

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report January 18, 2019

Auditor Information

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Company Name: California Department of Corrections and Rehabilitation	
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Telephone: (916) 324-6688	Date of Facility Visit: August 25-26, 2018

Agency Information

Name of Agency: Nevada Department of Corrections		Governing Authority or Parent Agency (If Applicable): State of Nevada	
Physical Address: 5500 Snyder Ave, Bld 17		City, State, Zip: Carson City, NV 89701	
Mailing Address: PO Box 7011		City, State, Zip: Carson City, NV 86702	
Telephone: (775) 887-3266		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: The Nevada Department of Corrections will improve public safety by ensuring a safe and humane environment that incorporates proven rehabilitation initiatives that prepare individuals for successful reintegration into our communities.

Agency Website with PREA Information:
http://doc.nv.gov/About/NDOC_Office_of_the_Inspector_General/Office_of_the_Inspector_General/

Agency Chief Executive Officer

Name: James Dzurenda	Title: Director
Email: jedzurenda@doc.nv.gov	Telephone: (775) 887-3266

Agency-Wide PREA Coordinator

Name: Pamela Del Porto	Title: Inspector General
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Email: pdelporto@doc.nv.gov	Telephone: (775) 887-3396
PREA Coordinator Reports to: Director	Number of Compliance Managers who report to the PREA Coordinator 7

Facility Information

Name of Facility:	Ely Conservation Camp		
Physical Address:	Horse and Cattle Camp Road, Ely, NV		
Mailing Address (if different than above):	HC 10 Po Box 10813, Ely, NV 89301		
Telephone Number:	(775) 289-8430		
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	

Facility Mission: The Nevada Department of Corrections will improve public safety by ensuring a safe and humane environment that incorporates proven rehabilitation initiatives that prepare individuals for successful reintegration into our communities.

Facility Website with PREA Information:
http://doc.nv.gov/About/NDOC_Office_of_the_Inspector_General/Office_of_the_Inspector_General/

Warden/Superintendent

Name: William Gittere	Title: Acting Warden
Email: wgittere@doc.nv.gov	Telephone: (775) 289-1202

Facility PREA Compliance Manager

Name: Tasheena Sandoval	Title: Correctional Casework Specialist III
Email: tsandoval@doc.nv.gov	Telephone: (775) 289-1202

Facility Health Service Administrator

Name: Gloria Carpenter	Title: Director of Nursing
Email: gcarpenter@doc.nv.gov	Telephone: (775) 289-1243

Facility Characteristics

Designated Facility Capacity: 150	Current Population of Facility: 103
Number of inmates admitted to facility during the past 12 months	343

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		271
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		333
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 20-57
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		0
Average length of stay or time under supervision:		24.5 mo.
Facility security level/inmate custody levels:		Minimum
Number of staff currently employed by the facility who may have contact with inmates:		12
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		5
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		3
Physical Plant		
Number of Buildings: 4		Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:		0
Number of Open Bay/Dorm Housing Units:		3
Number of Segregation Cells (Administrative and Disciplinary):		0
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
None		
Medical		
Type of Medical Facility:		Off site
Forensic sexual assault medical exams are conducted at:		University Medical Center, Las Vegas, NV
Other		
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		66
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		19

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

On August 25, 2018, the audit team comprised of Mr. R. Benton, certified auditor, Ms. N. Hardy, certified auditor and I arrived at ECC. The audit team met with the Associate Warden, the PCM, the representative for the Nevada PREA Coordinator and the Camp Commander for greetings, introductions and information sharing. The meeting took place in a staff office, which served as a home base for audit preparation and organization.

ECC is overseen by the Warden and the management team of Ely State Prison. Prior to arrival at ECC, the audit team requested and received the names of the employees assigned in the management and specialized staff positions, who might be interviewed during this audit. Because of the mission of ECC, there is no management staff physically located at the facility. Arrangements were made to interview the management staff, either via telephone or in person, prior to arriving at ECC. Once at ECC the audit team received a roster of all inmates at the facility with identification numbers and assigned bed numbers, sorted by housing unit. The auditor also requested a list of inmates classified into any of the following categories:

- Disabled Inmates
- Limited English Proficient Inmates
- Transgender & Intersex Inmates
- Gay & Bisexual Inmates
- Inmates in Segregated Housing for Risk of Sexual Victimization
- Inmates who Reported Sexual Abuse
- Inmates who Disclosed Sexual Victimization during Risk Screening

The audit team was informed that none of the inmates at ECC fit into any of the specialized categories, other than limited English proficient and disabled. Because of the nature of the work assignments associated with fire camps, most inmates with medical or mental health concerns are screened out, by clinicians, for their own physical safety. At the time of the audit there were no openly gay or bisexual inmates or transgender or intersex inmates housed at the facility. Three of the four inmates that filed PREA complaints had been released to the community prior to the audit team arriving at the facility while the fourth inmate was transferred to another camp. The audit team was able to interview the transferred inmate since we visited the camp he was transferred to the next day.

The audit team received a list of all staff assigned to the facility. The auditor explained that these rosters were required for the audit team to select random custody staff and inmates for interviews. The auditor gave the Camp Commander lists of custody staff and inmates selected randomly for interviews.

On-site Review: This auditor conducted a thorough site review of the facility. The Associate Warden, NDOC PREA Coordinator and the Camp Commander escorted the auditor on the tour. There are only two buildings at ECC. The toured included all of the rooms and areas in both buildings. Additionally the recreation yard and fire camp training area were inspected for PREA compliance.

During the tour, we asked impromptu questions of staff and offenders. The audit team also identified potential blind spots, inspected bathrooms, showers and strip search areas to identify potential cross gender viewing concerns. The team noted the placement of PREA information posters in offender housing areas and placement of the PREA audit notice provided to the facility. Housing unit logs were reviewed as well as other on-site documentation that would be relevant to demonstrating compliance with the PREA Standards. ECC does not use any video surveillance.

PREA Management Interviews: The audit team members were assigned the responsibility for interviewing members of the management team, including the Warden, and the PCM. These managers were interviewed on August 22, 23 and 24, 2018, in their offices at Ely State Prison. The audit team members were escorted to the office of the respective manager where the auditor conducted the interviews using the applicable interview protocols and recorded the responses by hand. The Director of Corrections, the Contract Manager, and the Human Resources representative were all interviewed via telephone, due to their distance from the physical location of the audit.

Specialized Staff Interviews: Using the list of specialized staff received from the PREA Compliance Manager, several audit team members utilized the conference room to conduct confidential interviews. The audit team identified specialized staff to be interviewed. Interviews included the following:

- Incident Review Team Members
- Staff who Conduct Intake Screening
- Case Workers
- Investigations and Intelligence Staff (State and facility level investigations)
- Sexual Assault Nurse Examiner
- Human Resources
- Person Responsible for Monitoring Retaliation
- Higher Level Supervisor
- Contractors (Nevada Division of Forestry)
- Education Volunteer
- First Responders
- Training Director

- Grievance Coordinator

ECC does not have any medical staff on grounds. All medical issues are referred to Ely State Prison (ESP) or the local hospital. ECC does not have any segregated housing, all inmates with disciplinary or safety concerns, that require segregated housing are transferred to ESP.

Random Staff Interviews: ECC only has 12 staff assigned to the facility. During the audit, six of the staff were away from the facility due to vacation or assisting with the fire crews. All six staff that remained were interviewed.

Random Offender Interviews: The auditor determined that at least one offender from each dorm would be interviewed. One audit team members was assigned responsibility for the various offender interviews. The audit team member used the alphabetical roster of offenders to randomly select offenders from each housing unit. The audit team member completed the interviews in an empty classroom. During the interviews the audit team member introduced himself, communicated the standard advisory statements to the offender before proceeding with the standard line of questions from the random offender interview protocols and recorded the offender answers by hand using the designated form. Clarification was requested, as needed to ensure the offender's responses were clear. The facility had a population of 103 at the time of the onsite portion of the audit. 40 inmates were away from the camp fighting fires leaving 63 inmates to interview. A total of 15 offenders were interviewed as part of the random offender interviews.

