbox="240 445 1484 1323" style="list-style-type: none"> <li data-bbox="240 445 1484 674">1. Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and it has been determined that there are no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing no more than 24 hours while completing the assessment. This assessment will determine if an immediate institutional bed move will alleviate the issue. If not, the inmate will be given a Notice for Placement in Administrative Segregation and will be seen by the Caseworker within 72 hours to determine the appropriate placement of the inmate. This review will include a reassessment using the PREA Risk Assessment instrument. <li data-bbox="240 703 1484 969">2. Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: <ol data-bbox="240 826 686 969" style="list-style-type: none"> <li data-bbox="240 826 686 853">A. The opportunities that have been limited; <li data-bbox="240 884 686 911">B. The duration of the limitation; and <li data-bbox="240 943 686 969">C. The reasons for such limitations. <li data-bbox="240 1001 1484 1059">3. The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. <li data-bbox="240 1090 1484 1234">4. If an involuntary segregated housing assignment is made, the facility shall clearly document: <ol data-bbox="240 1149 967 1234" style="list-style-type: none"> <li data-bbox="240 1149 967 1176">A. The basis for the facility's concern for the inmate's safety; and <li data-bbox="240 1207 967 1234">B. The reason why no alternative means of separation can be arranged. <li data-bbox="240 1265 1484 1323">5. Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. <p data-bbox="240 1408 477 1435"><u>Substandard 115.43(a)</u></p> <p data-bbox="240 1467 1484 1628">The facility reported, via the PAQ, that policy prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. There have been no inmates, identified to be at risk of sexual victimization, who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment.</p> <p data-bbox="240 1659 1484 1753">The Warden indicated, during this interview, that agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined that, there are no available alternative means of separation from potential abusers.</p> <p data-bbox="240 1785 1484 1843">The auditor reviewed documentation of housing assignments of inmates at high risk of sexual victimization and noted none had been placed in segregated housing.</p> <p data-bbox="240 1928 477 1955"><u>Substandard 115.43(b)</u></p> <p data-bbox="240 1986 1484 2116">One staff member who supervises inmates in segregated housing was interviewed on 5/18/21. He indicated that when inmates are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they have limited access to programs, privileges, education and work opportunities. He stated if access is restricted, the staff document what opportunities have been restricted, the duration and reasons for the restrictions.</p>

There was an interview protocol for Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse); however, there were no inmates who met this criteria, so there were no interviews completed.

During the on-site portion of the audit, the auditor reviewed housing information of inmates currently assigned in segregation and did not identify any who were in there due to potential victimization concerns.

During the review period, there have been no inmates placed in involuntary segregated housing based on a high risk for sexual victimization; therefore, there was no documentation of in-cell and out-of-cell programs, privileges, education, and work opportunities for inmates in segregated housing to be reviewed.

Substandard 115.43(c)

The facility reported, via the PAQ, that in the past 12 months, there have been no inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.

The Warden indicated, during his interview, that his staff only assigned inmates, who have been identified to be at high risk for sexual victimization, to involuntary segregated housing if no other alternative means of separation from likely abusers can be arranged. He indicated this would be a very rare circumstance and that if it happened, it would likely be for only one night.

The staff member who was interviewed indicated that inmates who are placed in involuntary segregated housing are only kept there until an alternate means of separating them from the potential abuser can be identified. He indicated it is typically less than 7 days. He further indicated that they have not had any cases that required placement in involuntary segregated housing in the last two years.

There was an interview protocol for Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse); however, there were no inmates who met this criteria, so there were no interviews completed.

During the review period, there have been no inmates placed in involuntary segregated housing based on a high risk for sexual victimization; therefore, there was no documentation of placement in segregated housing for those at risk of sexual victimization to verify that: 1) Inmates are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged; and 2) Inmates are placed in involuntary segregated housing for a period that does not ordinarily exceed 30 days.

Substandard 115.43(d)

The facility reported, via the PAQ, that there were no case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months.

There were no case files of inmates at risk of sexual victimization held in involuntary segregated housing in the past 12 months; therefore, there were no files to review.

Substandard 115.43(e)

The facility reported, via the PAQ, that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

There have been no inmates placed in segregation due to PREA victimization concerns.

The staff member indicated that once an inmate is assigned to involuntary segregated housing, the facility would review the housing assignment at least once every 30 days to determine if alternative housing is available.

There was an interview protocol for Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse); however, there were no inmates who met this criteria, so there were no interviews completed.

The facility has demonstrated substantial compliance with standard 115.43.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 624 297">Standard 115.51, Inmate Reporting.</p> <p data-bbox="242 331 1493 456">The policy outlining inmate reporting is in AR 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and PREA. Policy requires the facility to provide multiple internal ways for offenders to privately report sexual abuse/harassment, retaliation by other offenders or staff for reporting sexual abuse/harassment, and staff neglect or violations of responsibilities that may have contributed to such incidents.</p> <p data-bbox="242 490 1461 582">Policy further mandates the facility to provide at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward offender reports of sexual abuse/harassment to agency officials, allowing the offender to remain anonymous upon request.</p> <p data-bbox="242 616 1461 741">Policy also requires staff to accept reports made verbally, in writing, anonymously, and from 3rd parties and to promptly document any verbal reports. Policy mandates the facility to provide a method for staff to privately report sexual abuse and sexual harassment of offenders. This is accomplished through the chain of command or by contacting the FMWCC PREA Compliance Manager.</p> <p data-bbox="242 775 1477 866">The standard requires that offenders detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the department of homeland security. Through discussion with the PREA Coordinator, NDOC does not house offenders solely for civil immigration reasons.</p> <p data-bbox="242 949 475 976"><u>Substandard 115.51(a)</u></p> <p data-bbox="242 1010 1485 1102">The facility reported, via the PAQ, that it has established multiple internal ways for inmates to report privately to agency officials about sexual abuse or sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="242 1135 1453 1193">The auditor was tasked to review relevant documentation on inmate reporting policies. She reviewed policy, posters, and other written materials, and the form utilized to make reports to the outside agency.</p> <p data-bbox="242 1227 1493 1319">There were 16 random staff interviewed. They indicated that inmates can privately report allegations of sexual abuse, sexual harassment, or retaliation in a variety of ways. These include kiosk, on-line reporting, tell family, call the hotline, tell staff, drop a kite or file a grievance.</p> <p data-bbox="242 1352 1477 1478">A total of 32 random inmate interview protocols were completed. Of those, 20 inmates provided multiple ways to make a report. Some of these included, call the hotline, file a grievance, tell a staff member that you trust, and send a kite to the caseworker. Three inmates indicated they would not tell staff or specifically an officer because they do not trust staff to help them. Nine inmates did not answer this question.</p> <p data-bbox="242 1512 1485 1570">During the tour, the auditor noted that there are PREA posters and emotional support posters in almost every area where we went. They are available in English and Spanish.</p> <p data-bbox="242 1603 1493 1760">NDOC 2096-2, PREA Comprehensive Education Information sheet was provided with the PAQ. The form states the following: An inmate may report incidents of sexual assault/abuse/harassment to any employee by informing a staff member in any manner available to him, verbally or in writing. All of the following should be reported: Inmate-on-inmate sexual assault, inmate-on-inmate sexual harassment, inmate-on-inmate sexual abuse, staff-on-inmate sexual assault, staff-on-inmate sexual harassment, and staff-on-inmate sexual abuse.</p> <p data-bbox="242 1794 1445 1852">PREA Education and Information Sheet was also provided to the auditor. It also contains a lot of good information. This document is provided to inmates during the intake process.</p> <p data-bbox="242 1935 475 1962"><u>Substandard 115.51(b)</u></p> <p data-bbox="242 1995 1477 2054">The facility reported, via the PAQ, that the agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency.</p> <p data-bbox="242 2087 1453 2145">The auditor reviewed the agreement with New Mexico Corrections Department who is responsible for taking reports. The agreement is in effect until June, 2021.</p>

The PCM indicated, during her interview, that they have an agreement with the New Mexico Corrections Department to provide a way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. She stated they have developed a form that can be picked up in the law library; however, inmates are not required to use the form. The allegation can be sent anonymously.

Thirty-two random inmate interview protocols were completed. Of those, 28 inmates indicated they could tell someone outside of the agency about the sexual abuse or harassment, who could report on their behalf. Two inmates indicated they could not report to anyone outside of the NDOC, two did not answer the question. Of the 28 inmates, 13 did not provide any examples. The remaining 15 indicated family, friends, their lawyer, and the Inspector General. None of the inmates interviewed mentioned they could contact New Mexico Corrections Department, which is the agency who NDOC has established to accept reports. When asked about not being required to leave their name when making a report, 26 indicated they could make a report without leaving their name. One inmate indicated she could not make a report without leaving her name and five inmates indicated they were not sure.

During the facility tour, the auditor noted that the required information is contained on the PREA posters.

The agency does not detain offenders strictly for civil immigration purposes. Also reviewed the scope of work developed between NDOC and NMCD to act as a third party to receive report/allegations from NDOC inmates. The form used to submit information to NMCD was also provided with the PAQ.

Substandard 115.51(b)

The facility reported, via the PAQ, that it has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports immediately. All documentation must be input before the end of shift.

The auditor reviewed relevant documentation on inmate reporting including those made from verbal reports. These were included in the investigatory files.

Sixteen random staff were interviewed. They indicated that inmates are able to report allegations or retaliation verbally or in writing. Staff must report it to shift command and document the information that was shared with them. Some indicated they document it in an e-mail and others said they document it in NOTIS. Most staff indicated they would complete the documentation as soon as they are able but definitely before the end of their shift.

Thirty-two random inmate interview protocols were completed. Of those, 28 inmates indicated they can make a report of sexual abuse or sexual harassment either in person or in writing. One inmate indicated she could not make a report either in person or in writing; one indicated that filing a grievance is seen as snitching, one indicated she could not write and one inmate did not answer the question. Of the 28 inmates who indicated they can make a report either verbally or in writing, all also indicated that someone else could make a report on their behalf, to allow them to remain anonymous.

Substandard 115.51(d)

The facility reported, via the PAQ, that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. They can tell their supervisor, can send info to NMCD, or report on the IG's website. Staff are informed of these procedures via the NDOC website.

The auditor was tasked to review relevant documentation on staff reporting. It is in the PREA lesson plan and on the NDOC website, not specifically for staff – anyone can report.

A total of 16 random staff were interviewed. Staff indicated that they can privately report by telling the shift supervisor, calling the hotline, or by reporting through the on-line system.

The facility has demonstrated substantial compliance with this standard.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.52, Exhaustion of Administrative Remedies.</p> <p>The policy outlining inmate grievances of sexual abuse is in AR 740, Inmate Grievance Process.</p> <p>Section 740.03, Grievance Issues</p> <ol style="list-style-type: none"> 1. Inmates may use the Inmate Grievance Procedure to resolve addressable inmate claims including, but not limited to, personal property, property damage, disciplinary appeals, personal injuries, and any other tort claim or civil rights claim relating to conditions of institutional life. 2. All allegations of inmate abuse by Department staff, employees, agents or independent contractors, shall be immediately reported to the AWA's, the Warden and the Inspector General's Office, in accordance with investigator guidelines via the NOTIS reporting system. <ol style="list-style-type: none"> A. Any third party reporting of sexual abuse against an inmate will be referred to the Warden or designee for entry into the NOTIS reporting system. B. The alleged victim will be interviewed to ascertain if he/she agrees to pursue administrative remedies, which will be documented within the NOTIS system. C. Any portion of a grievance that does not indicate an allegation of sexual abuse will have to meet the criteria listed in this section of the AR. 3. Only inmate claims arising out of, or relating to, issues within the authority and control of the Department may be submitted for review and resolution. Non-grievable issues include: <ol style="list-style-type: none"> A. State and federal court decisions. B. State, federal and local laws and regulations. C. Parole Board actions and/or decisions. 4. Claims for which the inmate lacks standing will not be accepted, included, but not limited to: <ol style="list-style-type: none"> A. Filing a grievance on behalf of another inmate unless the inmate is so physically or emotionally handicapped as to be incapable of filing a grievance, and with the other inmate's approval, or in the case(s) of any third party reporting of Sexual Abuse. B. The inmate filing the grievance was not a direct participant in the matter being grieved, except a third party allegation of sexual abuse. <p>Section 740.10, Emergency Grievance Procedure</p> <ol style="list-style-type: none"> 1. An Emergency Grievance (Form DOC-1564) received by any staff member shall be immediately delivered to the shift supervisor no later than is reasonable and necessary to prevent serious injury or a breach of security. 2. Any emergency grievance alleging that an inmate is subject to substantial risk of imminent sexual abuse shall be immediately forwarded to the highest ranking staff member on duty so that corrective action may be taken immediately. <ol style="list-style-type: none"> A. The inmate shall receive a response to the emergency grievance within 48 hours, with a final facility decision about whether the inmate is in substantial risk of imminent sexual abuse within 5 calendar days. B. The initial response, final decision and the action taken in response to the emergency grievance will be documented. Action taken can include, but not be limited to: <ol style="list-style-type: none"> (1) Refer the information to the Inspector General's Office; (2) Afford the inmate appropriate medical, mental health care; and (3) Address any safety considerations. <p>2. The shift supervisor may confer with the on duty medical staff, Warden or Associate Warden and, if necessary, the DDs, to determine whether the grievance constitutes an emergency.</p>

3. The highest-ranking staff member on duty, with the aid of an authorized Department official, shall immediately take any corrective measures necessary to prevent a substantial risk of injury or breach of security.
4. The Department official receiving the Emergency Grievance should respond to the filing inmate no later than is necessary to prevent serious injury or a breach of security.
5. In the event the inmate requests further review of a claim not deemed an emergency, the inmate may file a grievance appeal commencing at the Informal Level.
6. A copy of the emergency grievance will be forwarded to the Grievance Coordinator for entry into OITS/NOTIS for processing and tracking purposes.

FMWCC OP 740, Inmate Grievances

Section 740.04 PREA Grievances

1. All allegations of sexual abuse will be referred to the Inspector General's office for investigation via the first level grievance.
2. Allegations of staff misconduct will also be referred if deemed appropriate by the Warden.
3. When an issue goes directly to the first level, the inmate shall file an informal grievance form for tracking purposes only. Inmates are not required to use the informal grievance process (or to otherwise attempt to resolve with staff) to report an alleged incident of sexual abuse.
4. At any time an inmate may file an Emergency Grievance for issues involving substantial risk of imminent sexual abuse. All PREA Emergency Grievances alleging substantial risk of imminent sexual abuse shall be forwarded to the highest ranking staff member on duty so that corrective action may be taken immediately.
5. A decision will be made immediately or within one (1) hour of receipt of the PREA Emergency Grievance. The person responding to the Emergency Grievance shall speak with the inmate and document any corrective action that was made or taken using the NOTIS reporting system. All actions should afford inmates access to medical/mental health services.
6. All PREA Emergency Grievances will be referred to the Associate Warden or PREA Compliance Manager for follow up within 2 days of receipt of the Emergency Grievance.
 - A. The Associate Warden or PREA Compliance Manager will ensure that the incident has been referred for investigation and that the inmate has been afforded appropriate medical, mental health and safety considerations.
7. An inmate may not be disciplined for filing a grievance related to alleged sexual abuse unless the Department has demonstrated that the inmate filed the grievance in bad faith.