PREA-Interest Offender Interviews: The three audit team members shared the responsibility for interviewing specific categories of offenders identified for interviews based upon their relevance to specific PREA standards. These categories are:

- Disabled Inmates (three interviewees)
- Limited English Proficient Inmates (one interviewee)
- Transgender and Intersex Inmates (zero interviewees)
- Gay & Bisexual Inmates (zero interviewees)
- Inmates in Segregated Housing for Risk of Sexual Victimization (none)
- Inmates who Reported Sexual Abuse (one interviewee)
- Inmates who Disclosed Sexual Victimization during Risk Screening (zero interviewees)

The auditors were advised by the PCM that there were not any offenders that were openly or disclosed being gay, bisexual, transgender, intersex, hearing or vision impaired, or had disclosed previous victimization. ECC does not have an Administrative Segregation, therefore there were no inmates placed in segregation for victimization concerns. The audit team member selected offenders from the list received from the PREA Compliance Manager. The interviews were conducted in a private office. The auditors introduced themselves, communicated the standard advisory statement and asked the line of questions in the respective interview protocols. These offenders were also asked the same interview questions as the random offender interviewees. The audit team member also conducted these interviews if a random offender interviewee disclosed information suggesting that one of the above categories of PREA interest applied to him. A total of 5 offenders were interviewed based upon these interview categories.

As a result of the inmate interviews, the audit team noticed that it appeared that inmates were not asked if they had been a victim of sexual abuse in the past or if they identified as LGBTI upon intake. Therefore 21 additional inmates were interviewed specific to the intake process.

Document Reviews: The document review process was completed by the audit team. One auditor made a list of random staff names and reviewed all training, personnel, contractor and volunteer records for these staff members. A second auditor made a list of random offender names and reviewed the records maintained through the offender intake process, offender records and relevant medical documentation. The audit team was provided copies of the documents to support the audit findings.

The training records reviewed included a computer printout of all staff and contractors who have taken the required training over the past fiscal year and a list of all staff that have not. All 12 training files were reviewed to verify compliance the NDOC PREA training procedure. All 12 personnel files were reviewed for compliance with the hiring/promotional requirements. 15 offender files were reviewed for compliance with training, SVAT and Medical/Mental Health referrals. All of the relevant information from the training, personnel and offender files was transferred to the PREA Audit Documentation Review Tracking Sheets.

ECC had four PREA allegations filed during this audit period. One investigation was completed during this time period, the other three are still outstanding.

Throughout the on-site review, the team had discussion about what was being observed and reviewed any discrepancies that were being identified. The team members would seek clarification, when discrepancies were identified to ensure that we were not missing pertinent information. The audit team held a close-out discussion with the Warden, PREA Coordinator and other administrative staff on August 28, 2018. During this close-out discussion, the facility staff and the Warden were provided with an overview of what had been identified as areas of concern.

POST-AUDIT PHASE

Following the on-site portion of the audit, the team met and discussed the post audit phase and the next steps. This auditor gathered written information and feedback from the other team member and took responsibility for completing the interim report.

The auditor and PREA Compliance Manager agreed that any documents not received during the pre-audit phase or site review would be requested via e-mail and provided by the PREA Compliance Manager.

On-site audit notes: The auditor reviewed onsite documents and notes, staff and offender interview notes and site review notes and began the process of completing the interim audit report. This auditor used the audit section of the compliance tool and the PREA standards as a guide to determine which question(s) in which interview guide(s), which onsite document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking the notes for each applicable subsection of each standard, this auditor made an overall determination at the end of the standard indicating whether or not the facility's policies, procedures and practices exceeds, meets or does not meet standard. Where the auditor found the facilities policies and procedures did not meet the standard, the auditor entered appropriate comments explaining why the standard is not met and what specific corrective action(s) is/are needed for facility's policies and procedures to comply with the standard. The auditor entered this information in the designated field at the end of the standard in review.

Interim Audit Report: Following completion of the audit notes, this auditor started completing the interim report. The interim report identifies which policies and other documentation were reviewed, which staff and/or offender interviews were conducted and what observations were made during the on-site review of the facility in order to make a determination of compliance for each standard provision. The auditor then

provided an explanation of how evidence listed was used to draw a final conclusion of whether the facility's policies and procedures exceed, meet, or does not meet the standard.

On September 21, 2018, the interim audit report was forwarded to the NDOC PC, the Warden of ECC and the PCM on ECC. Along with the interim report this auditor included a Corrective Action Plan (CAP) worksheet to address the two standards the ECC was out of compliance with. A telephone conference was held on October 1, 2018, between the auditor and the management team at ECC to discuss the CAP and what actions the institution would undertake to come in compliance with the PREA standards. The auditor then advised the management team what documents or information would be required to show proof of practice.

Between October 1, 2018 and January 10, 2019, the information that was requested by this auditor to demonstrate compliance was provided in a series of e-mails. The documents were reviewed and follow-up calls were made to insure that the information was sufficient to demonstrate compliance.

Upon reviewing all of the documentation, and concluding that ECC does meet the PREA standards, this report was completed and submitted to the Management of ECC, the NDOC PC and the PREA Resource Center.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Ely Conservation Camp (ECC) is located on Horse and Cattle Camp Road about 17 miles south of Ely, Nevada. ECC is one of ten conservation camps operated by the Nevada Department of Corrections. Located in White Pines County, ECC was constructed in 1984. The ECC has a capacity of 150 minimum custody inmates for the state of Nevada. Inmates at ECC work for the Nevada Division of Forestry completing conservation projects, roadside clean up, local area assistance and firefighting during the fire season. ECC is one of three camps that fall under the administrative responsibility of the Warden at Ely State Prison.

The physical design of ECC consists of two buildings. The main building is a cross shape design that contains dorm style sleeping areas, of fifty beds each, at the end of three of the wings. Near each dorm is a restroom and shower areas. Toward the center of the building there are staff offices, utility rooms, canteen, a classroom and a tool room. The fourth wing of the building contains the culinary, freezer, refrigerator, and dining room (which doubles as the visiting room). In the center of the building is the rotunda. This is where the officer's station is located. The second building is a rectangular shaped structure. This building contains the gym, property room, clothing room, laundry facility, and library. ECC does not utilize video surveillance.

The inmate population of the camp is all minimum custody. All of the inmates housed at ECC are considered low risk. There are no convicted sex offenders or inmates with violent criminal conviction histories. Because of the difficult physical nature of the work assignment at ECC, inmates with serious medical or mental health conditions are typically screened as not eligible by a medical or mental health clinician. Any inmates that would be considered flight risks, such as inmates with active warrants, are not housed at ECC. Inmates housed at ECC typically have only a short amount of time left to serve on their sentence.

ECC has one Lieutenant, one Sergeant, one Senior Correctional Officer, eight Correctional Officers, and one Caseworker position authorized in the staffing plan. At the time of the audit there were six staff away from the facility due to vacation or fire crew coverage. The Warden of Ely State Prison is the hiring authority for ECC. Administrative and support staff for ECC (in-service training, PREA Compliance Manager, and Human Resources) work at ESP. There are no medical or mental health staff or facilities at ECC.

ECC coordinates with the Nevada Division of Forestry in training of inmates to work on firefighting crews during fire season. These crews do community clean up and snow removal services during the off season. ECC also offers a wide range of programs for all of the inmate population and an opportunity to enroll in educational classes in pursuit of a GED, or a high school diploma.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 0

Click or tap here to enter text.

Number of Standards Met: 45

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401 and 115.404

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

The on-site portion of the audit was a consistent paced review of all areas of the institution. Facility staff were very helpful and responsive to the questions and concerns expressed during this portion of the audit. Facility staff were attentive to the needs of the auditors and were extremely hospitable. The audit team thanks the Warden, PREA Compliance Manager and the entire staff at Ely Conservation Camp.

During this audit, the staff and management of Ely Conservation Camp have demonstrated a willingness and desire to prevent, detect and respond to sexual abuse of inmates in prison. Because of this desire, the facility is in compliance with a significant number of the standards.

Some of the positives observed by the audit team included:

The staff and inmates have open lines of communication. This creates a positive relationship between staff and inmates.

The PREA Compliance Manager is extremely knowledgeable and committed to helping eliminate sexual abuse and sexual harassment of offenders at ECC.

The management staff have already started working toward correcting the deficiencies identified during the pre-audit and onsite portion of this audit.

PREA posters were in place in all housing units, and common areas.

Supervisory and management staff have a clear understanding of the policy.

Supervisory and management staff ensured the audit team had access to staff and offenders for interviewing. Any documentation requested was received promptly.

The following corrections were made, after the site visit and prior to the submission of the interim report, to come in compliance with the PREA standards:

115.81, 115.82 and 115.83 **Medical and Mental Health Care**

Operational Procedure 670, Medical Standards for PREA, did not adequately address how the medical or mental health department at Ely State Prison would be notified if an inmate needed an evaluation. This procedure was re-written and these concerns were addressed.

As a result of this audit, there are two standards that ECC did not meet compliance at the time of the interim report:

115.17 **Hiring and Promotional Decisions**

A review of the personnel files showed that five of the six employees that have been employed for over five years have not had recent background checks. NDOC and ECC must conduct background checks on all employees no less than every five years.

On January 10, 2019, a spread sheet was provided to this auditor with a list of all of the employees of ECC. The spread sheet included the dates that the background checks were completed. All of the dates were within the past year. A follow-up call was made to the NDOC PC to discuss the information received. HR policy requires that, once the criminal background document is review, it must be shredded. The PC informed this auditor that, if there was a criminal "hit" (meaning a documented arrest) on the arrest record, an incident would be generated and an investigation would be conducted. There were no "hits" on the background checks conducted on the staff at ECC.

ECC is compliant with 115.17.

115.41 Screening of Risk of Sexual Victimization and Abusiveness

90% of the Risk Assessment Screening forms were conducted without the inmate's input. Each inmate will need to be interviewed and re-screened so that the information is accurate.

On October 8, 2018, this auditor received a memorandum from the Warden of ECC stating that the reassessment of all inmates at ECC was completed on October 5, 2018. Additionally assessment documents were provided to this auditor of inmates that arrived at ECC after the interim report was submitted. The documents include statements of a face-to-face meeting with the inmates and demonstrate compliance with this standard.

ECC is compliant with 115.41.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 No

115.11 (c)

- 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 No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Nevada Department of Corrections (NDOC) Administrative Regulation (AR) 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, section 421.01, states "The Department 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." Ely Conservation Camp (ECC) has an additional policy (Operational Procedure 422) that reiterates AR 421. This policy outlines the institution's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. This OP also reiterates the NDOC zero tolerance policy.

NDOC's PREA Coordinator is Pamela Del Porto, Inspector General. Ms. Del Porto was assigned on March 23, 2017, as the PREA Coordinator for the Nevada Department of Corrections. During this PREA Audit, Deborah Striplin represented the Inspector General's office and NDOC as the acting PREA Coordinator. Ms. Striplin assisted the Inspector General for the State of Nevada in developing, implementing, and overseeing the NDOC's efforts to comply with the PREA standards.

ECC's PREA Compliance Manager (PCM) is Tasheena Sandoval, Correctional Caseworker Specialist III. Ms. Sandoval has been assigned as the PREA compliance Manager at ECC for four years. Ms. Sandoval reports to an Associate Warden, however does have the authority to bring PREA issues directly to the Warden as disclosed by both Warden and Ms. Sandoval. According to Ms. Sandoval, she does feel that she has sufficient time to coordinate the facility's efforts to comply with PREA.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- 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.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Nevada Department of Corrections (NDOC) entered a contract with CoreCivics to house 200 NDOC inmates in October 2017. This is the first contract that NDOC has had with an outside entity in recent years. A review of the contract language (section 2.55) requires that CoreCivics comply with the Prison Rape Elimination Act. A review of CoreCivics' website shows, in detail, their PREA Policy. The contract language details CoreCivics' plan to comply with PREA.

Section 2.56.1 of the contract between NDOC and CoreCivics states that the vendor shall be subject to PREA compliance monitoring per section 115.12(b) of PREA. The Contract Administrator for NDOC stated that a designated staff member that works in the Offender Management Division is responsible for monitoring PREA compliance of the CoreCivics facility.

Further questions were asked to see if the NDOC uses contracted facilities to house inmates for substance abuse programs or "half way houses" for paroled inmates and the auditor was told that NDOC does not use outside contractors for these types of programs. The NDOC PREA Coordinator stated that she would be involved if a contract were put in place for this function. She would insure that language in the contract is consistent with the requirements of PREA.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

- 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 No NA

115.13 (c)

- 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 No
- 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 No
- 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 No

115.13 (d)

- 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 No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operational Procedure 326, Posting of Shifts, requires that at least once a year the PREA coordinator shall assess, determine, and document whether adjustments are needed to the staffing plan and or video monitoring system. This auditor was provided a copy of the 2017 Ely Conservation Camp (ECC) staffing plan. According to the Staffing Plan, Nevada Department of Corrections' PREA Coordinator initiated a review and discussion of the staffing patterns for ECC with the Director of Corrections. ECC has a total of 12 authorized custody positions, to cover 8 posts, authorized by the legislature (one Lieutenant, one Sergeant and one Supervising Officer and six Correctional Officers). There is no medical or mental health staff assigned to ECC. All medical and mental health concerns are handled by the staff at Ely State Prison which is located about thirty minutes away. The documents provided indicate that there is currently one Correctional Officer vacancy. Minimum staffing requires at least two staff be on grounds at all times.

The physical design of ECC consists of two buildings. The main building is a cross shape design that contains dorm style sleeping areas, of fifty beds each, at the end of three of the wings. Near the front of each dorm is a restroom and shower areas. Toward the center of the building there are staff offices, utility rooms, canteen, the library, a classroom and a tool room. The fourth wing of the building contains the culinary, freezer, refrigerator, and dining room (which doubles as the visiting room). In the center of the building is the rotunda. This is where the officer's station is located. The second building is a rectangular shaped structure. This building contains the library, laundry and a gymnasium. Outside the perimeter fence is the Nevada Department of Forestry offices and shops. Because of the small size of the facility, staff are able to monitor inmate movement easily. There is no video surveillance at ECC.

During the interview with the Warden, he explained how the staffing plan is established, adjusted and enforced. The staffing plan is approved by the Nevada Legislature as part of the budget process. The plan is based on best practices, and the American Correctional Association's and National Institute of Correction's staffing models. Each year the plan is reviewed to see if adjustments need to be made based on mission changes, PREA and/or other serious incidents, program changes, legal challenges or legislative changes. According to the 2017 staffing plan, there are no findings of inadequacies by judicial ruling, Federal Investigative Agencies, or internal or external oversight bodies. There are no state, or local laws that dictate staffing requirements. The staffing plan contains an analysis of the inmate population by ethnicity and security threat group.

NDOC policy requires that the Camp Commander complete an entry into NOTIS whenever the staffing level drops below the minimum staffing requirements (two staff members). A memorandum signed by the Warden states that ECC has maintained minimum or above staffing levels during the past 12 months. The Camp Commander stated that they will hire overtime to avoid from falling below the staffing minimum.