Substandard 115.52(a)

The facility reported, via the PAQ, that it has an administrative procedure for dealing with inmate grievances regarding sexual abuse.

The acting grievance coordinator indicated the facility has a procedure that allows inmates to file a complaint. The process is outlined in policy and is found for the Agency in AR 740 and for the institution, in OP 740.

A copy of the grievance log was provided that covered the period July 31, 2019 through July 31, 2020. The auditor reviewed the log to confirm that one grievance was filed to make an allegation of sexual abuse.

Substandard 115.52(b)

The facility reported, via the PAQ, that policy allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Policy does not require an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Through the interview with the acting grievance coordinator, the auditor was told that the inmate may get a grievance form from any staff member or from the law library. The auditor noted, while touring the law library, that there are inmates assigned in the law library who are responsible to distribute any requested forms.

The auditor reviewed the inmate handbook to determine that relevant information regarding appeals is included. The handbook refers inmates to the AR & Institutional OP for detailed information.

Substandard 115.52(c)

The facility reported, via the PAQ, that policy allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Policy also requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

The auditor reviewed the inmate handbook to determine that relevant information regarding appeals is included. The handbook refers inmates to the AR & Institutional OP for detailed information.

Substandard 115.52(d)

The facility reported, via the PAQ, that policy requires a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months, there was one grievance filed that alleged sexual abuse. That grievance reached final decision within 90 days of being filed. There were no grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days. The agency will notify the inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made.

The auditor reviewed the grievance log and did not identify any grievance which required an extension. Since no extensions were granted, there was no documentation of written notifications of extensions to an inmate.

The acting grievance coordinator indicated that inmates can submit their grievances by placing them in the grievance box in the main hallway. She and the grievance coordinator are the only two people who have keys to that box. Grievances are retrieved from that box once each work day.

Only one of the four allegations was filed via the grievance process. She indicated that she has not received a response to her grievance but knows that she is supposed to. She stated she was not aware of the timeframes associates with PREA grievances.

The auditor was tasked to review any grievance that alleged sexual abuse and their final decision. This was discussed with the acting Grievance Coordinator. She indicated the grievance is removed from the grievance process and referred to the IG for investigation. The inmate is informed the grievance is partially granted and has been referred for consideration of investigation. This process was confirmed with the one grievance that was submitted.

Substandard 115.52(e)

The facility reported, via the PAQ, that policy permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. Policy also requires that if the inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. There were no grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline.

The auditor was tasked to review documentation of third-party reports and declination of third party assistance. There were no instances where the inmate declined 3rd party assistance.

Substandard 115.52(f)

The facility reported, via the PAQ, that there is an established policy for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The policy for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The policy for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five calendar days. There were no grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months.

The acting grievance coordinator indicated that when she identifies a grievance that is PREA related she takes it immediately to her supervisor. From there, it is reviewed to determine if it is an emergency or if it will follow the normal referral process to the IG.

The auditor reviewed the grievance log and did not identify any PREA related emergency grievances filed during the review

period.

Substandard 115.52(g)

The facility reported, via the PAQ, that it has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. In the past 12 months, there were no inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith.

The facility has demonstrated substantial compliance with standard 115.52.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1038 297">Standard 115.53, Inmate Access to Outside Confidential Support Services.</p> <p data-bbox="240 329 1418 387">The policy outlining inmate access to outside confidential support services is in the NDOC PREA Manual and AR 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and PREA.</p> <p data-bbox="240 418 1481 546">AR 421 mandates each facility to provide offender access to outside victim advocates for emotional support services related to sexual abuse by providing offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, or local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies.</p> <p data-bbox="240 577 1490 672">Policy mandates each facility to inform offenders prior to giving them access, of the extent to which such communications will be confidential or monitored and to the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. This is completed in committee meetings.</p> <p data-bbox="240 701 1477 795">Policy further requires the facility to maintain or attempt to enter into an MOU or other agreements with community service providers that are able to provide offenders with confidential emotional support services related to sexual abuse. The facility maintains copies of agreements and provided copies to the auditor for review.</p> <p data-bbox="240 824 459 851">NDOC PREA Manual</p> <p data-bbox="240 882 1469 1111">Inmate access to outside confidential support services: 1) The Department provides inmates (via MOU) information for emotional support services on sexual abuse and how to access outside victim advocates through use of posters, flyers and handouts that includes the mailing address and telephone numbers of available, local, State or national victim advocacy and/or rape crisis organizations. a) The communication between inmates and the outside victim advocacy or rape crisis organization is confidential and only available on a need to know basis by IG PMT staff. b) Information about the level of confidentiality of the communication between inmates and the outside advocacy or rape crisis center will be provided to the inmates prior to accessing by the inmate.</p> <p data-bbox="240 1198 477 1225"><u>Substandard 115.52(a)</u></p> <p data-bbox="240 1256 1465 1384">The facility reported, via the PAQ, that it provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by providing inmates with mailing addresses and telephone numbers (including toll-free numbers where available) for local, state, or national victim advocacy or rape crisis organizations and enabling reasonable communication between inmates and these organizations in as confidential a manner as possible.</p> <p data-bbox="240 1415 1473 1509">The auditor reviewed written materials prepared for inmates pertinent to accessing support services. They included Victim Advocacy and Support posters in English and Spanish, the labels that are put on the inmate phones, and the Stop Living in Silence pamphlet in English.</p> <p data-bbox="240 1541 1473 1632">These questions were posed to 21 random inmates. Of those 21, 14 responded that services for dealing with sexual abuse are available outside of the facility if they needed them. Two inmates indicated they did not know if services were available outside the institution, two stated services were not available outside the institution, and three did not answer the question.</p> <p data-bbox="240 1641 1485 1834">When asked about the kinds of services provided, 11 provided a response and eight were unsure what types of services are offered. When asked if the facility provides contact information for these outside services, 17 inmates indicated contact information is provided by the institution, two did not answer the question and one indicated she was not sure, as she has never really studied the posters where the information is located. 13 inmates indicated they could contact these services through the inmate phone system and access to the phones varied based on the inmate's housing. Five inmates did not answer this question and one inmate indicated she didn't know.</p> <p data-bbox="240 1865 1493 1993">The four inmates who were interviewed indicated that the facility provides mailing addresses and telephone numbers for outside support services. The information is on the posters. The services offered would be counseling and support and all believed the numbers were free to call from the inmate pay phones. Two indicated they weren't sure when they could access the services and two indicated they could call from the pay phones.</p> <p data-bbox="240 2024 1445 2116">The auditor noted, during the facility tour, that the information about these services was posted in every housing unit and almost every other location which we toured. In addition, the telephone number is on a sticker which is on the top of the inmate pay phones.</p>

Substandard 115.53(b)

The facility reports, via the PAQ, it informs inmates, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosure of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

A total of 19 inmates were asked this question. 12 inmates indicated that the information they share with these providers would remain confidential except for some circumstances. The inmates were not able to provide circumstances when the information could be given to others. Seven inmates were not sure if the information they provided to these individuals would remain private.

Two of the inmates didn't answer this question. The other two indicated they can talk with these people in a confidential manner. One indicated that she felt the information could be listened to by others and one said she wasn't sure because the paperwork said it was not recorded. She felt the only time they could say something to someone else was if she gave them permission.

The auditor noted, during the facility tour, that the area by each inmate telephone had a stencil painted that stated "All calls are recorded". The institution was asked to modify or eliminate this, and the stencil was painted over before the conclusion of the on-site portion of the audit.

Substandard 115.53(c)

The facility reported, via the PAQ, that it maintains MOUs or other agreements with community service providers who are able to provide inmates with emotional support services related to sexual abuse. The agency or facility maintains copies of those agreements.

The agency is currently in the process of re-establishing an agreement with the Rape Crisis Center (RCC). A copy of the expired agreement was provided. A copy of the draft MOU was also provided. The PREA Coordinator provided a memo of updated information.

The auditor felt that even though several of the inmates interviewed didn't know about the outside support services, the information was readily available for them on posters and in other printed materials, should they be looking for it.

The facility has demonstrated substantial compliance with standard 115.53.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Standard 155.54, Third-Party Reporting.

The policy on third-party reporting is in AR 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and PREA

Staff will accept reports from any and all sources to include but not limited to: inmates, visitors, inmate family members, associates, and other community members. These individuals can privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Such reporting can include, but not limited to:

- o Verbal complaints to any Departmental employee
- o Written complaints, which may be made through the following processes:
 - Inmate grievances
 - o Grievances alleging staff on inmate sexual misconduct or inmate on inmate sexual abuse will be forwarded immediately to the PREA compliance manager and/or AW followed by a confidential report completed in NOTIS.
 - o A copy of the grievance will be forwarded to the PREA coordinator and Office of the Inspector General for review and investigation.
 - Inmate kites, written notes or letters to staff or administrators, and letter directed to the PREA coordinator or any member of the Inspector General's Office.
 - o NDOC Family Services Office by phone or email at info@doc.nv.gov
 - o Writing the Nevada Attorney General's Office
 - o Calling the internal PREA Hotline telephone number

Written documentation received by custody staff will be forwarded to the PREA compliance manager for retention after the allegation has been handled appropriately.

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The Department's IG PMT provides and shall maintain at least one method to receive third party reports of sexual abuse or sexual harassment on behalf of inmates.

Information related to the methods of reporting shall be maintained on the Department's public web site.

2. If a third party reporter expresses a fear of retaliation, the matter will be immediately reported to the IG office.
 - a. The IG office designee will make a NOTIS entry or append the original entry connected with the complaint.
 - b. The IG office designee will make contact with the third party reporter to ensure referral information to an outside law enforcement agency is provided and documented within the NOTIS entry.
 - c. The IG office designee will make contact, if applicable, with the Warden and/or PMT of the institution or facility wherein the inmate is housed or staff member works to assess the alleged retaliation.

Substandard 115.54(a)

The facility reported, via the PAQ, that it provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. Information on reporting is contained on the posters.

The agency and facility publicly distribute information on how to report inmate sexual abuse or sexual harassment on behalf of inmates by posting information on the agency website.

The facility has demonstrated substantial compliance with standard 115.54.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 847 297">Substandard 115.61, Staff and Agency Reporting Duties.</p> <p data-bbox="240 331 1461 389">The policy outlining staff reporting responsibilities is in AR 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and PREA, and AR 322, Employee Reporting Responsibilities.</p> <p data-bbox="240 423 1474 582">AR 421 mandates all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment that occurred in a facility, whether or not it is a part of the agency. This includes any retaliation against any offender or staff who reported such an incident and any staff neglect or violation of responsibilities which may have contributed to an incident or retaliation. Policy prohibits staff from revealing any information related to a sexual abuse report to anyone other if there is a need and right to know.</p> <p data-bbox="240 616 1485 705">Policy also requires medical and mental health practitioners to report sexual abuse pursuant to standard provision 115.61(a), and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services, unless precluded by federal, state, or local law.</p> <p data-bbox="240 739 1418 797">Policy mandates each facility to report all allegations of sexual abuse/harassment, including 3rd party and anonymous reports, to the facility's designated investigators.</p> <p data-bbox="240 831 320 857">AR 332</p> <p data-bbox="240 891 668 918">Section 332.01, Reporting Responsibilities</p> <ol data-bbox="240 952 1485 1041" style="list-style-type: none"> 1. Employees will make timely notifications to their supervisors, using the appropriate chain of command, concerning incidents, activities or events of immediate interest or concern within the jurisdiction of, or which impacts the Department and for which the employee has knowledge. Such incidents, activities or events include but are not limited to: <p data-bbox="240 1072 770 1099">N. PREA related occurrences or allegations of such;</p> <p data-bbox="240 1133 592 1160">Section 332.02 Report Preparation</p> <ol data-bbox="240 1193 1485 2139" style="list-style-type: none"> 1. Employees will formally document in written form using approved formats, incidents, activities, or events which take place within the jurisdiction of, or which impact the Department using the NOTIS Incidents and Offenses in Custody, Incident Detail data entry function. 2. Creation of the Preliminary Incident Detail Report in NOTIS will cause the Incident Detail Report (IR) number to be generated. <ol data-bbox="240 1400 1485 1758" style="list-style-type: none"> A. Institution/Facility administrators will designate staff members who are authorized to initiate the Preliminary Incident Detail Report and generate an IR number. B. Only one IR number should be generated per incident, activity or event. C. All involved staff members, inmates, and other person information should be included in the appropriate sections of the Incident Detail report. D. All sections of the Incident Detail Report screen should be completed, including all Incident Questions, and when relevant, all Use of Force questions, Staff and Offender Incident Detail questions. E. The Incident Detail narrative should consist of a brief summary of the incident, activity or event. 3. Each involved staff member should complete a Staff Report (DOC 028) using the NOTIS Staff Reports function for each incident, activity or event involving them, or for which they have relevant information. <ol data-bbox="240 1877 1485 2139" style="list-style-type: none"> A. The DOC Form 028 should be associated with the related Incident Detail Report IR number. B. Individual DOC Forms 028 should articulate in detail, information known to the employee concerning the relevant incident. C. If the NOTIS system is unavailable, employees should notify their supervisor and complete a hand written report, using the appropriate report format, and submit that to a supervisor for later input into NOTIS. D. Hand written reports should be used infrequently and only in unusual circumstances and must be entered into

NOTIS as soon as NOTIS becomes available.

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3. All Department staff has the affirmative duty to immediately report any retaliation against inmates or staff who reported any knowledge, suspicion, or information regarding an incident of inmate on inmate or staff/contractor/volunteer on inmate sexual abuse or inmate on inmate or staff/contractor/volunteer on inmate sexual harassment.

FMWCC OP 421, Prison Rape Elimination Act

2. Staff shall privately report sexual abuse and sexual harassment incidents to supervisory staff. The Department shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates. Avenues of reporting can be either in person, by telephone, email, or via the NDOC website, PREA Incident Report Form. No other person shall be in the vicinity of hearing the reporting information.

Substandard 115.61(a)

The facility reported, via the PAQ, that it requires all staff to report immediately and according to agency policy: any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against inmates or staff who reported such an incident; or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

A total of 16 random staff were interviewed. All stated that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All indicated they would report the information to the shift commander or their immediate supervisor.

Substandard 115.61(b)

The facility reported, via the PAQ, that apart from reporting to designated supervisors or officials and designated state or local service agencies, policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

A total of 16 random staff were interviewed. All indicated they would keep any information they received related to a PREA investigation confidential, except for those who have a need to know.

Through discussion with inmates and some staff, the audit team learned that there is an issue with staff maintaining confidentiality. Inmates complained that if they share anything with staff, it is talked about with other staff and overheard by inmates.