Operational Procedure 400 requires that supervisors make unannounced to identify and deter staff sexual abuse and sexual harassment. The policy also prohibits staff from alerting other staff members that the supervisory rounds are occurring. This auditor was provided copies of the PREA-Unannounced Supervisor Tours from the Daily Shift Log. A review of the documentation demonstrated

that supervisors complete random tours of the facility. During swing shift and graveyard shift there are usually only two or three staff on grounds. During these hours the staff generally advise each other where they are going and what they are doing for security reasons. There are no concerns as to staff alerting each other about supervisor rounds since they are usually monitoring each other's movements and they are not posted in the housing units.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- 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].) Yes No NA

115.14 (b)

- 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].) Yes No 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].) Yes No NA

115.14 (c)

- 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].) Yes No 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].) Yes No 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].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Nevada Department of Corrections (NDOC) requires that any juvenile inmate housed at an adult correctional facility shall be housed in a location out of sight, sound and physical contact of the adult inmates. The youthful inmates are not to be placed in isolation for this purpose.

Ely Conservation Camp does not house any inmates under the age of 18 years old.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- 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 No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA
- 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 here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No

- Does the facility document all cross-gender pat-down searches of female inmates?
 Yes No

115.15 (d)

- Does the facility implement a policy and practice 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- 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 No
- 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 No

115.15 (f)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Administrative Regulation 492, Inmate Body Cavity Search for Contraband, section 492.01, states that any cavity search of an inmate, other than visual or metal detector, will be done in a medical setting under the direct supervision of authorized medical personnel. Any physical intrusion into an inmate's body cavity must be performed by a physician or mid-level practitioner, not employed by the department. Operational Procedure 403, Institutional Search and Control of Contraband, states "Staff shall not conduct cross-gender unclothed body searches or cross-gender visual body cavity searches (meaning searches of the anal opening) except in exigent circumstances or when performed by medical practitioners".

Additionally Operational Procedure 403 states "Staff shall document all cross-gender unclothed body searches and cross-gender visual body cavity searches". ECC has not had any cross gender strip searches in the past 12 months according to the memorandum signed by the Warden provided to this auditor. Currently ECC does not have any female staff assigned to the facility. According to the staff and inmates interviewed, female staff have not conducted any strip searches or pat-down searches on inmates at ECC during this audit period.

Operational Procedure 705, Inmate Grooming, requires that inmates be allowed to shower, perform bodily functions and change clothing without opposite gender staff viewing their buttocks or genitalia. Additionally, OP 422, Prison Rape Elimination Act, requires that the presence of female staff members shall be announced every time they enter an inmate housing unit or unit control room. This will be done by the control room officer by utilizing the unit intercom system. The female staff member will only announce their presence when no custody staff is present. This notification is to be documented by entering a PREA-Female Entering a Male Housing Unit entry in the Daily Shift Log in NOTIS. Several copies of NOTIS entries, showing when female staff entered the housing units, were provided to the audit team to demonstrate compliance with this policy. Even though there are not any female staff assigned to the facility, occasionally female staff due tour the units (this PREA audit is an example). When the audit team arrived at the facility, an announcement was made that female staff would be on grounds. Then each time the tour walked into a dorm, an announcement was made.

The physical design of the bathrooms allows inmates to shower and toilet without female staff watching them. Inmates are not allowed to walk around the unit undressed.

OP 403, page 2, restricts staff from searching inmates for the sole purpose of determining their genital statues. Information on an offender's genital statues is to be obtained during routine conversation or a review of medical records. Inmates housed at ECC have already been classified as male inmates during the Reception Center processing. All of the staff interviewed stated that they do not search inmates to determine their genitalia statues. None of the inmates claimed to have been strip searched for this reason.

The training that is provided to custody staff by NDOC is very thorough and comprehensive on searching methods. The training power point demonstrates, to staff, how to properly conduct a pat

down search of transgender and intersex inmates. A review of the training documents showed that all of the staff at ECC have been trained in these search techniques during 2017.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- 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 No

- 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 No
- 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 No
- 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 No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operational Procedure 422, Prison Rape Elimination Act, requires that ECC will provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The PREA resource Manual requires that the facility utilize the necessary resources that are available to assist inmates who have disabilities to insure those inmates have equal access to participate in or benefit from every aspect of the prevention, detection and response to sexual abuse and sexual harassment. The inmates receive the PREA information in the Offender Handbook when they first arrive at the facility. All inmates are also required to watch a 3 minute video on NDOC's PREA policy. The video and handout are available in both English and Spanish. Inmates are required to sign acknowledgement of receiving the information. Operational Procedure 504 states that the Inmate will be asked if they understand their rights under PREA and will sign an acknowledgement form for viewing the video. Acknowledgement form will be placed in their I-file. A review of 16 inmate files revealed that copies of the signed acknowledgement form were in the files. The acknowledgment forms indicate that the inmates received the information on the day of arrival.

ECC has contracted with CTS Language Link to provide both spoken interpretation and written translation services. Information on how to access those services can be found in Lieutenants office, Sergeants Office and the Caseworker's offices. The audit team was provided copies of the contract with CTS Language Link.

The audit team spoke to the caseworkers and the Camp Commander about the intake process. We were informed that if the caseworker doing the intake becomes aware, either through the interview process or the file review, that an inmate has a learning disability, physical handicap, or does not speak and understand English, reasonable accommodations are made. ECC has several methods for inmates with physical disabilities, such as vision and hearing impaired to receive the information. The policy states that staff are to read the information to inmates who cannot read. Because ECC is a fire camp, most inmates with physical and mental health restrictions are not cleared for placement at ECC by medical professionals. There were four inmates that were identified as needing reasonable accommodations to assist in reading at ECC during the time of the audit. All four were interviewed. During the interview they stated that the PREA policy was presented in a manner that they could understand.

Operational Procedure 422 states that "ECC will prohibit the 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-responder duties, of the investigation of the inmate's allegations. The use of inmate interpreters in these limited circumstances will be documented. Staff interpretation will be conducted within a confidential office and the staff member will be responsible for documenting the interpretation in NOTIS. The interpreting staff member will maintain confidentiality regarding all information that was interpreted." The one inmate that was identified as non-English speaking understood English sufficiently enough that the interpreter service was not required during the interview.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- 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 No
- 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 No
- 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 question immediately above? Yes No
- 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 No
- 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 No
- 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 question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- 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 No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- 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 No

115.17 (f)

- 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 No
- 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 No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Nevada Department of Corrections Prison Rape Elimination Act Manual, page 4, mandates that the Department shall not hire or promote an individual to a position that may have contact with offenders who meets any of the three criteria listed in section 115.17 (a). NDOC requires that every applicant/volunteer/contractor who may have contact with an inmate disclose the following information prior to entering into any NDOC facility:

Have they engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, or have you 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 have they been civilly or administratively adjudicated to have engaged in the activity described in any part of this question.

Have they been adjudicated as having engaged in any type of inmate Sexual Harassment, which includes as a staff member, volunteer, contractor, or as any type of service provider coming in contact with an inmate in the facilities mentioned in question 1.

Answering affirmative to either of these questions can result in the denial of employment or, in the case of contractors and volunteers, denial of access into the facility. Providing false information is grounds for dismissal. Staff answer these questions during the initial interview process, during any promotional interview and annually during their training. A review of the personnel and volunteer's files demonstrated compliance with this policy.

NDOC Administrative Regulation 300 requires that NDOC complete a background check before hiring or promoting any staff member. NDOC uses National Crime Information Center (NCIC) and the Nevada Department of Public Safety, Records, communications and Compliance Division to complete background clearances. Additionally Human Resources must make its best effort 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. Three examples of the information request were provided to the audit team. These requests included questions about if prospective employees were investigated for a PREA allegation. All 12 of the personnel files were reviewed. All of the files had a background check completed prior to hiring or promotion. The office of the Inspector General is required to do a biannual audit of random HR files for employees of the Department who were hired in the previous six months to ensure compliance with the required background check.

According to Administrative Regulation 4521.04, NDOC conducts background checks on all current employees every three years. The month that the employee was hired determines which month the follow-up background check will be conducted. The last cycle was initiated in August 2016, and was to be completed in July 2017. During the interview with the head of personnel, she explained the hiring process and how back ground checks are conducted. She explained what her staff would do if they discovered that an employee was dishonest during the application and hiring process.

During the onsite review of the personnel files it was discovered that most of the employees who were hired or promoted over five years ago had not had a background check completed in the past five years. This was the case in five of the six employees who have been employed for more than five years. This out of compliance issue was included in the corrective action plan. On January 10, 2019, a spread sheet was provided to this auditor with a list of all of the employees of ECC. The spread sheet included the dates that the background checks were completed. All of the dates were within the past year. A follow-up call was made to the NDOC PC to discuss the information received. HR policy requires that, once the criminal background document is review, it must be shredded. The PC informed this auditor that, if there was a criminal “hit” (meaning a documented arrest) on the arrest record, an incident would be generated and an investigation would be conducted. There were no “hits” on the background checks conducted on the staff at ECC.

NDOC Operational Procedure SS-0063, Background Clearance Application Procedure, requires that every contractor must have a background check completed prior to entering the facility. Additionally AR 212 requires that the background check be completed every three years thereafter.

NDOC policy requires Human Resources to disclose any substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the employee has applied for work. ECC provided two examples of requests about prospective employees that they received from other agencies. Both requests were responded to timely. The head of personnel stated that she would provide any information on prior sexual abuse or sexual harassment of an inmate if she received an inquiry from another institution about a previous employee.

ECC was able to provide the documents that all contractors and volunteers must fill out and sign prior to being allowed to have contact with inmates. A list of all of the volunteers and contract staff approved to enter NDOC facilities was provided to this auditor. The documents showed that all of the approved individuals have had their background cleared within the past three years. Additionally they are required to disclose any prior sexual misconduct convictions, administrative or civil actions, annually during their PREA training. Policy requires the volunteer or contractor to disclose any sexual misconduct. Failure to do so would result in restriction from grounds.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- 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.)
 Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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ECC has not completed any major construction or additions to the facility since the last PREA audit. There has not been any video surveillance added since that time.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- 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 No NA

115.21 (b)

- 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 No NA
- 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 No NA

115.21 (c)

- 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 No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Administrative Regulation 421, section 421.12, states that NDOC office of the Inspector General, will investigate all allegations of staff on inmate sexual abuse and sexual harassment and all inmate on inmate sexual abuse. Operational Procedure 421.1, Sexual Assault Response and Coordinated response, address the protocols for collection of evidence for use in an administrative proceedings and criminal prosecution. Combined with OP 457, Investigations, the policies include discovery, handling, delivery, retrieval, logging, storage, retention and destruction of all evidence. NDOC and ECC utilize a local hospital's Sexual Assault Nurse Examiner (SANE) to conduct the forensic exams. Currently NDOC has an agreement with University Medical Center in Las Vegas, Nevada to conduct all forensic exams. The audit team confirmed with UMC that they conduct the forensic exams for ECC. If an inmate is taken to UMC for a SAFE/SANE exam, they report to the emergency room. A SAFE/SANE nurse is called in to perform the exam. If there is no SAFE/SANE nurse available, the physician on duty will perform the exam. The person that the team spoke to stated that all of certified SAFE/SANE

nurses' training follows the National Protocol for Sexual Assault Medical Forensic Examinations as set forth by the Office of Violence Against Women.

NDOC policies mirror the National Protocol for Sexual Assault Medical Forensic Examinations as set forth by the Office of Violence Against Women. ECC uses a coordinated team approach to respond to reports of sexual assault. Because of the limited classification of staff working at ECC, medical and administrative staff from Ely State Prison assist in response to reports of sexual assault. They provide access to a victim advocate, and provide immediate medical care. All allegations are investigated. ECC utilizes a qualified SAFE/SANE nurse from the community to conduct medical exams and the process is handled, keeping the victims confidentiality in mind. The policy states that the inmate will be provided medical and emotional support at no cost to the inmate.

NDOC has a contract in place with The Rape Crisis Center (RCC) in Las Vegas in the event of a sexual assault. RCC has either staff or volunteers answering the rape hotline 24 hours a day, seven days a week. All of the volunteers at RCC are required to take a 50 hour training course on crisis intervention. The RCC contract states that the Inspector General's Office will contact them in the event that a victim advocate is requested. Once the Crisis Call Center is contacted, either a staff member or a volunteer will respond to the institution to be a victim advocate. This auditor spoke with the representative of the RCC who explained the process.

ECC did not have any allegations of sexual assault that required an inmate to be sent for a forensic exam during this audit period.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- 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 No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Administrative Regulation 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, section 421.12, states "NDOC Office of the Inspector General will investigate all allegations of staff on inmate sexual abuse, sexual harassment and inmate on inmate sexual abuse." Additionally the AR states that all substantiated criminal cases shall be referred to the applicable prosecutorial authority for review of prosecution. This information is on the NDOC website. AR 457, Investigations, states that all incidents shall be reported to the IG per the requirements of AR 332. 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.

This auditor spoke with the Inspector General for the NDOC. She confirmed that it is the IG Office's responsibility to investigate PREA allegations in NDOC. The IG's office is notified via the Nevada Offender Tracking Information System (NOTIS), the electronic incident notice system used by NDOC. In emergency cases they are notified via telephone. Once the IG's office receives the notice, they will assign an investigator to the case. At the conclusion of the investigation, if it appears that a felony has taken place, the IG will refer the case to the Attorney General. The Nevada Department of Corrections

Prison Rape Elimination Act Manual provides further direction on the Office of Inspector General's responsibility while conducting a criminal investigation.

This auditor spoke with two of the IG investigators regarding the investigation of PREA allegations. Both investigators stated that they investigate all PREA cases that may result in prosecution. If the incident does not appear to be a criminal act, or involve a staff member, the case may be assigned to a supervisor at the institution for fact finding and investigation.

During the audit the PREA incident log was reviewed. There was four PREA allegation reported at ECC during this audit period. All four were reported in the past four months. All of these allegations are still under investigation.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- 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 No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No

- 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 No
- 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 No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- 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 No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- 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 No
- 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 No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Instructions for Overall Compliance Determination Narrative

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Operational Procedure 422, Prison Rape Elimination Act, section 5, requires all employees who may have contact with inmates will receive instruction on PREA in pre-service training. The training will include the following:

Zero Tolerance Policy

- How to report, detect, prevent and respond to such allegations
- Inmate's right to be free from sexual abuse/harassment
- Inmate's right to be free from retaliation from reporting incidents
- The dynamics of sexual abuse and harassment in confinement
- The common reactions of sexual abuse and harassment victims
- How to detect and respond to signs of threatened and actual abuse
- How to avoid inappropriate relationships with inmates
- How to communicate effectively and professionally with the LGBTI
- How to comply with relevant laws related to mandatory reporting

The staff are trained initially in PREA upon employment through the Correctional Employee/Officer Basic Pre-Service Training (PST). After the PST, the training is required every two years. In years which an employee does not receive PREA refresher training the employee, shall receive refresher information on current PREA policies. A review of the training module provided to this auditor demonstrates that the information provided to the staff at ECC is in compliance with 115,31,(a), (1-10).

During the interview with the training manager, he explained how he insures staff stay current on the training annually. Staff are pre-scheduled for annual training for one week a year and are assigned to training for that week. The PREA training is given during this off post training week. The staff at ECC are trained at Ely State Prison. The training for all NDOC staff has a topic that is tailored toward the male inmate population and a topic that is tailored toward the female inmate population.

A review of the training records shows that all of the employees working at ECC have been trained in PREA in the past 24 months. Additionally they all have had refresher training during the past year. The employees signed a document acknowledging that they understood the training.