Substandard 115.61(c)

All four of the medical or mental health staff who were interviewed indicated they disclose the limitations of confidentiality and their duty to report at the initiation of services with an inmate. They further indicated they are required to report any knowledge, suspicion, or information regarding incidents of sexual abuse or harassment. Two of the individuals indicated they have never received a complaint from an inmate and two indicated they had received an allegation from an inmate in the past. Both indicated they notified shift command of the allegation, as required by policy.

The auditor was tasked to review documentation on the clinician's duty to report and the limitations of confidentiality at the initiation of services. The auditor was provided with a blank copy of the form used for notification purposes and four signed examples.

Substandard 115.61(d)

The Warden stated, during his interview, that they do not house inmates who are under the age of 18. If he had an individual who met the definition of vulnerable adult, and was identified as a victim, his staff would notify the state Department of Health and Human Services.

The PREA Coordinator indicated, during her interview, that they do not house offenders who are under the age of 18 at the FMWCC. If an allegation was made by an inmate who was considered to be a vulnerable adult, they are required to notify

the Department of Health and Human Services. She has created a checklist of what must be reported and once the initial notification is made, the NDOC will conduct the investigation and send the control agency notification when the investigation has been closed.

The auditor was tasked to review documentation of the agency's report to the appropriate state or local service agency for victims considered a vulnerable adult. The auditor was provided with a blank copy of the form used to make notification. In addition, the Warden authored a memorandum dated 5/19/21 stating there had been no allegations by an individual considered to be a vulnerable adult made during the audit review period.

Substandard 115.61(e)

The Warden indicated, during his interview, that all allegations of sexual abuse and sexual harassment, including those that are from a third party or an anonymous source, are forwarded to the Office of the Inspector General for review and assignment of an administrative or criminal investigator.

The auditor was tasked to review reports to investigators of allegations of sexual abuse including from 3rd party or anonymous sources. One example of the referral from NOTIS was provided. In addition, the source of the report is included on the tracking log that is maintained by the IG Office.

The facility did not initially demonstrate compliance with standard 115.61. Corrective action required the facility to develop or identify training that addressed inmate/staff relations, confidentiality, and duty to report. The auditor established that she would review the training materials to ensure they would address the identified concerns. The auditor required all staff assigned at FMWCC to participate in these training classes.

The facility identified training through the National Institute of Corrections (NIC) that addressed a number of the auditor's concerns and the auditor approved this training. All staff in the facility were notified of this mandatory NIC training and given a due date for completion. As of November 15, of the 236 staff who were currently working, there were 13 who had not completed the training. The auditor was told the facility expected all staff to have completed the training by the end of November 2021. Upon follow-up, the auditor received an updated training roster which showed all but one staff member had completed the on-line training course. The employee was given written counseling regarding his failure to complete mandatory training. When the auditor was provided with a copy of the written counseling, she was informed that he had completed the training.

The agency also developed training to address these subject matter and the training materials were reviewed and approved by the auditor. This training was facilitated by the NDOC training staff and was conducted at FMWCC beginning in early November. As of November 15, there were 24 staff who had not completed the training. Make-up sessions were scheduled and all staff who were currently working completed this in-person training session. In addition, the auditor requested the facility's plan for ensuring the training is completed by staff who are currently away from the institution (i.e., military duty, FMLA, etc.). The auditor was told that these staff are being tracked and will be scheduled to complete this mandatory training when they return to work. It was a total of approximately 15 staff who were away from the institution.

Based on the completion of the identified corrective action items, the auditor has established that the facility has demonstrated substantial compliance with this standard. No further action will be required.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Standard 115.62, Agency Protection Duties.</p> <p>The policy outlining agency protection responsibilities is in AR 740, Grievances.</p> <p>Section 740.07, Emergency Grievance Procedure</p> <ol style="list-style-type: none"> 1. An emergency shall be considered life threatening for the inmate or a Safety and Security risk for the institution. 2. An Emergency Grievance (Form DOC-1564) received by any staff member shall be immediately delivered to the nearest supervisor no later than is reasonable and necessary to prevent serious injury or a breach of security. The Emergency Grievance shall be reviewed within 24-hours of receipt and documented in NOTIS. 3. Any emergency grievance alleging that an inmate is subject to substantial risk of imminent sexual abuse shall be immediately forwarded to the highest ranking staff member on duty so that corrective action may be taken immediately which may include moving the inmate to administrative segregation for protective custody. <ol style="list-style-type: none"> A. The inmate shall receive a response to the emergency grievance within 24-hours, with a final facility decision about whether the inmate is in substantial risk of imminent sexual abuse within two (2) regular calendar days. B. The response, final decision and the action taken in response to the emergency grievance will be documented. Action taken can include, but is not limited to: <ol style="list-style-type: none"> (1) Refer the information to the Inspector General's Office; (2) Afford the inmate appropriate medical, mental health care; and (3) Address any safety considerations. 4. The shift supervisor may confer with the on duty medical staff, Warden or Associate Warden, to determine whether the grievance constitutes an emergency. 5. The highest-ranking staff member on duty, with the aid of an authorized Department official, shall immediately take any corrective measures necessary to prevent a substantial risk of injury or breach of security. <p>FMWCC OP 421, Prison Rape Elimination Act</p> <p>Section 19, Agency Protection Duties</p> <p>When NDOC learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.</p> <p><u>Substandard 115.62(a)</u></p> <p>The facility reported, via the PAQ, that when it learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to assess and implement appropriate protective measures without unreasonable delay. In the past 12 months, there have been no instances where the facility determined that an inmate was subject to substantial risk of imminent sexual abuse.</p> <p>The auditor was not provided with any documentation, as there were no incidents.</p> <p>The Director reported, in his telephonic interview, that the issue of substantial risk of imminent sexual abuse is addressed in agency policy and facility operational procedures. It directs the inmate be immediately separated from any potential abusers, conduct an interview with the inmate to identify the situation, create an incident report, and notify the appropriate parties. He indicated that staff are directed to err on the side of caution, and they should try not to disrupt the victim.</p> <p>The Warden indicated, during his interview, that they interview the inmate and consider if a housing change is necessary to ensure the inmate's safety, they try and identify the threat. They provide close supervision on the person, may temporarily limit her movement, and ensure she feels safe.</p> <p>A total of 16 random staff were interviewed. Staff indicated that when they become aware that an inmate is subject to a substantial risk of imminent sexual abuse, they will: immediately go get the inmate and notify shift command. A few staff</p>

specifically stated they would either keep the inmate with them or place them in a safe location until staff arrived to interview the inmate.

The facility has demonstrated substantial compliance with standard 115.62.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Standard 115.63, Reporting to Other Confinement Facilities.</p> <p>The policy outlining responsibilities for reporting to other confinement facilities is in AR 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and PREA</p> <p>Section 421.11, Reporting to other Confinement Facilities</p> <ol style="list-style-type: none"> 1. All institutions/facilities will have a policy and procedure in place that upon receipt of an allegation that an inmate was sexually abused while confined at another institution/facility, detention center, jail, or juvenile detention facility, the shift supervisors of the institution/facility that received the allegation shall notify the PREA Management team immediately and initiate an incident report. <ol style="list-style-type: none"> A. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. B. The PREA coordinator shall document that they have received such notification and in turn notified the institution/facility, detention center, jail or juvenile detention facility agency administrator. 2. The PREA coordinator will notify the institution/facility, detention center, jail or juvenile detention facility in which the inmate alleged the incident occurred. 3. The PREA coordinator will ensure the allegation is investigated in accordance with this standard by the other institution/facility, detention center, jail or juvenile detention facility agency administrator. <p>FMWCC OP 421, Prison Rape Elimination Act</p> <p>Section 421.20, Reporting to Other Confinement Facilities</p> <ol style="list-style-type: none"> 1. In accordance with PREA standard 115.63, if an inmate reports during their PREA assessment that they were sexually abuse while confined at another institution/facility, the Reception Caseworker or the Transportation Caseworker will contact Shift Command to obtain an IR number and notify the PCM, CCS III, Warden, and Agency PREA Coordinator via email immediately. <p>The Warden or designee will send a notification to the head of the agency/facility where the alleged incident occurred, this includes NDOC Warden to Warden as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>The PCM will forward the notification to the PREA Coordinator for additional tracking purposes.</p> <p><u>Substandard 115.63(a)</u></p> <p>The facility reported, via the PAQ, that it has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined to another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. In the past 12 months, there were 3 allegations the facility received that an inmate was abused while housed at another facility. The facility's description of its response to allegations was that the Warden prepares a memo to send to the head of the other agency.</p> <p>The auditor was tasked to review documentation of allegations that an inmate was abused while confined at another facility. The auditor was provided with an example of the notification, which occurred on 4/16/20 and was sent to the Elko County Sheriff's Office. The allegations was received on 4/16/20 and the notification was made via e-mail the same day.</p> <p><u>Substandard 115.63(b)</u></p> <p>The facility reported, via the PAQ, that policy requires the facility head to provide notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>The auditor was provided with an example of a notifications: The allegation was received on 4/16/20 and the notification was sent to the Elko County Sheriff's Office the same day via e-mail.</p>

Substandard 115.63(c)

The facility reported, via the PAQ, that it documents that they have provided such notification within 72 hours of receiving the allegation by retaining the e-mail or a copy of the memorandum that was sent.

The auditor was tasked to review documentation of such notifications. An example was provided that was not dated. It was sent to Clark County Detention Center. It notified the Sheriff that an allegation was received from an inmate housed at FMWCC.

Substandard 115.63(d)

The facility reported, via the PAQ, that policy requires allegations received from other facilities/agencies are investigated in accordance with the PREA standards. In the past 12 months, there was one allegation of sexual abuse received from another facility.

The Director indicated, during his telephonic interview, that the designated point of contact for allegations received from other agencies is the appointing authority or the Warden. He indicated that when they receive such allegations, they look at the allegation, look at historical information to see if the allegation was already reported. If so, they evaluate if any of the information they received is different than what was included in the report. If not, a new incident report is generated, and the case is evaluated to determine who will be assigned to conduct the investigation.

The Warden indicated, during his interview, that when he receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in his facility, he will initiate an incident report, start an investigation and keep the other agency apprised of the process. The Warden stated there has been one report received from another facility or agency, that he could specifically think of.

The auditor was tasked to review documentation of allegations from other facilities and documentation of responses (i.e., evidence that allegation has been investigated in accordance with the standard). The auditor reviewed two investigations that were initiated based on information received from another NDOC institution.

OP 421 states: The PREA Coordinator will ensure the allegation is investigated in accordance with this standard.

The facility has demonstrated substantial compliance with this standard.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Standard 115.64, Staff First Responder Duties.</p> <p>The policy outlining first responder duties is in AR 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and PREA. It states that staff will respond to the scene of the incident to assist with security concerns, Medical/Mental Health needs of the offenders, contacting supervisors, securing the scene, making sure no evidence is destroyed and the escorting of offenders, if needed.</p> <p>NDOC PREA Manual</p> <p>Sexual Assault Procedures for incidents reported within 72 hours of occurrence</p> <ol style="list-style-type: none"> 1. When custody staff is made aware that a sexual assault or any attempt thereof has occurred, the following steps shall be taken: <ol style="list-style-type: none"> A. Ensure the victim is safe and kept separated from the aggressor. B. Notify supervisor. C. Begin crime scene identification and protection measures until released by investigating body. D. Escort the victim to the nearest department medical unit, collect clothing and provide an orange jumpsuit to the inmate. Ensure each clothing item is bagged separately in brown paper bags and booked into evidence. E. Temporarily place the suspect in a cell and immediately collect suspect's clothing prior to being left alone, we do not want evidence destroyed, whether or not there is a wash basin. After clothing is collected, issue, an orange jumpsuit to the suspect. Ensure each clothing item is bagged separately in brown paper bags and booked into evidence. F. Escort suspect to infirmary after victim has been assessed. The suspect should not be placed/housed, even temporarily, in the same area as the victim and they will have no contact at any time. G. Collect any other evidence and book it with the appropriate chain of evidence form. H. Include all written reports related to the sexual assault. Fully document known details of the incident as soon as possible. Opinions, assumptions or guesses should NOT be included. Document who, what, when, where and only what you see and what you are told. 2. If the first staff responder is not a custody staff member, the first responder shall request the alleged victim not take any actions that could destroy physical evidence, and then immediately notify the first custody staff member available. <ol style="list-style-type: none"> A. Ensure the victim is safe and kept separated from the aggressor. B. Notify supervisor. C. Begin crime scene identification and protection measures until released by investigating body. D. Escort the victim to the nearest department medical unit, collect clothing and provide an orange jumpsuit to the inmate. Ensure each clothing item is bagged separately in brown paper bags and booked into evidence. E. Temporarily place the suspect in a cell and immediately collect suspect's clothing prior to being left alone, we do not want evidence destroyed, whether or not there is a wash basin. After clothing is collected, issue, an orange jumpsuit to the suspect. Ensure each clothing item is bagged separately in brown paper bags and booked into evidence. F. Escort suspect to infirmary after victim has been assessed. The suspect should not be placed/housed, even temporarily, in the same area as the victim and they will have no contact at any time. G. Collect any other evidence and book it with the appropriate chain of evidence form. <p>Transporting Victims for a Sexual Assault Forensic Exam:</p> <ol style="list-style-type: none"> 1. Victims must agree to have a sexual assault forensic exam prior to transporting for the exam. Should an inmate refuse to have the exam, we must document the refusal on a Release of Liability for Refusal of Medical Treatment Form (DOC 2523) form.

2. Victims will only be transported for a sexual assault forensic exam if the assault occurred within the 72hr time frame.
3. Victims will need to change into an orange jumpsuit prior to transport and clothing will be placed in evidence bags per evidence collection procedures.
4. An extra clean jumpsuit must be taken with the officers in the event the jumpsuit the inmate is wearing is collected by the Sexual Assault Nurse Examiner for evidence.
5. Escorting officers are not to discuss what occurred before, during or after the exam, with the exception of making a statement to the criminal investigator.