During the interviews with staff, all of the employees demonstrated knowledge in PREA. All of them knew about NDOC's zero tolerance policy and their responsibility to prevent, protect and report sexual abuse and sexual harassment.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- 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 No

115.32 (b)

- 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 No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operational Procedure 802, Community Volunteer Program, section 802.01, requires that all volunteers and contractual staff shall attend PREA training. The training covers the NDOC zero tolerance policy, and the volunteer/contractor's responsibility under the NDOC's sexual abuse and sexual harassment prevention, detection and response policies and procedures. An acknowledgment of receipt of training is then signed by the volunteer or contractual staff. This training is required prior to having contact with inmates and then every three years after that.

ECC provided copies of the sign training acknowledgement for eleven volunteers and contractors. All of the volunteers were trained within the past year.

ECC is a fire camp and has a contract with the Nevada Department of Forestry (NDF). The contract requires all NDF employees to be trained in PREA annually. Additionally ECC contracts with the White Pine County Unified School District to provide education services to the inmate population. Documentation provided by the ECC Camp Commander, demonstrates that the contract staff working with inmates at ECC have been trained in PREA within the past year.

During the interviews with the volunteers and contractors, they were able to explain the NDOC zero tolerance policy. They all knew their responsibility to report sexual abuse/sexual harassment and they were able to adequately describe what they would do if an inmate disclosed to them that they had been sexually abused or harassed.

ECC has approximately 55 volunteers on their Gatehouse list however only about three volunteers ever visit the facility.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- 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 No
- 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 No

- 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 No

115.33 (c)

- Have all inmates received such education? Yes No
- 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 No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?
 Yes No

115.33 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operational Procedure 422, Prison Rape Elimination Act, Section 7, states that during initial intake/reception and orientation ECC will ensure all inmates 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 during the intake process. Within thirty (30) days of reception, ECC will 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.

The Offender Handbook contains the NDOC zero tolerance policy on sexual abuse and sexual harassment, that inmates have a right to be free from sexual abuse/harassment and how to report sexual abuse/harassment. This document is available in both English and Spanish. NDOC has a contract in place with CTS Language Link to provide interpretive services for offenders who do not understand English or Spanish. The policy is read to the offender, according to the PCM, if the offender cannot read. A copy of the Offender Handbook was provided to this auditor for review. Documentation provided to this auditor, along with random reviews of 16 inmate files, confirmed that inmates received the PREA training. Copies of the signed acknowledgement of receiving the written materials were in the inmate's files.

All of the inmates interviewed, knew the NDOC Sexual Abuse/Harassment policy. Additionally, they knew how to report any violation of policy through the several different reporting methods. Most of the inmates that were interviewed during this audit acknowledged receiving the brochure and seeing the video. The inmates that stated they did not receive the information had signed acknowledgment forms in their files.

All of the common areas had posters explaining the NDOC PREA zero tolerance policy and how to report sexual abuse/sexual harassment visible to the inmate population. Additionally the telephone numbers to report sexual abuse to an outside agency are on posters throughout the facility.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- 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 have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.34 (c)

- 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 No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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NDOC utilizes investigators from the Inspector General's Office to conduct all PREA allegation investigations. The investigators are required to attend the same PREA training as all NDOC employees. Additionally they are required to take the NIC course on Investigating Sexual Abuse in a Confined Setting. This course covers techniques for interviewing sexual abuse victims, compelled interview warnings, sexual abuse evidence collection and criteria and evidence required to substantiate a case for administrative or criminal prosecution.

This auditor was provided a copy of the training syllabus and completion certificates of the investigators for the Inspector General's Office. The IG's Office has 19 PREA trained investigators. The audit team was provided copies of all 19 investigator's training certificates. During the interview with the investigators, they demonstrated knowledge on how to conduct a PREA investigation. This knowledge included what evidence to look for during an investigation, how to interview the alleged victim, suspect and potential witnesses. The investigators were able to explain how and when they would refer a case for prosecution. Both of the investigators interviewed knew how to conduct compelled interviews.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- 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? Yes No
- 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? Yes No

- 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? Yes No
- 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? Yes No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.35 (c)

- 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? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

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Ely Conservation Camp does not have any medical or mental health staff on grounds. Any medical needs that the inmate may need are handled by the medical staff at Ely State Prison or the community hospital. However, NDOC policy on medical training requires that all full and part time medical and mental health care practitioners who work regularly in the facility receive specialized PREA training.

Ely State Prison's (ESP) Operational Procedure 421 and Operational Procedure 670 states that all medical and mental health employees assigned to ESP will complete specialized training specifically in:

How to detect and assess signs of sexual abuse and sexual harassment

How to preserve physical evidence of sexual harassment

How to respond effectively and professionally to victims of sexual abuse and sexual harassment

How and to whom to report allegations or suspicions of sexual abuse and sexual harassment

This training is provided by the National Institute of Corrections on-line training facility. A printed certificate documenting the completion of the class is to be placed in the employee's supervisory file at the institution and within the Department's employee training file.

All medical and mental health care practitioners will receive the training mandated for employees in PREA standards 115.31 and 115.32.

NDOC Medical staff are not trained to conduct forensic exams. All forensic exams are conducted by a SAFE/SANE Nurse at University Medical Center in Las Vegas, Nevada.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- 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 No
- 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 No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

- 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 No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- 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 No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

- 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 No

115.41 (i)

- 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 No

Auditor Overall Compliance Determination

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Administrative Regulation 573, Administrative Regulation 573, PREA Screening and Classification, section 573.01, states that a transfer screening should take place as soon as possible, but shall be completed within 72 hours of arrival at a new facility. Ely Conservation Center's Operational Procedure 573 states that initial screening should take place as soon as possible, but shall be completed within 72 hours of arrival at the 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. A case note (PREA-Intake Assessment) will be generated to document said action.

A designated Correctional Casework Specialist (CCS) will interview the inmate in a confidential, secure location upon reception, complete the objective screening assessment, and determine housing based on the results of the assessment tool. A case note will be entered to document that the assessment tool was completed and note if any alerts were added. All data will be entered into the Microsoft Access PREA tracking database. Once the assessment tool is completed, it will be placed in the I-file. A CCS shall be available to process reception of inmates within 24 hours of arrival. During this process privacy and confidentiality must be maintained. Only staff interpreters can be used to assist in completing the PREA assessments.

The PREA Risk Assessment Tool (DOC 2097) utilized by NDOC has 10 questions to assess the inmate's vulnerability toward victimization and 4 questions to assess his potential toward predatory behavior.

The PREA Risk Assessment will be used for all screenings and assessments includes the following factors:

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.

A corresponding alert in NOTIS will be entered on all known victims (PREA-High Risk of Sexual Victimization) and all known predators (PREA-High Risk of Sexual Abusiveness).

The inmate is personally interviewed within 30 days and, if there are no additional concerns, a case note (PREA 30 Day Follow Up) is generated to reflect that there have been no changes to the PREA Intake Assessment. If, upon interview, additional information is received, a PREA Risk Assessment is completed. A corresponding Alert in NOTIS is entered on all known victims (PREA High Risk of Sexual Victimization) and all known predators (PREA High Risk of Sexual Abusiveness).

Inmates will be reassessed at each 6 month regular review and a PREA Regular Review Assessment case note will be entered to document said action. Inmates will also be reassessed if; the inmate requests it, a staff member refers an inmate for reassessment, if additional information is received or if the inmate is involved in an incident of sexual abuse. According to the Operational Procedure, Inmates cannot be disciplined for refusing to answer these questions.

A review of 15 random inmate files showed that all inmates were assessed for victimization/predatory concerns within 24 hours of arrival. Additionally the inmates were all re-assessed within 30 days of arrival for inmates that had been at ECC for over 30 days.

During random interviews with a sample of the inmate population, most of the inmates stated that they were not asked the PREA questions as identified on the screening instrument after arriving at ECC. For further clarification an additional twenty inmates were interviewed specific to the intake screening process. 90% stated that they were not asked about prior victimization, prior predatory behavior or LGBTI statuses. A few recalled being asked questions about their criminal history and if they felt "OK" here. It appears that when the caseworker is completing the PREA Risk Assessment form he is relying on information that has been previously supplied. It does not appear that the process is interactive. This appears to be the case in both the initial assessment and the follow-up assessment.

These concerns were discussed with the Warden. Prior to issuance of the interim audit report, an inquiry was conducted by the Administration of ECC. The results of the inquiry indicate that the caseworker was pulling the information from the case file to complete the risk assessment. The caseworker was subsequently trained in the proper technique of completing the PREA Risk Assessment form, including interviewing the inmate and including their responses.

The camp commander explained the intake process and when and how inmates are asked the risk assessment questions. The risk assessment results are maintained in the inmates file. Only staff have access to the files. The results of the risk assessment are not shared with any other inmates.

Based on the information received, that the inmates were not all assessed face-to-face during the intake screening, the corrective action plan required that all inmates be rescreened for risk assessment. On October 8, 2018, this auditor received a memorandum from the Warden of ECC stating that the reassessment of all inmates at ECC was completed on October 5, 2018. Additionally assessment documents were provided to this auditor of inmates that arrived at ECC after the interim report was submitted. The documents include statements of a face-to-face meeting with the inmates and demonstrate compliance with this standard.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- 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 No
- 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 No
- 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 No

- 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 No
- 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 No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- 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 No
- 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 No

115.42 (d)

- 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 No

115.42 (e)

- 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 No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- 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? Yes No
- 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? Yes No
- 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? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Operational Procedure 573, Screening and Classification, section 1, states that 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 on a case by case basis.

All program, education and work assignments shall be monitored and supervised by custody or free staff at all times to ensure safety and security of all inmates.

The NDOC PREA handbook requires the NDOC Medical Department to determine where best to house transgender and intersex inmates, taking into account the individual inmate's health and safety needs versus whether or not the placement in a specific gender based institution may present management or security problems. NDOC does not house transgender, intersex, lesbian, gay or bisexual inmates in specific facilities. ECC does not house transgender or intersex inmates in specific housing units.

All NDOC inmates' safety and program needs are reassessed every six months. Policy requires that the view of the transgender or intersex inmate toward their safety will be given serious consideration. Policy also requires that transgender and intersex inmates are given the opportunity to shower separately from the other inmates. The design of the showers at ECC allows all inmates to shower separately from each other. There have not been any know transgender, or intersex inmates housed at ECC during this audit period.

The Camp Commander explained how he would separate inmates classified as victim likely and predator likely from each other in a camp setting. Only the Camp Commander and the CCS conduct bed moves. Both have access to the PREA assessment and would not house a victim likely with a predator likely in the same dorm. The physical design of the facility allows for the inmates to be housed in separate dorms with different toileting and showering facilities. Because of the different work assignments available, he could insure that the inmates would not be assigned in the same work area. At the time of the audit, ECC did not house any inmates who screened as victim likely or predator likely. The Camp Commander further stated that in the event that an inmate did not feel safe, or he could not separate potential victims and potential aggressors, it may be necessary to transfer one or both inmates to other facilities to accommodate safe housing assignments.

During the interviews with the inmate population, none of the inmates expressed concerns about their sexual safety.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- 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 No
- 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 No

115.43 (b)

- 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 No
- 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 No
- 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 No
- 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 No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- 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 No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- 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 No
- 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 No

115.43 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Ely Conservation Camp does not have restricted housing. In the event that an inmate has safety concerns such that he cannot be placed in any of the dorms at ECC, he is transferred to another facility (usually Ely State Prison (ESP)). However NDOC does not allow inmates to be placed in involuntary segregated housing based solely on victimization concerns unless there are no other safe housing options. ESP Operational Procedure 573, section 3 states "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. During the weekends or holidays the on duty Associate Warden must be notified to make appropriate arrangements. If the inmate voluntarily requests segregated housing, the inmate will be seen by classification within 72 hours of segregation. 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:

The opportunities that have been limited;

The duration of the limitation; and

The reasons for such limitations.

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 assignment shall not ordinarily exceed a period of 30 days. If an involuntary segregated housing assignment is made the facility shall clearly document the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged. 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."

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No

115.51 (b)

- 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 No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- 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? Yes No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Operational Procedure 422, Prison Rape Elimination Act, section 10, states that ECC 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:

Verbal complaints to any Departmental employee

Written complaints, which may be made through the following processes:

Inmate grievances

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. 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.

NDOC Family Services Office by phone or email at info@doc.nv.gov.

Writing the Nevada Attorney General's Office

Calling the internal PREA Hotline telephone number at 775-887-3152

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

The NDOC has an agreement with the New Mexico Department of Corrections to accept PREA allegations from NDOC inmates, family or public. This gives the inmates a chance to report PREA to

another law enforcement agency that is not associated with NDOC. The contact information for the PREA Coordinator at New Mexico Department of Corrections is provided to the inmates via the PREA Information and FAQ Sheet and it is posted on the walls in common areas around the facility. Additionally the IG's PREA hotline is available on the inmate's phone and email kiosk. The inmates only need to enter a number to prompt a direct line to the IG's PREA hotline to report an incident. The inmates are not required to give their name to make a report.

All of the above information is also provide to the inmates in the Offender's Handbook.

I asked the Camp Commander how inmates can report confidentially. He informed me that when inmates make calls to the IG's office, or the Rape Crisis Center, the calls are not monitored by ECC staff. Additionally inmates outgoing mail is not monitored. This information is posted in the housing units for the inmate population to see.

OP 422, section 9, requires that all staff report immediately any knowledge, suspicion, or information regarding any incidents of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Staff shall privately report sexual abuse and sexual harassment incidents with their on duty supervisor. Avenues of reporting can be either in person or by telephone. No other person shall be in the vicinity of hearing the reporting information. Staff is required to report known incidents involving both other staff and inmates. Staff is required to accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

According to the representative of the IG's office that was present during the audit, staff can contact them and report confidentially.

NDOC does not house any inmates solely for civil immigration purposes.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- 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. Yes No NA

115.52 (b)

- 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 No NA

- 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 No NA

115.52 (c)

- 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 No NA
- 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 No NA

115.52 (d)

- 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 No NA
- 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 No NA
- 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 No NA

115.52 (e)

- 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 No NA
- 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 No NA
- 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 No NA

115.52 (f)

- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.52 (g)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Administrative Regulation 740, section 740.06, states that all grievances containing allegations of sexual abuse will be referred to the Inspector General's Office for investigation and they will be designated as "PARTIALLY GRANTED" indicating that it has been submitted for investigation by the Inspector General's Office. Operational Procedure 740, Inmate Grievance Procedure, section 740.04, removes all time frame restrictions for the filing of a grievance when the grievance alleges sexual abuse.

Section 740.04, allows an inmate to skip the informal grievance process when filing a sexual abuse grievance. If the grievance alleges sexual assault by a staff member, the inmate is not required to give the grievance to the staff member named in the grievance, nor is the inmate required to attempt to resolve the issue with that staff member. The grievance will not be forwarded to the named staff member to respond to the grievance.

Policy requires that all grievances alleging sexual abuse are forwarded to the Inspector General's (IG) Office. The IG's Office will render a decision of the outcome of the appeal within 90 days and initiate an investigation, if appropriate. In the event that more time is needed to resolve the grievance the IG's Office may ask for a 70 day extension. If an extension is needed, the IG's Office will notify the inmate of the extension and the expected date of the reply. Upon the completion of the investigation the IG's Office will notify the inmate of the results of the investigation. If the inmate does not receive a response within the allotted time limits, the inmate may consider this a denial.