FMWCC OP 421, Prison Rape Elimination Act

Section 421.03, First Responder Duties/Reporting Time Frames

1. Any incidents of sexual assault should be reported immediately. However, if the incident is reported within the first 96 hours of occurrence the following procedure applies:
 - Notify supervisor
 - o Ensure the victim is safe and kept separated from the aggressor.
 - o Escort the victim to the nearest Departmental medical unit;
 - o With Medical Staff present, Custody staff will collect victim's outer clothing. The victim will be left in her under garments (to retain any evidence) and provided an orange jumpsuit. Ensure that each clothing item is bagged separately in brown paper bag and booked into evidence.
 - o Temporarily place the suspect in a cell and immediately collect all the suspect's clothing (including under garments) prior to leaving the inmate unattended to preserve evidence and prevent evidence from being destroyed, whether or not there is a wash basin. Suspect will be provided an orange jumpsuit pending medical exam.
 - Request that the victim does not wash, brush their teeth, urinate, defecate, drink, or eat as this can compromise evidence.
 - Ensure that the suspect does not wash, brush their teeth, urinate, defecate, drink, or eat as this can compromise evidence.
 - Escort the suspect to the infirmary after the victim has been assessed.
 - The suspect shall not be placed or housed, even temporarily, in the same area as the victim and the inmates are to have no contact at any time.
 - When entering the inmate(s) into the NOTIS Incident Details screen, under the Offender Involvement tab, "No Action" should be entered in disposition and "pending investigation" needs to be entered into the comment portion. Referral for investigation will be submitted by a Warden or Associate Warden.
 - Victims must agree to have a sexual assault forensic exam prior to transporting for the exam. Should an inmate refuse to have the exam, the refusal must be documented on a Release of Liability for Refusal of Medical Treatment Form (DOC 2523-attached).
 - o If victim refuses Sexual assault forensic exam, custody staff will collect under garments at that time and place each item in a separate brown paper evidence bag.
 - Victims will only be transported for a sexual assault forensic exam if the assault occurred within the previous 96 hour time frame.
 - Escorting Officers are NOT to discuss what occurred before, during, or after the exam, with the exception of making a statement to the criminal investigator.
 - All evidence will be handled in accordance with AR 427 and OP 427.
2. PREA Incidents Reported after 96 hour timeframe will be handled as follows:
 - Ensure the victim is safe and kept separated from the aggressor.
 - Notify supervisor.

- Escort the victim to the infirmary.
- Collect evidence (if any) and book it with the appropriate chain of evidence form.
- Place the suspect in administrative segregation pending investigation.
- Include all written reports related to the sexual assault, fully documenting known details of the incident as soon as possible. Subjective information (i.e. Opinions, assumptions, or guesses) must not be included. Document who, what, when, where, and only what you personally observed and what was told directly to you.

Substandard 115.64(a)

The facility reported, via the PAQ, that it has a first responder policy for allegations of sexual abuse. Policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to separate the victim and aggressor, control the crime scene, and notify shift command. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. It also requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

In the past 12 months, there have been 16 allegations that an inmate was sexually abused. Of these allegations, none of the reports were for an incident that just occurred; therefore, the first security staff member to respond to the scene did not separate the victim and aggressor.

In the past 12 months, there were no allegations where staff were notified within a time period that still allowed for the collection of physical evidence.

Six staff who have acted as first responders were interviewed, two registered nurses and four custody staff. In summary, the staff who were interviewed indicated they would separate the victim and abuser, notify shift command, control the crime scene and not let anyone go in or out without the supervisor saying it is ok. Two indicated they would request the victim and ensure the suspect not take any action that would potentially destroy evidence. The remaining four indicated they would ensure both the victim and suspect did not take any action that may destroy evidence. All indicated they would take the inmates, separately, to medical and would take whatever additional action they were instructed to by their supervisor. Most of the staff were not clear about requesting the victim not take any actions that might destroy evidence.

Four inmates were interviewed. They were selected from the Incident tracking log. All four cases were reported as sexual abuse. A third party reported two of the incidents. Both of those cases were determined to be unsubstantiated. The other two cases were determined to be unfounded. Three indicated in response to the question about how long did it take someone to come help you, that it was not applicable to their situation. The fourth inmate indicated it was a few weeks. She filed a grievance and left a message on the hotline. One of the other inmates indicated she had reported by sending a kite to an officer. When asked about the staff's actions after receiving the report, one indicated they thought she was in a relationship with a staff member. The second indicated that when she was interviewed, she tried to tell the staff about two other inmates who might be involved and was told to report it to the PREA people. The third indicated that she was rehoused in segregation after reporting. The fourth indicated she was rehoused by staff. It should be noted that the auditor reviewed the investigations for all of these allegations and felt the investigation was handled thoroughly and appropriately.

The auditor reviewed 11 investigations, which document the responses that were made to each allegation. There were no cases that were reported where the sexual abuse incident was within the window to conduct a forensic examination.

The auditor was provided with forms 2092 (Sexual Abuse Preliminary Investigative Guide), 2093 (Shift Supervisor Sexual Assault/Abuse Checklist – 96 hours), and 2094 (Shift Supervisor Sexual Assault/Abuse Checklist – 72 hours). These are standardized forms utilized to ensure all facets of response and investigation are completed in a standardized manner.

Substandard 115.64(b)

The facility reported, via the PAQ, that policy requires that if the first staff responder is not a security staff member, that responder shall be required to request alleged victim not take any action that could destroy evidence; and notify security staff. In the past 12 months, there were no allegations that an inmate was sexually abused made where a non-security staff member was the first responder.

Six staff who had acted as a first responder were interviewed, two registered nurses and four custody staff. All indicated that shift command would be notified. They would separate the victim and the suspected abuser. The victim would be escorted to medical, and the abuser would be placed in a holding cell and be observed by staff so no evidence could be destroyed. Most of the staff were not clear about requesting the victim not take any actions that might destroy evidence.

Sixteen random staff were interviewed. A summary of their responses are as follows: separate victim and suspect, secure scene, preserve evidence, notify the shift commander, escort to medical, and document the actions that were taken. Most indicated that the information from an allegation should not be shared with anyone, other than those with a need to know.

The auditor reviewed reports written by first responders that were included with the investigative file.

The facility did not initially demonstrate compliance with standard 115.64. Corrective action required the facility to provide training on OP 421, with an emphasis on retention of evidence from the victim and suspect. The facility was instructed to provide the auditor with a copy of the information that will be used to conduct the training and documentation to demonstrate this training has been completed. The auditor received a written summary of how the training would be facilitated. She identified 13 staff and on September 27, 2021, received training certificates for these individuals. Based on the completion of the corrective action items, the facility is in substantial compliance with standard 115.64.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 683 297">Standard 115.65, Coordinated Response.</p> <p data-bbox="240 331 1422 423">The policy regarding coordinated response is in Medical Directive 117, Sexual Assaults. It addresses the response for Medical/Mental Health Staff at FMWCC for sexual assault allegations. FMWCC OP 421, Prison Rape Elimination Act, addresses the response for all other staff assigned at the facility.</p> <p data-bbox="240 510 475 537"><u>Substandard 115.65(a)</u></p> <p data-bbox="240 571 1477 663">The facility reported, via the PAQ, that it has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p data-bbox="240 696 1469 752">The auditor reviewed FMWCC OP 421 and Medical Directive 117. These documents provide details about the coordinated response to allegations of sexual abuse.</p> <p data-bbox="240 786 1485 878">The Warden indicated that they have an operational procedure to address coordination in responding to allegations of sexual abuse. He stated it includes first responders, medical and mental health staff, investigators, the PREA Compliance Manager and other facility leadership.</p> <p data-bbox="240 965 991 992">The facility has demonstrated substantial compliance with standard 115.65.</p>

115.66	<p>Preservation of ability to protect inmates from contact with abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Standard 115.66, Preservation of Ability to Protect Inmates from Contact with Abusers.</p> <p><u>Substandard 115.66(a)</u></p> <p>The facility reported, via the PAQ, that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit.</p> <p>The Director shared, during his telephonic interview, that the Governor approved establishment of a union for state employees in 2019. He has been involved in the discussion and negotiations that are currently underway to develop a memorandum of understanding. At this point, no agreement has been reached. He indicated that the requirements of PREA have been provided to the union representatives and feels confident they will be included in the finalized memorandum of understanding.</p> <p>The auditor was provided with a memo dated 3/2/21, authored by the PREA Coordinator, which states: During the State of Nevada 2019 Legislative Session, the Governor signed collective bargaining into law for State of Nevada employees. The agreements are still in the negotiation process and the PREA standard verbiage has been sent to the negotiator and the State's Labor Relation Unit for inclusion.</p> <p><u>Substandard 115.66(b)</u></p> <p>This substandard is not applicable at the present time.</p> <p>The facility has demonstrated substantial compliance with standard 115.66.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 847 297">Standard 115.67, Agency Protection Against Retaliation.</p> <p data-bbox="240 331 1422 387">The policy outlining protection of inmates against retaliation is in AR 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and PREA.</p> <p data-bbox="240 421 1485 678">Staff shall monitor, track, and protect all inmates and staff who report sexual abuse or cooperate with any investigation, from retaliation by both inmates and/or staff. Policy future states the monitoring shall be conducted and documented by a designated Lieutenant. A weekly update check of the Nevada Offender Tracking Information System where all new PREA Incident's will be added to the log. Twice monthly, the Lieutenant will email the PREA Compliance Manager that the Retaliation checks have been completed and an entry will be entered on the tracking log for each inmate who has been tracked for protection purposes. All inmates and staff will be monitored for a minimum of 90 days. Reason for continuance of more than 90 days, termination to an Unfounded investigation or transfers to another institution, will all be documented. In the case of transfer, the other institution will continue the process.</p> <p data-bbox="240 712 707 739">FMWCC OP 421, Prison Rape Elimination Act</p> <p data-bbox="240 772 1382 828">Retaliation against inmates or staff who report such incidents is strictly prohibited. All reports of retaliation shall be documented in NOTIS and should be referred for review for investigation by the IG's Office.</p> <p data-bbox="240 916 475 943"><u>Substandard 115.67(a)</u></p> <p data-bbox="240 976 1485 1066">The facility reported, via the PAQ, that it has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or those who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The agency has tasked the PCM with monitoring for possible retaliation.</p> <p data-bbox="240 1153 475 1180"><u>Substandard 115.67(b)</u></p> <p data-bbox="240 1214 1474 1337">The Director stated, during his telephonic interview, that the agency has written policies that address retaliation resulting from reporting allegations of sexual abuse, sexual harassment, or neglect of duties contributing to the allegation. The procedures require monitoring for the victim and any potential witnesses (if they request it) for a minimum of 90 days unless the case is unfounded. The PCM is responsible to complete this monitoring.</p> <p data-bbox="240 1370 1485 1460">The Warden reported that the institution might employ several actions in response to allegations of retaliation. These could include removing the retaliator from the area, starting an investigation, and involving the Inspector General. He indicated that circumstances would dictate what actions would be taken and the level of monitoring that would be completed.</p> <p data-bbox="240 1494 1490 1751">The PCM is the person charged with monitoring for retaliation at FMWCC. She was interviewed on May 18, 2021, at approximately 2:20 pm. The PCM indicated that her role is to monitor inmates who allege sexual abuse and those staff or inmates who are witnesses. When monitoring inmates, she usually conducts the first interaction with them in person. She asks them if they are having any issues. She reviews housing changes and write-ups. She indicated, if she felt that retaliation might be occurring, she would speak with the Warden to identify potential moves, to address the issue. She would interview the person and separate them from the potential abuser. They would consider shift changes, movement to camp or placement into the STAR program. Since FMWCC is the only female institution, the possibilities for alternative housing are limited.</p> <p data-bbox="240 1785 1469 1874">There was an interview protocol for inmates in segregated housing due to a potential risk of sexual victimization or those who allege to have suffered sexual abuse. This protocol was not utilized because there were no inmates identified to meet these criteria.</p> <p data-bbox="240 1908 1474 1998">When asked if they feel protected enough against possible revenge from staff or other inmates because they reported what happened to them, one inmate didn't answer the question. One inmate indicated yes, one said, "yes, I guess" and the third inmate stated "not sure but no problem since it happened".</p> <p data-bbox="240 2031 1458 2058">The auditor was tasked to review documentation of protective measures taken by the facility. One example was provided.</p>

Substandard 115.67(c)

The facility reported, via the PAQ, that it monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The facility monitors the conduct or treatment of these individuals for at least 90 days.

Monitoring will continue if any issues arise. The facility acts promptly to remedy any such retaliation and continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. There was one incident of retaliation, which occurred in the past 12 months.

The Warden reported, during his interview, that the institution might employ several actions in response to allegations of retaliation. These would include removing the retaliator from the area, starting an investigation, and involving the Inspector General. He indicated that circumstances would dictate what actions would be taken and the level of monitoring that would be completed.

When monitoring inmates, the PCM reported that she usually conducts the first interaction with them in person. She asks them if they are having any issues. She reviews housing changes and write-ups. She indicated, if she felt that retaliation might be occurring, she would speak with the Warden to identify potential moves, to address the issue. She would interview the person and separate them from the potential abuser. They would consider shift changes, movement to camp or placement into the STAR program. Since FMWCC is the only female institution, the possibilities for alternative housing are limited. She stated she would monitor the inmate for a minimum of 90 days and would go as long as needed, if she was concerned about retaliation.

The auditor reviewed documentation of monitoring efforts. A tracking log was provided, it covers the period 2/5/2020 to current. The log lists each incident and the actions taken, including the action taken.

Substandard 115.67(d)

The PREA Compliance Manager indicated, during her interview, that she generally meets with the person in her office for the initial meeting. After that she checks for housing changes and looks at disciplinary history.

The auditor reviewed documentation of monitoring efforts. A tracking log was provided, it covers the period 2/5/2020 to current. The log lists each incident and the actions taken, including the action taken.

Substandard 115.67(e)

The Director stated, during his telephonic interview, that monitoring someone who expresses fear of retaliation is addressed the same as outlined above. All allegations would be investigated. The investigator would meet in private with the person and create a confidential report, based upon the conversation.

The Warden indicated that they would remove the individual who was committing the retaliation and initiated an incident report. The case would be forwarded to the IG. Circumstances would dictate what action were taken in relation to monitoring.

The auditor was tasked to review documentation of any protective measures taken. One example was provided from 3/16/21.

Substandard 115.67(f)

The auditor confirmed that the obligation to monitor is terminated when the allegation is determined to be unfounded by the PREA Coordinator and the PCM.

The facility has demonstrated substantial compliance with standard 115.67.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 810 297">Standard 115.68, Post-allegation Protective Custody.</p> <p data-bbox="240 331 1445 389">The policy outlining post-allegation protective custody is in AR 573, PREA Screening and Classification. Section 573.03, Segregation of Inmates under PREA</p> <ol data-bbox="240 423 1485 1299" style="list-style-type: none"> 1. Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and it has been determined that there are no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing no more than 24 hours while completing the assessment. This assessment will determine if an immediate institutional bed move will alleviate the issue. If not, the inmate will be given a Notice for Placement in Administrative Segregation and will be seen by the Caseworker within 72 hours to determine the appropriate placement of the inmate. This review will include a reassessment using the PREA Risk Assessment instrument. 2. Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: <ol data-bbox="240 801 687 943" style="list-style-type: none"> A. The opportunities that have been limited; B. The duration of the limitation; and C. The reasons for such limitations. 3. The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. 4. If an involuntary segregated housing assignment is made, the facility shall clearly document: <ol data-bbox="240 1122 967 1205" style="list-style-type: none"> A. The basis for the facility's concern for the inmate's safety; and B. The reason why no alternative means of separation can be arranged. 5. Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. <p data-bbox="240 1330 778 1357">FMWCC OP 573, PREA Screening and Classification</p> <p data-bbox="240 1386 778 1413">Section 573.03, Segregation of Inmates Under PREA</p> <ol data-bbox="240 1444 1485 2024" style="list-style-type: none"> 1. If an inmate scores as "known Victim", all efforts shall be made to house that inmate in general population and maintain the inmate's safety. 2. An inmate who scores as "Known Victim", shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and it has been determined that there are no available means of separation from likely abusers. <ul data-bbox="240 1659 1461 2024" style="list-style-type: none"> • An alternative means of separation includes the ability to house the inmate in an area that minimizes the threat of victimization and provides unencumbered access to general population programs and activities. • A classification assessment of alternative housing will include a review of the inmate's eligibility for custody reduction, residential confinement programs, as well as any possible options to separate the inmate from likely abusers within the facility. • Classification staff will coordinate with custody and Administrative/Supervisory staff to review all alternatives. • All classification assessments for alternative housing must be done immediately. If the assessment cannot be conducted immediately, the inmate will be placed in involuntary segregated housing for less than 24 hours while the classification assessment is completed. <p data-bbox="240 2112 477 2139"><u>Substandard 115.68(a)</u></p>

The facility reported, via the PAQ, that it has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. There have been no inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months awaiting completion of assessment. If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

The auditor was tasked to review documentation of instances when segregated housing was used to protect an inmate who is alleged to have suffered sexual abuse. No examples identified.

The Warden indicated, during his interview, that there have not been any instances during the past 12 months where segregated housing was utilized to protect an inmate who was alleged to have suffered sexual abuse.

The Lieutenant who is assigned as the shift commander is also responsible for providing supervision of the staff and inmates in segregated housing. He reported that when inmates are placed in segregation for protection from sexual abuse or after having alleged sexual abuse, they have limited access to programs, privileges, education and work opportunities. He indicated that if any of these are restricted, it is documented. He further stated that when they are placed in involuntary segregated housing it is only until other housing options can be identified and is usually less than 7 days. He indicated they have not had anyone placed in segregated housing due to victimization concerns or after reporting sexual abuse in more than 2 years.

There is an interview protocol for inmates in segregated housing for risk of sexual victimization or who allege to have suffered sexual abuse. This interview protocol was not utilized because there were no inmates who met this criteria.

The auditor did not identify any inmates placed in involuntary segregation due to making a PREA allegation or for being identified as being at high-risk for victimization.

The auditor was tasked to review documentation of housing assignments of inmates who allege to have suffered sexual abuse. On 5/19/21, the Warden certified via memorandum that FMWCC has not housed any inmates in involuntary segregation due to PREA related issues. To verify this, the auditor reviewed case files of inmates who alleged to have suffered sexual abuse and found none that were held in involuntary segregated housing.

The facility has demonstrated substantial compliance with standard 115.68.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 979 297">Standard 115.71, Criminal and Administrative Agency Investigations.</p> <p data-bbox="240 331 1442 389">The policy outlining criminal and administrative agency investigations is in AR 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and PREA, and AR 457, Investigations.</p> <p data-bbox="240 423 320 450">AR 421</p> <p data-bbox="240 483 544 510">Section 421.07, Investigations</p> <p data-bbox="240 544 1477 602">The IG's Office will review, assign, and investigate as promptly, thoroughly, and objectively as possible, all reports of inmate sexual harassment and sexual harassment, including third party and anonymous reports.</p> <p data-bbox="240 636 320 663">AR 457</p> <p data-bbox="240 696 587 723">Section 457.01, Inspector General</p> <ol data-bbox="240 757 1477 1077" style="list-style-type: none"> 1. The Inspector General (IG) of the Department is authorized to investigate any matter arising from the Department or any person employed, incarcerated or present in an institution or facility. 2. The IG is an independent authority and may independently report on any matter to the Governor or other member of the Board of Prison Commissioners. 3. The IG shall review all institutional Operational Procedures (OP) dealing with investigations, including but not limited to the following: PREA, crime scenes, evidence collection, handling and preservation and suspect identification. Investigation related OPs are confidential. 4. The IG will assemble and maintain a manual containing all institutional OPs related to investigations. <p data-bbox="240 1111 459 1137">NDOC PREA Manual</p> <p data-bbox="240 1171 1442 1229">The IG's Office has primary jurisdiction for review and assignment of investigations related to staff member, contractor or volunteers who are accused of engaging in inmate sexual abuse.</p> <p data-bbox="240 1263 767 1290">Specialized training: Investigations: Standard 115.34</p> <ol data-bbox="240 1323 1477 2011" style="list-style-type: none"> 1. All staff of the Department that conduct investigations related to PREA sexual abuse and/or sexual harassment of inmates by other inmates are required to receive and successfully complete training focused on sexual abuse or sexual harassment in the confinement setting. The training will include; <ol data-bbox="240 1440 1477 1671" style="list-style-type: none"> a. Techniques for interviewing sexual abuse victims; b. Proper use of Miranda and Garrity warnings; c. Sexual abuse evidence collection in confinement settings; 7 and d. Criteria and the evidence required to substantiate a case for administrative, penal code of discipline or prosecution referral. 2. An on line course specifically developed for specialized training for investigations of sexual abuse and sexual harassment in confinement is available on the PREA Resource Center web site under Training--and Technical Assistance. A certificate of completion is available once the participant successfully completes the examination at the end of the block of instruction. 3. The PMT and EDD will maintain documentation that staff who conduct PREA investigations have completed the required training related to the confinement setting. 4. Only investigative staff assigned to the I G's office will conduct investigations into allegations or reports of sexual abuse or suspected sexual abuse of an inmate by a staff member. <p data-bbox="240 2096 475 2123"><u>Substandard 115.71(a)</u></p>

The facility reported, via the PAQ, that the agency has a policy related to criminal and administrative agency investigations.

All three investigators indicated, during their interviews, that allegations of sexual abuse and sexual harassment are forwarded to the IG's Office immediately. After being reviewed, they are assigned to an investigator. They are prioritized based on severity and can take up to 30 days to assign. Allegations that are received from a third party or anonymously are investigated in the same manner as any other investigation.

The auditor was tasked to review a sample of investigative reports for allegations of sexual abuse or sexual harassment. The auditor utilized the IG Tracking logs for 2020 and 2021 to identify the investigation that would be reviewed. The auditor reviewed 11 investigations to ensure compliance with the standards.

The auditor was provided with a copy of the NDOC Crime Scene Preservation and Investigation Manual. This document contains detailed instructions for staff relating to initiation of an investigation and the steps to be utilized through the investigatory process.

Substandard 115.71(b)

The training records were reviewed and addressed in standard 115.34.

All three investigators indicated, during their interview, they have completed training specific to conducting sexual abuse investigations in a confinement setting. They indicated the training is provided on-line through the National Institute of Corrections and is specific to sexual abuse investigations in a confinement setting.

Substandard 115.71(c)

A summary of the investigative process, as described during the interviews with the three investigators includes: the case gets assigned; the victim and suspect are separated; secure the crime scene; identify the witnesses; medical, mental health and if necessary, the forensic examination; the victim or the person who made the complaint are interviewed; collect and review the evidence; interview any identified witnesses; interview the suspect; write the report; and forward the report to the supervisor for review. They could be responsible to collect direct and circumstantial evidence which might include video, DNA, body fluids, clothing, recordings of telephone conversations, documentation (i.e., post orders, sign-in sheets, logbooks, letters, phone call log)

The auditor was tasked to review a sample of investigative reports for allegations of sexual abuse or sexual harassment. The auditor utilized the IG Tracking logs for 2020 and 2021 to identify the investigations that would be reviewed. A total of 11 investigations were reviewed.

The auditor requested and received a copy of the Record Retention Schedule. Per the NDOC PREA Manual: All completed investigations and their applicable reports, documentation and written information will be retained by the IG PMT division of the Department as long as the alleged abuser is employed by the agency plus five (5) years. Departure of the alleged abuser from the Department or victim from control of the Department shall not be a basis for termination of the investigation.

Substandard 115.71(d)

The three investigators indicated, when interviewed, that when the evidence may support criminal prosecution, they consult with the Attorney General's Office before moving forward with any type of compelled interviews.

The auditor was tasked to review a sample of investigative reports for allegations of sexual abuse or sexual harassment. A total of 11 investigations were reviewed.

Substandard 115.71(e)

The three investigators indicated, during their interviews, that credibility of the victim, witnesses and the suspect are all the same until evidence is collected that determines otherwise. They indicated that they do not utilize polygraph or other truth-telling devices as a condition for proceeding with the investigation.

Two of the inmates did not answer this question. The other two indicated they were not required to take a polygraph test, as part of the investigation.

Substandard 115.71(f)

The three investigators indicated, during their interviews, that they review the evidence in an effort to determine if staff were negligent in their actions and document their findings in the written report. If negligence is identified, an additional investigation may be initiated. They indicated they would document all of the information and evidence gathered in a written report for administrative investigations.

The auditor was tasked to review a sample of investigative reports for allegations of sexual abuse or sexual harassment. A total of 11 investigations were reviewed.

Substandard 115.71(g)

The three investigators indicated, during their interviews, that criminal investigations are documented in a written report which contains all information and evidence gathered in addition to the actions they took.

The auditor was tasked to review a sample of investigative reports for allegations of sexual abuse or sexual harassment. A total of 11 investigations were reviewed.

Substandard 115.71(h)

The facility reported, via the PAQ, that substantiated allegations of conduct that appear to be criminal are referred for prosecution. There were substantiated allegations of conduct that appear to be criminal referred for prosecution since the last PREA audit.

The three investigators indicated, during their interviews, that an allegation is referred for prosecution when the preponderance of the evidence proves the allegation may have happened.

The auditor was tasked to review a sample of investigative reports for allegations of sexual abuse or sexual harassment. A total of 11 investigations were reviewed.

Nevada Revised Statutes (NRS) 212.188 states that sexual abuse of prison or unauthorized custodial conduct by employee of or contractor or volunteer for prison: penalties. (2) Unless a greater penalty is provided pursuant to any other applicable provision of law, an employee of or a contractor or volunteer for a prison who commits:

(a) Sexual abuse of a prison is guilty of a category D felony and shall be punished as provided in NRS 193.130. (b) Unauthorized custodial conduct by engaging in any of the acts described in paragraph (b) of subsection 3 is guilty of a gross misdemeanor. (c) Unauthorized custodial conduct by attempting to engage in any of the acts described in paragraph (b) of subsection 3 is guilty of a misdemeanor.

3. As used in this section: (b) "Unauthorized custodial conduct":

(2) Does not include acts of an employee of or a contractor or volunteer for the prison in which the prisoner is confined that are performed to carry out the official duties of such an employee, contractor, or volunteer.

Substandard 115.71(i)

The facility reported, via the PAQ, that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for at least as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Per the PREA Coordinator, Investigative files for PREA allegations are maintained in Central Office indefinitely. They currently do not destroy any investigative files. The NDOC PREA Manual states that all completed investigations and their applicable reports, documentation and written information will be retained by the IG PMT division of the Department as long as the alleged abuser is under the control of the Department plus five (5) years. In addition, the Record Retention Schedule was provided. It includes the same timeframe for retention.

Substandard 115.71(j)

The three investigators indicated, during their interviews, that if the alleged abuser leaves their employment or is released from custody or the victim is released from custody, that does not impact completion of the investigation. They continue with

the investigation until it is complete.

AR 330, Employee Resignation and Reinstatement/Rehire

Section 330.01, Resignations

3. A resignation during an ongoing internal investigation shall be noted in NOTIS and the investigation may be closed, depending on the investigation.

A. A resignation during a Prison Rape Elimination Act (PREA) investigation will not result in a closed case. Any such investigation will remain active until closed by the Inspector General's (IG) office as mandated by PREA standards.

Substandard 115.71(k)

This substandard is not applicable because no other state entity or Department of Justice component conduct investigations for the NDOC.

Substandard 115.71(l)

The Warden stated, during his interview, that the agency is responsible for conducting all investigations, including administrative and criminal.

During the interview with the PREA Coordinator, she indicated that this standard is not applicable, as the NDOC conducts all investigations for its institutions/facilities.

During the interview with the PCM, she indicated they do not have outside investigators complete investigations into sexual abuse or sexual harassment allegations.

The facility has demonstrated substantial compliance with standard 115.71.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 1018 297">Standard 115.72, Evidentiary Standard for Administrative Investigations.</p> <p data-bbox="244 331 1481 423">The policy outlining evidentiary standards for administrative investigations is in AR 421, and the NDOC PREA Manual. Both indicate the agency shall impose no standard higher than a preponderance of the evidence in determining if a case is substantiated or not substantiated.</p> <p data-bbox="244 510 475 537"><u>Substandard 115.72(a)</u></p> <p data-bbox="244 571 1412 629">The facility reported, via the PAQ, that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="244 663 1445 721">All three investigators indicated, during their interviews, that the standard of evidence utilized in sexual abuse and sexual harassment cases is preponderance of the evidence. It is more likely that it occurred than it didn't occur.</p> <p data-bbox="244 754 1166 781">The auditor reviewed 11 investigative files. She found all to be compliant with the standards.</p> <p data-bbox="244 869 994 896">The facility has demonstrated substantial compliance with standard 115.72.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 663 297">Standard 115.73, Reporting to Inmates.</p> <p data-bbox="240 331 1453 389">The policy outlining inmate notifications is in the Office of the Inspector General's Administrative Investigations Guide, AR 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and PREA, and AR 457, Investigations.</p> <p data-bbox="240 423 1485 582">The policy requires that following an investigation into an offender's allegation that he or she suffered sexual abuse or sexual harassment by another offender or staff in a department facility, the PREA Compliance Manager shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Policy also requires that following an offender's allegation that a staff member has committed sexual abuse against the offender, unless the agency has determined that the allegation is unfounded, the agency informs the offender of the four bullets in this provision.</p> <p data-bbox="240 616 1469 741">Policy further mandates that following an offender's allegation that he has been sexually abused by another offender in another agency facility, the agency subsequently informs the alleged victim whenever the agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility or convicted on a charge related to sexual abuse within the facility. All notifications or attempted notifications shall be documented.</p> <p data-bbox="240 775 320 801">AR 421</p> <p data-bbox="240 835 1485 893">Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, and the allegation was shown to be substantiated or unsubstantiated, the inmate will be notified:</p> <ul data-bbox="240 927 1453 1151" style="list-style-type: none"> • The staff member is no longer posted within the inmate's unit; • The staff member is no longer employed at the facility; • The staff member has been indicted on a charge related to sexual abuse within the Department: or • The Department learns that the staff member has been convicted on a charge related to sexual abuse within the Department. <p data-bbox="240 1184 903 1211">FMWCC OP 421 takes the above and adds details of the process.</p> <p data-bbox="240 1245 1485 1335">Following an inmate's allegation that they have suffered sexual abuse in the facility, the facility PCM or designee shall inform the inmate in person, have the inmate sign DOC 2095 and documents the notification, without details, in NOTIS (unless the agency has determined that the allegation is unfounded) whenever:</p> <ul data-bbox="240 1368 1469 1592" style="list-style-type: none"> o The staff member is no longer posted within the inmate's unit; o The staff member is no longer employed at the facility; o The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or o The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. <p data-bbox="240 1626 320 1653">AR 457</p> <p data-bbox="240 1686 504 1713">Section 457.02, Reporting</p> <ol data-bbox="240 1747 1485 2161" style="list-style-type: none"> 1. All Warden/Division Heads, Deputy Directors, and/or Director are responsible to insure compliance with established Inspector General and Human Resources guidelines and procedures in conjunction with Administrative Reporting, any type of Investigations, Misconduct and Performance Adjudication and subsequent Imposing of Corrective/Disciplinary Action when applicable. 2. All incidents shall be reported to the IG per the requirements of AR 332. 3. The IG or designee shall be immediately notified of PREA related or serious incidents involving suspected criminal activity by inmates, staff, or outside parties; or serious violations of Department policy. 4. The IG or designee, and designated Equal Employment Opportunity (EEO) official shall be immediately notified of serious incidents involving sexual harassment. 5. The IG will determine the need for an investigation; the type/methodology of the investigation; the staff responsible for the

investigation; and the priority of the investigation.