NDOC and ECC's Operational Procedures do allow for third party reporting. Third party individuals could be a fellow inmate, staff member, family member, attorney or an outside advocate. If a grievance is filed via third party, the inmate is to be interviewed. The inmate must confirm the allegation and agree to the administrative remedies. If the inmate declines to have the request processed, it shall be documented in the tracking log and on NOTIS (Nevada Offender Tracking Information System).

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. 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. Per policy, 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. 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. 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.

The Camp Commander explained the grievance process to the audit team. He explained that, while all grievances are taken seriously, PREA grievances are immediately given an incident number and placed in NOTIS. Once in NOTIS, the IG's office will receive the information and initiate an investigation. The Camp Commander does not require an inmate who files a PREA grievance on a staff member to meet with that staff member in an attempt to resolve the grievance.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- 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 No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- 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 No

115.53 (c)

- 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 No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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NDOC has a Memorandum of Understanding (MOU) in place with Community Action Against Rape DBA the Rape Crisis Center (RCC) to provide inmates emotional support in the event of a sexual assault. Inmates are provided addresses and phone numbers for these services and Just Detention International when they first arrive at ECC via the Offender Handbook. The telephone number for the Rape Crisis Center is posted on the wall next to the inmate telephones.

All inmate phone calls are recorded; however, phone calls to the Rape Crisis Center and the IG's office are only reviewed or monitored by IG staff. Inmates are informed of this during orientation and it is included in the handbook and on the posters. The outgoing inmate mail is not reviewed. All inmates are informed that all PREA reporting, investigations, medical or mental health support is confidential.

Copies of the MOU, the Offender Handbook and the posters by the inmate telephones were all observed and reviewed during the audit. During the interviews, most of inmates stated that they were aware that emotional support was available for them via the RCC. The inmates that claimed that they were not aware of this service were provided the information by the auditor.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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The Offender Handbook provided to the inmates as they arrive at ECC explains that a PREA allegation can be reported to family or friends who can report on their behalf (third party reporting). This information is also on the posters in the housing units and visiting and on Inspector General's website also contains this information.

During the interviews with the inmates, they all knew that they could have somebody else (friend, family member or other inmate) report the allegation for them and that they could report a PREA allegation for another inmate.

Operational Procedure 422 states that ECC 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.

Every staff member stated that they would accept a third party PREA report the same as a first party report when asked.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- 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 No
- 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 No
- 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 No

115.61 (b)

- 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 No

115.61 (c)

- 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 No
- 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 No

115.61 (d)

- 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 No

115.61 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Administrative Regulation 421, section 421.05, requires that all staff must report immediately any knowledge, suspicion, or information regarding any incidents of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Staff is required to report known incidents involving both other staff and inmates. Policy also requires an employee to report any other employee's neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment or retaliation. ECC prohibits retaliation against any person because of his/her involvement in the reporting or investigation of a complaint.

NDOC policy mandates that staff shall not reveal any information related to a sexual abuse report to anyone other than their immediate supervisor. All reports of sexual abuse to include inmates and staff are to be kept confidential. Section 421.17 states all case records associated with claims of staff sexual abuse, sexual harassment, inmate sexual abuse or any attempt thereof including written reports, investigation reports, evidence, inmate information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are confidential.

NDOC policy requires that all allegations of sexual abuse and sexual harassment, including third party reports, be forwarded to the Inspector General's Office for review and possible investigation.

All of the staff interviewed knew their responsibility to report all allegations of sexual abuse and sexual harassment. They stated that they would report the information immediately to their supervisor or the Camp Commander. They also explained that they would not share any information about a PREA incident with any other staff except of those that have a need to know (such as an investigator). The Camp Commander stated that he enters all PREA allegations into NOTIS (Nevada Offender Tracking Information System). According to the Inspector General, their office receives all NOTIS entries. They would receive any PREA allegation entered in the system and immediately initiate a response by contacting the facility to provide direction or obtain additional information.

ECC does not have any Medical or Mental Health staff assigned to the facility, 115.61(c) does not apply.

ECC does not house any offenders under the age of 18. 115.61(d) does not apply.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operational Procedure 422, section 1, states that if any NDOC employee becomes aware that an inmate is subject to a substantial risk of imminent sexual abuse at ECC, they shall take immediate action to protect the inmate. If the knowledge is obtained by receiving a verbal/written report, the employee will immediately notify the on duty shift supervisor. If the knowledge is obtained by visual observance, the employee will initiate first responder duties in accordance with PREA guidelines. In the Sexual Assault Response procedure, it requires staff to separate the victim from the aggressor and keep the victim safe.

During the interviews, staff explained what they would do if they received information that an inmate was at imminent risk of being sexually assaulted. Based on how the information was received, they would interview the potential victim to insure his safety. They would notify their supervisor or the Camp Commander. Staff said they would separate the potential victim from the potential predator while arrangements were made to transfer one or both inmates to a different facility for the victim's safety. Because of the number of camps in the NDOC system, inmates can be moved apart without affecting their program. All of the actions taken would be noted in NOTIS.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- 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 No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operational Procedure 422, Prison Rape Elimination Act, Section 12, states that if an inmate reports during his PREA assessment that he was sexual abused while confined at another institution/facility, the PREA compliance manager, Associate Warden, or Warden must be notified immediately. The PCM/AW/Warden will provide notification to the PREA Coordinator immediately. The Warden will notify the agency where the allegation occurred as soon as possible, but no later than 72 hours after receiving the allegation. The PCM/AW/Warden will initiate a report using NOTIS. The PCM will enter the proof of notification within the generated report. The PCM will also maintain a log of such notifications.

Upon receiving notification from another agency claiming that a possible PREA incident had occurred at ECC, the PREA Coordinator will notify ECC of the alleged incident. The PREA Coordinator will ensure the allegation is investigated.

According to the Warden, in the past 12 months, ECC has not any inmates report sexual abuse at another facility while housed at ECC. ECC has not had any inmates make an allegation of sexual abuse that occurred at ECC when the inmate was received at another facility.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- 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 No
- 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 No
- 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 No
- 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 No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operational Procedure 422, Prison Rape Elimination Act, Section 11, provides a detailed process for first responders to follow upon learning of a sexual assault. The OP states 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 alleged victim and abuser; Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Transfer the victim to Ely State Prison medical department for assessment and to be prepared for transport to the outside medical facility SAFE/SANE Nurse if appropriate. Additionally the first responders will take steps to prevent the alleged suspect from destroying any physical evidence. At no time are the alleged victim and the alleged suspect to have contact with each other. The Shift Supervisor shall notify the Duty Warden as soon as practical and complete a detailed NOTIS entry and a 019 report for the Warden. The report should include all written reports related to the sexual assault or sexual activity. The incident area is secured and treated as a crime scene until released by the Warden, Inspector General or designee. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

During the interviews with staff they were able to explain their role in the response to a sexual assault. Because of the limited resources at the facility, the medical staff at Ely State Prison is contacted by phone and instructions are given to the staff at the scene. The crime scene is preserved until the investigation team arrives to process the crime scene. They discourage the alleged victim from washing their hands, changing their clothes, showering, brushing their teeth or using the toilet. Staff stated that they would prevent the alleged suspect from washing their hands, changing their clothes, showering, brushing their teeth or using the toilet. At no time do they let the alleged victim or the alleged suspect have communication with each other while awaiting transportation to Ely State Prison or the hospital. The alleged victim and the alleged suspect are kept in separate rooms out of sight and ear shot from each other. They are transported in separate vehicles.

There were no incidents reported during this audit period which required an emergency response.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Operational Procedure 422, Prison Rape Elimination Act, Section 11, provides a detailed process for a coordinated response to a sexual assault. The OP requires the involvement of the Shift Supervisor, the medical staff from ESP, management staff from ESP, and