6. The IG may request the assistance of outside agencies in the completion of investigations.
 7. The Department will provide notice pursuant to NRS 289.060 to any peace officer, if they are being questioned or interrogated during an investigation of misconduct or violation of departmental policy.
 8. Non-Peace Officers suspected of misconduct or violations of policy will be given notice pursuant to NRS 284.387 prior to being interviewed on the allegations.
 9. Correctional staff do not have to be given notice that they are under investigation until they are to be interviewed.
 10. The employee must be notified of any disciplinary action within 90 days of receiving notice of allegations pursuant to NRS 284.387 1 (a).
 11. The IG may refer cases to the applicable prosecutorial authority for review for prosecution.
- A. Inmate cases may also be referred to the Attorney General pursuant to AR 708.

It further states: Per PREA standard 115.73, following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Substandard 115.73(a)

The facility reported, via the PAQ, that the agency has a policy related to criminal and administrative agency investigations. There were 33 criminal and/or administrative investigations of alleged inmate sexual abuse and sexual harassment that were completed by the agency/facility in the past 12 months. Of the investigations that were completed, there were 13 inmates notified, verbally or in writing, of the results of the investigation.

The Warden reported, during his interview, that the facility notifies an inmate who has made an allegation of sexual abuse when the investigation has been completed and the outcome is either substantiated, unsubstantiated, or unfounded.

All three investigators who were interviewed reported that policy requires that inmates be notified of the outcome of the investigation into sexual abuse.

Two inmates did not answer this question. The third inmate indicated that she didn't know if she would receive notification of the outcome of the investigation. The fourth indicated that she is supposed to be notified, but hasn't been yet.

The auditor reviewed 11 investigations completed by agency.

The auditor was provided with a blank DOC Form 2095 – Inmate Notification of Investigation Outcome. This document is used to formally notify the inmate of the outcome of the investigation. Five examples of it being used were provided. The auditor looked for the notification in the investigative files that were reviewed and found that the notifications are not retained in the investigative file.

Substandard 115.73(b)

This substandard is not applicable as the NDOC conducts all administrative and criminal investigation for allegations of sexual abuse and sexual harassment.

Substandard 115.73(c)

The facility reported, via the PAQ, that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the inmate's unit;
- The staff member is no longer employed at the facility;
- The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

There has been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an inmate in an agency facility in the past 12 months. In each case the agency subsequently informed the inmate whenever:

- The staff member is no longer posted within the inmate's unit;
- The staff member is no longer employed at the facility;
- The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The auditor reviewed a sample of documentation of founded complaints and a sample of documentation of notifications.

Two of the allegations were determined to be unfounded and two were unsubstantiated. Three were against staff and one was against another offender.

DOC Form 2095 is used to make these notifications. A blank copy and three examples provided to the auditor.

Substandard 115.73(d)

The facility reported, via the PAQ, that following an inmate's allegation that he or she has been sexually abused by another inmate in an agency/facility, the agency subsequently informs the alleged victim whenever:

- The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The auditor reviewed one example of a notification on an offender-on-offender allegation. The notification was made in March 2021.

Two of the allegations were determined to be unfounded and two were unsubstantiated. Three were against staff and one was against another offender.

Substandard 115.73(e)

The facility reported, via the PAQ, that it has a policy that all notifications to inmates described under this standard are documented. In the past 12 months, there was one notification to an inmate that was provided pursuant to this standard and it was documented.

Substandard 115.73(f)

Facility policy indicates that its obligation to report under this standard stops when the inmate is released from custody.

The facility has demonstrated substantial compliance with standard 115.73.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 235">Auditor Discussion</p> <p data-bbox="240 271 770 295">Standard 115.76, Disciplinary Sanctions for Staff.</p> <p data-bbox="240 331 1430 387">The policy outlining staff disciplinary sanctions is in AR 339, Employee Code of Conduct and AR 421, Custodial Sexual Misconduct, Inmate Sexual Offenses, and PREA.</p> <p data-bbox="240 423 320 448">AR 339</p> <p data-bbox="240 483 1469 674">Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies and that termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. The policy does not differentiate between lesser and more significant levels of staff misconduct. It provides a Chart of Corrective/Disciplinary Measures which describes an available range of corrective/disciplinary actions for each class of prohibited activity. The chart indicates the suggested level of discipline, from less serious to more serious, for the class of the offense and for first, second, and third offenses.</p> <p data-bbox="240 710 320 734">AR 421</p> <p data-bbox="240 770 715 795">Section 421.14, Disciplinary Sanctions for Staff</p> <p data-bbox="240 831 1437 887">All Departmental staff shall be subject to disciplinary sanctions up to and including termination for violating departmental sexual abuse or sexual harassment policies.</p> <p data-bbox="240 967 475 992"><u>Substandard 115.76(a)</u></p> <p data-bbox="240 1028 1453 1084">The facility reported, via the PAQ, that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="240 1164 475 1189"><u>Substandard 115.76(b)</u></p> <p data-bbox="240 1225 1445 1281">The facility reported, via the PAQ, that in the past 12 months, there have been no staff from the facility who have violated agency sexual abuse or sexual harassment policies.</p> <p data-bbox="240 1317 1485 1440">The auditor was tasked to review a sample of records for terminations, resignation, or other sanctions for violations of sexual abuse or sexual harassment policy. There were none, this was confirmed by a 5/19/21 memorandum authored by the Warden where he certifies there were no terminations, resignations, or other sanctions against staff for violation of Sexual Abuse policy during the audit review period.</p> <p data-bbox="240 1476 1485 1778">The auditor was provided with a copy of the NDOC – Prohibitions and Penalties document. The first page of the document explains: As required by NAC 284.742, the following guide identifies activities that are prohibited as inconsistent, incompatible or in conflict with an employee's duties and identifies a range of penalties for various violations. This guide is intended as a supplement to the Nevada Rules for State Personnel Administration and does not constitute coverage of all possible violations that could conceivably occur. It is intended to clarify existing rules and regulations and to assist supervisors in taking appropriate corrective discipline action. The penalties identified for the various infractions are merely guidelines and may be applied to a greater or lesser degree than indicated depending on the circumstances and the seriousness of the offense(s). The extent of progressive discipline imposed will be at the Appointing Authority's discretion. It specifically addresses penalties for Sexual Misconduct with or Sexual Abuse or Harassment of Inmates.</p> <p data-bbox="240 1859 475 1883"><u>Substandard 115.76(c)</u></p> <p data-bbox="240 1919 1485 2087">The facility reported, via the PAQ, that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months, there have been no staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.</p> <p data-bbox="240 2123 1493 2148">The NDOC PREA Manual states that disciplinary sanctions against staff members for any violation of the Department's policy</p>

prohibiting acts of sexual harassment against an inmate will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions imposed against other staff members for comparable offenses in similar circumstances.

Substandard 115.76(d)

The facility reported, via the PAQ, that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, there have been no staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

The auditor was tasked to review reports made to law enforcement for violations of agency sexual abuse or sexual harassment policies. There were none made during the review period because there were no terminations.

The facility has demonstrated substantial compliance with standard 115.76.

115.77	Corrective action for contractors and volunteers
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 963 300">Standard 115.77, Corrective Action for Contractors and Volunteers.</p> <p data-bbox="240 331 1484 389">The policy outlining contractor/volunteer notification requirements is in AR 421, Custodial Sexual Misconduct, Inmate Sexual Offenses, and PREA.</p> <p data-bbox="240 421 1469 577">The policy mandates any contractor or volunteer who engages in an activity that could be interpreted as sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. It further states: The institution/facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with inmates, in the case of any other violation of Departmental sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="240 667 477 694"><u>Substandard 115.77(a)</u></p> <p data-bbox="240 725 1484 882">The facility reported, via the PAQ, that policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Policy also requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.</p> <p data-bbox="240 913 1444 972">The auditor was tasked to review reports of sexual abuse of inmates by contractors or volunteers. The facility reports no cases against a contractor or volunteer. This was verified by reviewing the IG's PREA Incident Tracking log.</p> <p data-bbox="240 1061 477 1088"><u>Substandard 115.77(b)</u></p> <p data-bbox="240 1120 1481 1214">The facility reported, via the PAQ, that it takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="240 1245 1481 1303">The auditor was tasked to review documentation of remedial measures that have been enforced. There were no allegations against a contractor or volunteer during the review period; therefore, there is no documentation to review.</p> <p data-bbox="240 1335 1481 1464">The Warden indicated, during his interview, that he will suspend whatever program or activity the contractor or volunteer is assigned to, if he becomes aware of an allegation of sexual misconduct or sexual harassment. He will prohibit further contact with inmates and will put a gate stop in place. This will ensure the person is not able to come into the institution. He will initiate an investigation and notify the PREA Coordinator and the Inspector General.</p> <p data-bbox="240 1496 1493 1626">Per a memorandum authored by the NDOC Director, dated August 16, 2018, when NDOC becomes aware of an allegation of sexual abuse involving a Nevada Division of Forestry (NDF) employee, the NDOC Inspector General or designated supervisor will initiate an investigation and contact the NDF camp program manager regarding the allegation advising that the accused NDF employee will be temporarily denied access to inmate crews and facilities while the investigation is ongoing.</p> <p data-bbox="240 1657 1458 1742">In any investigation for sexual abuse where the conclusion of the investigation results in a substantiated finding or in all cases where a NDF Crew Supervisor resigns during an investigation for sexual abuse, a permanent Gate Stop order at all NDOC facilities will be initiated.</p> <p data-bbox="240 1836 995 1863">The facility has demonstrated substantial compliance with standard 115.77.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 807 297">Standard 115.78, Disciplinary Sanctions for Inmates.</p> <p data-bbox="240 331 1190 358">The policy outlining inmate disciplinary sanctions is in AR 707, Inmate Disciplinary Procedures.</p> <p data-bbox="240 392 1465 481">Policy states offenders will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender on offender sexual abuse.</p> <p data-bbox="240 515 1474 705">The policy mandates that sanctions against offenders are to be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. Should the facility offer therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. Participation in this type of counseling is not made a condition of access to programming or other benefits.</p> <p data-bbox="240 739 1490 862">Policy states that the agency may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact and that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p data-bbox="240 896 1369 922">Policy states all sexual activity between offenders is prohibited and offenders may be disciplined for such activity.</p> <p data-bbox="240 956 994 983">AR 421, Custodial Sexual Misconduct, Inmate Sexual Offenses, and PREA</p> <p data-bbox="240 1016 746 1043">Section 421.16, Disciplinary Sanctions for Inmates</p> <ol data-bbox="240 1077 1490 1780" style="list-style-type: none"> <li data-bbox="240 1077 1490 1160">1. If the institution or facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. <li data-bbox="240 1193 1490 1254">B. The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. <li data-bbox="240 1288 1490 1478">C. Inmates shall be subject to disciplinary sanctions pursuant to Administrative Regulation 707, Inmate Disciplinary Process, following a finding that the inmate engaged in inmate-on-inmate sexual harassment. In the case(s) of possible criminal activity such as inmate-on-inmate sexual abuse or inmate consensual sexual activity, the Inspector General's Office and Attorney General's Office will be contracted and the matter reviewed for criminal prosecution referral prior to any Inmate Administrative disciplinary action. After review for possible criminal prosecution referral, inmates shall be subject to administrative disciplinary sanctions. <li data-bbox="240 1512 1490 1572">2. The Department may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. <li data-bbox="240 1606 1490 1688">3. For the purposes of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. <li data-bbox="240 1722 1490 1780">4. The Department prohibits all sexual activity between inmates. The Department may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. <p data-bbox="240 1814 708 1841">FMWCC OP 421, Prison Rape Elimination Act</p> <p data-bbox="240 1874 579 1901">Section 421.11, Inmate Discipline</p> <ol data-bbox="240 1935 1490 2105" style="list-style-type: none"> <li data-bbox="240 1935 1490 2018">2. Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. <li data-bbox="240 2051 1490 2105">4. Inmates may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

5. Upon a finding of guilt during the disciplinary hearing, the hearing officer will submit a referral for the inmate to be seen by mental health department. The mental health staff will offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse. Supervisory staff shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

6. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

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For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Substandard 115.78(a)

The facility reported, via the PAQ, that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. In the past 12 months, there have been no administrative or criminal findings of guilt of inmate-on-inmate sexual abuse that have occurred at the facility.

This information was confirmed by reviewing the Incident Tracking Log maintained by the Inspector General's Office.

Substandard 115.78(b)

The Warden indicated, during his interview, that the sanctions imposed on an inmate are commensurate with the nature and circumstances of the act, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. He indicated the institution handles administrative disciplinary proceedings and if criminal prosecution is supported, the case is referred to the Attorney General for prosecution.

The auditor reviewed investigative reports and documentation of sanctions imposed.

Substandard 115.78(c)

The Warden indicated, during his interview, that the inmate's mental health history is considered when determining disciplinary sanctions.

The auditor reviewed investigative reports and documentation of sanctions imposed.

Substandard 115.78(d)

The facility reported, via the PAQ, that it offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

Of the four medical/mental health staff interviewed, three indicated the facility considers whether to offer therapy, counseling, or other interventions to the offending inmate but they do not make participation mandatory. One of the medical staff interviewed was not sure if these services were available.

Substandard 115.78(e)

The facility reported, via the PAQ, that it disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

The auditor was tasked to review a sample of records of disciplinary actions against inmates for sexual conduct with staff. There were no allegations of this type during the audit review period and this was confirmed by reviewing the Incident Tracking Log maintained by the Inspector General's Office.

Substandard 115.78(f)

The facility reported, via the PAQ, that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Substandard 115.78(g)

The facility reported, via the PAQ, that the agency prohibits all sexual activity between inmates. The agency prohibits all sexual activity between inmates and disciplines inmates for such activity; the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

The facility has demonstrated substantial compliance with standard 115.78.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1118 297">Standard 115.81, Medical and Mental Health Screenings: History of Sexual Abuse.</p> <p data-bbox="240 331 1414 358">The policy outlining medical/mental health treatment is in AR 643, Mental Health Services, and Medical Directive 316.</p> <p data-bbox="240 389 320 416">AR 643</p> <p data-bbox="240 448 1485 837">All mental health services will be provided by qualified mental health providers. All inmates with mental illness, intellectual disabilities, developmental disabilities, a history of mental health treatment or intervention, or with current symptoms, should be identified, evaluated, and have information entered into the medical record and NOTIS. Arriving inmates who appear to be in need of any other mental health intervention will be referred to an institutional psychiatrist, psychologist or psychiatric nurse for appropriate housing placement and clinical follow-up. Inmates referred for non-emergency mental health care will be evaluated within 14 days after the date of referral. All incoming offenders should be evaluated by a mental health professional at intake units as part of the initial classification process. All newly arrived inmates should be evaluated by MH staff for, but not limited to, the following: suicide potential, symptoms of mental illness; level of intellectual functioning; level of aggression; potential for escape; deviant sexual behavior; and history of sexual abuse (aggressor and/or victim). Inmates may be referred to a mental health professional for further evaluation and treatment when indicated. Inmates referred for non-emergency evaluations must be seen by the appropriate provider within 14 days of referral. 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.</p> <p data-bbox="240 869 1445 994">Policy mandates Medical and Mental Health staff obtain consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. Offenders are made aware of this process and staff uses the NDOC Consent-Release of Medical Information form used to obtain the required consent.</p> <p data-bbox="240 1025 461 1052">Medical Directive 316</p> <p data-bbox="240 1084 1485 1312">Standard instruments for use in the initial evaluation are DOC 2670 Self Report, DOC 2615 Mental Health Assessment-Initial Classification and/or Psychiatric Shipley Institute of Living Scale, and DOC 2667 Mental health Classification and Restrictions. Recommendations from the evaluation will be provided to the initial classification committee within 14 days of the inmate's arrival. Recommendations related to level of aggression, escape potential, and deviant sexual behavior might also be made when well supported by evaluation coupled with historical data. Form DOC 2667, Mental Health Classification and Restrictions will be filled out by Psychologist at the conclusion of evaluation. Classification forms will be entered into NOTIS and the hard copy will be placed in the medical chart.</p> <p data-bbox="240 1344 707 1370">FMWCC OP 421, Prison Rape Elimination Act</p> <p data-bbox="240 1402 584 1429">Section 421.18, Inmate Screening</p> <p data-bbox="240 1460 1430 1518">2. Screening will be done by mental health in concert with classification staff using the screening criteria established in PREA standard 115.41.</p> <p data-bbox="240 1550 778 1576">FMWCC OP 573, PREA Screening and Classification</p> <p data-bbox="240 1608 699 1635">Section 573.02, Prior History of Sexual abuse</p> <p data-bbox="240 1666 1457 1792">1. If the screening indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake/reception screening. The mental health practitioner shall document compliance with this standard on the FMWCC medical/mental health follow-up log.</p> <p data-bbox="240 1823 1490 1917">2. If the screening indicates that an inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.</p> <p data-bbox="240 2002 477 2029"><u>Substandard 115.81(a)</u></p> <p data-bbox="240 2060 1445 2154">The facility reported, via the PAQ, that all inmates at FMWCC who have disclosed any prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. In the past 12 months, 100% of inmates who disclosed prior</p>

victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. Medical and mental health staff maintain secondary materials documenting compliance with the above required services.

The auditor reviewed a sample of medical/mental health secondary materials. A copy of a DOC Form 2615, Mental Health Assessment Initial Classification and/or Psychiatric Referral was provided with the PAQ. The FMWCC mental health tracking log was provided to the auditor. It covered the period 8/13/19 through 12/31/20. There were 111 referrals made during the period, 22 were outside of the required 14 days. The auditor went over this log with the PCM and reviewed computer screens. Many of the entries in the log were incorrect. After correcting the information, eight remained outside of the timeframe, which the auditor felt met the requirement for substantial compliance. There was a 2021 log provided that contained correct information. One e-mail example of a referral was provided. It was from 12/3/20. The inmate screened out as a possible victim.

Two inmates who disclosed prior victimization during risk screening were interviewed. Of those, all indicated that when they disclosed that they were previously sexually abused, they were asked if they wanted to meet with a mental health professional. One inmate indicated that someone came and met with her, but she didn't remember the timeframe. The second indicated that she met with someone who put her in classes. She stated she was seeking safety, but that wasn't addressed.

Both caseworkers interviewed indicated that during risk screening if an inmate indicated they have experienced prior sexual victimization, they are offered a follow-up meeting with a mental health practitioner. These follow-up meetings usually happen the day the referral is made or the next day.

Substandard 115.81(b)

The facility reported, via the PAQ, that all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.41, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. In the past 12 months, 100% of the inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner. Mental health staff maintain secondary materials documenting compliance with the above required services. Staff share this is accomplished by them entering a case note into NOTIS.

The auditor reviewed a four examples of mental health secondary materials.

Both caseworkers interviewed indicated that during screening if an inmate indicated they have previously perpetrated sexual abuse, they are offered a follow-up meeting with a mental health practitioner. These follow-up meetings usually happen within five days of the referral.

INP documentation states:

II. Intake Medical and Mental Health Screenings to identify possible history of sexual abuse.

A. All inmates will receive screenings upon initial intake (reception) and upon arrival at each institution; the inmate may be transferred to during his or her incarceration. This includes adjacent camp inmates.

4. Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18.

Substandard 115.81(d)

The facility reported, via the PAQ, that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. The information shared with other staff is strictly limited to informing security and management decision, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

The auditor reviewed a sample of inmate confinement records/other records available to custody staff or non-health personnel.

The auditor noted during the tour and through discussions with staff that all information is maintained electronically. You must have an authorized logon to access the information.

INP documentation states:

II. Intake Medical and Mental Health Screenings to identify possible history of sexual abuse.

3. Any information obtained from the inmate related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Substandard 115.81(e)

The facility reported, via the PAQ, that medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

The auditor reviewed consent documentation. A copy of a blank DOC 2548 – Consent-Release of Medical Information form was provided with the PAQ. The auditor requested examples of the completed document and was informed via memorandum that there were no instances during the review period where an inmate provided authorization to release prior sexual victimization that occurred in a non-correctional setting.

All four medical and mental health staff interviewed indicated they obtain informed consent from inmates before reporting about prior sexual victimization that occurred outside of an institution. The facility does not currently house inmates who are under the age of 18.

The facility has demonstrated substantial compliance with Standard 115.81.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1054 297">Standard 115.82, Access to Emergency Medical and Mental Health Services.</p> <p data-bbox="240 331 1485 423">The policy outlining medical/mental health treatment for sexual abuse is in INP 200, Section III-Access to Emergency Medical and Mental Health Services outlines the process to be utilized by medical and mental health staff to provide required emergency services.</p> <p data-bbox="240 510 475 537"><u>Substandard 115.82(a)</u></p> <p data-bbox="240 571 1493 797">The facility reported, via the PAQ, that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p data-bbox="240 831 1485 1021">The auditor was provided with a blank DOC 2514, Unusual Occurrence Report. It appears to be the form the medical staff would utilize to document their screening of the inmate after an incident, injury or other unusual occurrence. The auditor requested completed examples of this document and was informed via a memorandum from the Warden, that the facility did not have any cases that required a forensic examination, during the review period. The auditor was provided with an information sheet on Sexually Transmitted Diseases which is given to inmates, as needed. In addition, a pamphlet on STD's was provided to the auditor.</p> <p data-bbox="240 1055 1477 1180">All four of the medical and mental health staff interviewed indicated that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. They indicated that the services are initiated as soon as they become aware of the incident. They stated that the nature and scope of the services is determined on their professional judgement.</p> <p data-bbox="240 1214 1465 1272">When asked the question about being allowed to go to medical, three inmates indicated that it was not necessary, as there were no injuries. The fourth indicated she was not allowed to see medical or mental health.</p> <p data-bbox="240 1305 1398 1364">The auditor noted during the tour and through discussions with staff that these services are offered to inmates when appropriate.</p> <p data-bbox="240 1397 1437 1520">Per a memo from the PREA Coordinator in 2018, NDOC provides timely, unimpeded access to emergency medical treatment for inmate victims of sexual abuse. The nature and scope are determined by medical practitioners, should the inmate require more extensive treatment for trauma for anything beyond NDOC medical practitioners' scope of practice, inmates will be transported to a hospital that can provide the emergent care needed.</p> <p data-bbox="240 1554 1453 1646">NDOC does not have a direct contract with any hospital and utilizes entities within their PPO networks. Hometown Health (HTH) is utilized in Northern Nevada and Sierra Health Organization (SHO) is utilized in Southern Nevada. All hospitals NDOC uses will take emergency inmate patients.</p> <p data-bbox="240 1733 475 1760"><u>Substandard 115.82(b)</u></p> <p data-bbox="240 1794 1485 1852">The audit team interviewed six first responders. They indicated during the interview that medical staff are on duty 24 hours a day at FMWCC.</p> <p data-bbox="240 1886 1477 1977">The auditor was tasked with reviewing documentation of immediate notification of the appropriate medical and mental health practitioners. Through discussions with staff, the audit team learned that medical staff are notified via radio and respond to the scene to assess the medical needs.</p> <p data-bbox="240 2065 475 2092"><u>Substandard 115.82(c)</u></p> <p data-bbox="240 2125 1485 2152">The facility reported, via the PAQ, that inmate victims of sexual abuse while incarcerated are offered timely information about</p>

and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

The auditor reviewed a sample of medical/mental health secondary materials regarding access to services.

The two medical staff interviewed indicated that victims are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. The two mental health staff stated this was outside their purview.

The question related to being informed about emergency contraception and sexually transmitted infections is not applicable in any of the cases.

INP documentation states:

C. Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

1. Sexual assault victims are provided access to emergency contraception and sexually transmitted infections prophylaxis by the NDOC practitioners when applicable and or from the SANE on-site location.

NDOC PREA Manual

Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Substandard 115.82(d)

The facility reported, via the PAQ, that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

INP 200 states:

D. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

1. Victims are provided treatment services by the NDOC whether they name the abuser or cooperate with any investigation arising out of the incident.

The facility has demonstrated substantial compliance with Standard 115.82.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1294 297">Standard 115.83, On-going Medical and Mental Health Care for Sexual Abuse Victims and Abusers</p> <p data-bbox="240 329 1445 387">The policy outlining on-going medical/mental health treatment for victims and abusers is in Medical Directive 117, Sexual Assaults.</p> <ol data-bbox="240 418 1485 875" style="list-style-type: none"> 1. Upon receipt of information that an inmate has been sexually assaulted, medical personnel shall do a preliminary interview to document the extent of injuries and determine if referral to an outside medical facility for examination, treatment, or gathering of evidence is indicated. The preliminary interview should include a mental health assessment by a mental health professional which includes a careful assessment of the inmate's potential for self-harm. 2. If it is determined referral to an outside medical facility is indicated, transportation should be arranged and the outside medical facility notified of the need for further examination and treatment. 3. Upon return from the outside medical facility, medical personnel are to review the results of the evaluation by the hospital and continue medical treatment as recommended. This includes specific attention to the prevention and treatment of sexually transmitted diseases. 4. Follow-up mental health evaluation should be arranged for crisis intervention and long term follow-up, if indicated. 5. All activities relating to evaluation and treatment should be appropriately documented in the medical record. <p data-bbox="240 907 459 934">NDOC PREA Manual</p> <p data-bbox="240 965 1106 992">115.83 Ongoing medical and mental health care for sexual abuse victims and abusers.</p> <ol data-bbox="240 1023 1474 1503" style="list-style-type: none"> 1. The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 3. Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. <ol data-bbox="240 1171 1437 1232" style="list-style-type: none"> a. If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. 4. Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections, as medically appropriate. 5. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 6. All prisons shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. <p data-bbox="240 1592 477 1619"><u>Substandard 115.83(a)</u></p> <p data-bbox="240 1650 1445 1709">The facility reported, via the PAQ, that it offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p data-bbox="240 1740 1482 1798">The auditor noted during the tour and through discussions with staff that services are offered to the inmate when she reports prior victimization during the risk screening process or when she makes an allegation of sexual abuse.</p> <p data-bbox="240 1888 477 1915"><u>Substandard 115.83(b)</u></p> <p data-bbox="240 1946 1453 2072">One of the medical staff interviewed didn't answer the question because she wasn't sure. The remaining three staff indicated: 1) appropriate treatment based on injuries and the completion of an unusual occurrence form; 2) the inmate is seen by medical and mental health, offered care inside and outside of the facility; 3) risk screening, services for treatment and services beyond the trauma.</p> <p data-bbox="240 2103 1131 2130">None of the inmates were seen by medical or mental health as a result of their allegation.</p>

The auditor was tasked to review medical records or secondary documentation that demonstrate victims receive follow-up services and appropriate treatment plans and, when necessary, referrals for continued care following their transfer to or placement in other facilities, or their release from custody. The auditor was provided with a memo from the facility that indicated that all such records are transferred with the inmate when they leave the facility.

Substandard 115.83(c)

All four medical and mental health staff interviewed indicated they offer services that are consistent with the community level of care.

The auditor reviewed documentation that demonstrate victims received medical and mental health services consistent with community level of care.

Substandard 115.83(d)

The facility reported, via the PAQ, that female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.

The question about being offered a pregnancy test was not applicable in any of the cases.

The auditor was tasked to review medical records and secondary documentation that demonstrates that female victims were offered pregnancy tests. In reviewing the Incident Tracking Log maintained by the Inspector General's Office, the auditor did not identify any incidents of vaginal penetration which would have required a pregnancy test be offered.

Substandard 115.83(e)

The facility reported, via the PAQ, that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

The two medical staff interviewed indicated the information about pregnancy-related medical services is provided when they become aware of the issue. Access to these services would be provided when the inmate informed them that she was in need of them.

The question about becoming pregnant as a result of the sexual abuse was not applicable in any of the cases.

Substandard 115.83(f)

The facility reported, via the PAQ, that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

The question about being offered tests for sexually transmitted infections was not applicable in any of the cases.

The auditor was tasked to review medical records and secondary documentation that demonstrate that victims were offered tests for sexually transmitted infections, as medically appropriate. In reviewing the Incident Tracking Log maintained by the Inspector General's Office, the auditor did not identify any incidents where tests for sexually transmitted infections would have been required.

Substandard 115.83(g)

The facility reported, via the PAQ, that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

There was no medical treatment provided in any of these cases.

Substandard 115.83(h)

The facility reported, via the PAQ, that it attempts to conduct a mental health evaluation of all known inmate-on-inmate

abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners.

All four medical and mental health staff interviewed indicated that a mental health evaluation would be offered to all inmates who are known to be inmate-on-inmate abusers. The referral is made as soon as they become aware of the situation.

The referral tracking log was provided to the auditor. Upon review, she identified that it included victims and prior abusers.

The facility has demonstrated substantial compliance with Standard 115.83.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 772 297">Standard 115.86, Sexual Abuse Incident Reviews.</p> <p data-bbox="240 331 1477 389">The policy outlining sexual abuse incident reviews is in AR 421, Custodial Sexual Misconduct, Inmate Sexual Offenses, and PREA, and OP 421, Prison Rape Elimination Act.</p> <p data-bbox="240 423 1449 548">AR 421 states the each facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated unless the allegation has been determined to be unfounded. The PREA Compliance Manager will track and notify the review team upon learning of the completion of any sexual abuse/harassment investigation.</p> <p data-bbox="240 580 1489 739">Policy further states that the review team shall document their findings on the Committee Review for Sexual Abuse form and shall consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; shall consider whether the incident or investigation was motivated by race, ethnicity, gender identity, or perceived sexual preference; to examine the area the incident allegedly occurred; adequacy of staffing levels; and the use of monitoring technology. Afterwards, a report will be documented stating if any changes were to be implemented.</p> <p data-bbox="240 770 413 797">FMWCC OP 421</p> <p data-bbox="240 828 722 855">Section 421.22, Sexual Abuse Incident Reviews</p> <p data-bbox="240 887 1377 945">1. The facility shall conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded.</p> <ul data-bbox="240 976 1466 1272" style="list-style-type: none"> <li data-bbox="240 976 1466 1034">• The Warden and PCM will be notified by the State PREA Coordinator when sexual abuse investigation has been completed with findings of substantiated or unsubstantiated. <li data-bbox="240 1066 1466 1093">• The Warden will create an Incident Review File which will contain the investigation and supportive documentation. <li data-bbox="240 1124 1466 1182">• The Warden will assign the Incident Review Committee and provide them a written memorandum regarding the assigned review members/due date/confidentiality/instructions. The memorandum will be provided with the Incident File. <li data-bbox="240 1214 1466 1272">• The review team shall consist of, but not be limited to, the Associate Warden, Psychologist III, Director of Nursing/Charge Nurse, and a Lieutenant. <p data-bbox="240 1303 716 1330">2. The review team shall consider the following:</p> <ul data-bbox="240 1361 1489 1751" style="list-style-type: none"> <li data-bbox="240 1361 1489 1420">• Does the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; <li data-bbox="240 1451 1489 1550">• Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; <li data-bbox="240 1581 1489 1639">• Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; <li data-bbox="240 1671 1054 1697">• Assess the adequacy of staffing levels in that area during different shifts; <li data-bbox="240 1729 1422 1756">• Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; <p data-bbox="240 1787 1453 1845">3. The review team shall prepare a report of its findings, including but not necessarily limited to determinations made and any recommendations for improvement.</p> <ul data-bbox="240 1877 1453 2110" style="list-style-type: none"> <li data-bbox="240 1877 1409 1904">• The original report shall be placed into the Incident File. The Incident File shall be forwarded to the Warden. <li data-bbox="240 1935 1334 1962">• The Warden and the PCM shall review the committee's report and complete a findings review report. <li data-bbox="240 1993 1453 2051">• The Warden and PCM shall make every effort to follow recommendations for improvement, or shall document its reason for non-compliance. <li data-bbox="240 2083 1147 2110">• A copy of the Incident File will also be forwarded to the NDOC PREA Coordinator. <p data-bbox="240 2141 459 2168">NDOC PREA Manual</p>

The review should occur within 30 days of the conclusion of the sexual abuse investigation, whether administrative or criminal. This includes allegations that have not been substantiated unless it was determined to be unfounded. The incident review team should include upper management officials, such as Associate Wardens.

Substandard 115.86(a)

The facility reported, via the PAQ, that it conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, there were seven criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents.

The auditor reviewed documentation of incident reviews. Two examples provided with PAQ. The auditor requested additional examples based on the 11 investigations that were reviewed. All were found to meet established criteria.

Substandard 115.86(b)

The facility reported, via the PAQ, that it ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. In the past 12 months, there were three criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days.

The auditor reviewed documentation of incident reviews. In addition, the auditor reviewed documentation of completed criminal or administrative investigations of sexual abuse. Incident review documents are not contained in the investigatory file.

Substandard 115.86(c)

The facility reported, via the PAQ, that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

The Warden indicated, during his interview, that the institution has a Sexual Assault Incident Review committee. He chairs the committee and includes supervisors from medical and mental health. Sometimes the investigators also take part in the committee. The PCM reviews the information after the minutes are completed, but generally does not sit on the committee.

The auditor reviewed four Sexual Assault Incident Review committee reports. All were found to contain required information. None of the examples provided had any findings or recommendations for correction.

Substandard 115.86(d)

The facility reported, via the PAQ, that it prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) – (d)(5) of this section and any recommendations for improvement, and submits the report to the facility head and PREA Compliance Manager.

The auditor reviewed four incident review committee reports. All were completed with the required information. None of them had recommendations for changes.

The Warden indicated, during his interview, that the team uses the information gained from the SAIR to consider changes in physical plant, staffing changes, classification actions, and the need for additional monitoring. He further indicated that all requirements of 115.86(d) are addressed during the committee review. One exception is that if all the committee members have a good vision of the physical plant, they might not go to the specific site of the allegation.

The PCM indicated that the facility conducts Sexual Assault Incident Reviews and prepares a written report of its findings including recommendations for improvement. She stated that she has not identified any trends through her reviews. After the report is submitted, she would initiate a plan for corrective action, monitor it until the corrective action was complete and then update the report and resubmit it to the Inspector General's Office. She would also amend the report in NOTIS to show it was complete.

The auditors interviewed a medical staff member who routinely sits on the Sexual Abuse Incident Review committee. The interview occurred on May 18 at approximately 1:20 pm. The staff member indicated that during the committee, the group

considers whether the allegation or investigation identifies a need to change policy or practice to better address sexual abuse; considers whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assesses the staffing levels in that area during different shifts; and assesses whether monitoring technology should be increased to supplement supervision by staff.

Substandard 115.86(e)

The facility reported, via the PAQ, that it implements the recommendations for improvement or documents its reasons for not doing so.

The auditor was tasked to review documentation supporting implementation of recommendations or reasons for not implementing them. Four Sexual Assault Incident Review committee minutes were provided. None contained recommendations or findings.

The facility has demonstrated substantial compliance with Standard 115.86.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Standard 115.87, Data Collection.</p> <p>The policy outlining sexual abuse data collection is in AR 421, Custodial Sexual Misconduct, Inmate Sexual Offences and PREA, the NDOC PREA Manual, dated April 4, 2016, and the Survey of Sexual Violence documents.</p> <p>Policy mandates the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice. All data is aggregated annually and displayed on the agencies website. The policy requires the facility to maintain, review, and collect data for all allegations.</p> <p><u>Substandard 115.87(a)</u></p> <p>The facility reported, via the PAQ, that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual violence conducted by the Department of Justice.</p> <p>The auditor reviewed the set of definitions and the data collection instrument utilized by the agency. NDOC utilizes the SSV-II to collect and report data to the federal DOJ. The process utilized to collect the data is outlined in the NDOC PREA Manual – Data Collection section. A copy was provided to the auditor with the PAQ.</p> <p><u>Substandard 115.87(b)</u></p> <p>The facility reported, via the PAQ, that the agency aggregates the incident-based sexual abuse data at least annually.</p> <p>The auditor reviewed a sample of aggregated data.</p> <p><u>Substandard 115.87(d)</u></p> <p>The facility reported, via the PAQ, that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigations files, and sexual abuse incident reviews.</p> <p><u>Substandard 115.87(e)</u></p> <p>The facility reported, via the PAQ, that the agency does not currently have a contract for the confinement of inmates in any private facility. There is no data from private facilities.</p> <p><u>Substandard 115.87(f)</u></p> <p>The facility reported, via the PAQ, that the agency has provided the Department of Justice with data from the previous calendar years, when requested.</p> <p>The facility has demonstrated substantial compliance with Standard 115.87.</p>

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Standard 115.88, Data Review for Corrective Action.</p> <p>The policy outlining data review for corrective action is in the NDOC PREA Manual.</p> <p>NDOC PREA Manual</p> <p>4. The data collected and aggregated shall be reviewed by the Director, or designee, Deputy Director of Operations, and the IG PREA Coordinator in order to assess and improve, if necessary, the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The review will include:</p> <ol style="list-style-type: none"> a. Identifying problem areas; b. Taking corrective action on an ongoing basis; and c. Preparing an annual report of its findings and corrective actions for each institution, facility 5. The annual report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the Department's progress in addressing sexual abuse. <p>6. The Department's report shall be reviewed and approved by the Director and will be made readily available to the public on the Department's website.</p> <ol style="list-style-type: none"> a. Specific material may be redacted from the reports when the publication would present a clear and specific threat to the safety and security of a facility. However, there must be an indication of the nature of the material redacted. <p>The confidential Data Collection PREA Manual was also provided. It provided staff with specific instructions on how to collect and maintain the data to be used in the annual report.</p> <p><u>Substandard 115.88(a)</u></p> <p>The facility reported, via the PAQ, that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. This includes: 1) identifying problem areas; 2) taking corrective action on an ongoing basis; and 3) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.</p> <p>The auditor was tasked to review documentation of corrective action plans. In reviewing the Sexual Abuse Incident Reviews completed during the review period, none contained any corrective action issues. The auditor also reviewed the annual report of findings from data reviews/corrective actions. She noted there were no findings for FMWCC during the review period.</p> <p>The Director indicated, during his telephonic interview, that the agency uses incident based sexual abuse data to assess and improve PREA policies, practices and training. He indicated they interact with their Wardens to set expectations and remind them it is better to over report than to under report incidents of sexual abuse or sexual harassment. If the incident is not clear, then it should be addressed as PREA until additional information guides otherwise. The agency PREA Coordinator and the PCM maintain tracking spreadsheets to monitor what is going on and identify issues and potential trends.</p> <p>The PREA Coordinator indicated, during her interview, that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its efforts to prevent sexual abuse and sexual harassment. She indicated that the prior year's information is sent out and all institutions are asked to update the data. All data collected is securely retained on a designated hard drive that only limited people have access to. The agency prepares an annual report of findings from its data review and any corrective action identified by the various institutions/facilities. She indicated they are currently working on preparation of the 2020 report.</p> <p>The PCM indicated that the facility data provides them details about problem areas and identifies areas that may need more supervision or monitoring with cameras.</p> <p><u>Substandard 115.88(b)</u></p> <p>The facility reported, via the PAQ, that the annual report includes a comparison of the current year's data and corrective</p>

actions with those from prior years. It also provides an assessment of the agency's progress in addressing sexual abuse.

The auditor reviewed annual report of findings from data reviews/corrective actions.

Substandard 115.88(c)

The facility reported, via the PAQ, that the agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.

The auditor reviewed the website where the annual reports are available.

The Director indicated, during this telephonic interview, that he reviews the annual report. If he has questions or concerns, he seeks clarification before approving it.

Substandard 115.88(d)

The facility reported, via the PAQ, that when the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.

The auditor reviewed the annual report of findings from data reviews/corrective actions.

The PREA Coordinator indicated, during her interview, that if there was any personal identifying information included, it would be redacted. Typically, the reports only contain statistical data, no names or other identifying information.

The facility has demonstrated substantial compliance with Standard 115.88.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 893 297">Standard 115.89, Data Storage, Publication, and Destruction.</p> <p data-bbox="240 331 1484 423">The policy outlining PREA data storage requires the agency to ensure that data collected pursuant to standard 115.87 are securely retained and to make all aggregated sexual abuse data from facilities under its direct control readily available to the public at least annually through its public website.</p> <p data-bbox="240 456 1484 515">The policy requires the department to remove all personal identifiers from aggregated sexual abuse data before making said data publicly available.</p> <p data-bbox="240 548 531 575">NDOC PREA Manual states:</p> <ol style="list-style-type: none"> <li data-bbox="240 609 1484 667">7. All data collected related to incidents that are alleged to be sexual abuse will be securely retained but made readily available to the public through the website annually. <ol style="list-style-type: none"> <li data-bbox="240 701 1098 728">a. Before being made publicly available, all persona identifiers will be removed. <li data-bbox="240 759 1484 786">8. The sexual abuse data collected will be maintained for a minimum of 10 years after the date of the initial collection. <li data-bbox="240 817 1484 909">9. Each institution will designate a PREA Compliance Manager, (PCM), who will coordinate the institution's efforts for compliance with the PREA standards. The PCM for each institution will also coordinate efforts for any satellite facility designated for the institution. <ol style="list-style-type: none"> <li data-bbox="240 943 1484 1034">a. The PCM for each institution and the satellite facility(s) shall make readily available and visible to staff, contractors, volunteers, visitors and inmates, the Department's zero tolerance policy and related reporting information in the form of posters, flyers and entrance authorization forms wherein signatures are required indicating an understanding of the policy. <li data-bbox="240 1068 1484 1160">b. The PCM for each institution and the satellite facility(s), under the direction of the Warden/designee shall develop, annually review and implement policies and practices in support of the Department's zero tolerance policy, reporting practices, incident responses, screenings, training and inmate education. <p data-bbox="240 1238 475 1265"><u>Substandard 115.89(a)</u></p> <p data-bbox="240 1299 1452 1326">The facility reported, via the PAQ, that the agency ensures that incident-based and aggregate data are securely retained.</p> <p data-bbox="240 1359 1460 1518">The PREA Coordinator, during her interview, indicated that the agency reviews data collected and aggregated pursuant to standard 115.87 to assess and improve the effectiveness of the PREA policy. The agency ensures the data is securely retained by establishing a secure hard drive for her use and paper copies are maintained. She further indicated that the process of tracking and completing corrective action has become more refined and is generally being done in a timely fashion.</p> <p data-bbox="240 1610 475 1637"><u>Substandard 115.89(b)</u></p> <p data-bbox="240 1671 1484 1729">The facility reported, via the PAQ, that policy requires aggregated sexual abuse data from facilities under its direct control be made readily available to the public, at least annually, through its website</p> <p data-bbox="240 1762 1315 1789">The auditor reviewed the NDOC website to verify that aggregated sexual abuse data was publicly available.</p> <p data-bbox="240 1868 475 1895"><u>Substandard 115.89(c)</u></p> <p data-bbox="240 1928 1484 1986">The facility reported, via the PAQ, that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p data-bbox="240 2020 1484 2078">The auditor reviewed a sample of publicly available sexual abuse data to check that personal identifiers have been removed. She found the information did not contain any personal identifiers.</p>

Substandard 115.89(d)

The facility reported, via the PAQ, that the agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

The auditor reviewed historical data from 2017 and 2018.

The facility has demonstrated substantial compliance with Standard 115.89.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 371">During the prior three-year audit period, the agency ensured that each facility operated by the agency was audited at least once. This is the second year of the current audit cycle and the agency ensured that at least one-third of the facilities operated by the agency were audited during the first year of the current audit cycle.</p> <p data-bbox="229 371 1509 488">The auditor had access to, and the ability to observe, all areas of the facility. The auditor requested and received copies of relevant documents (including electronically stored information).</p> <p data-bbox="229 488 1509 564">The auditor was permitted to conduct private interviews with inmates. Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency has published on its website, all Final Audit Reports. This was verified by reviewing the agency website.

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

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

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

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes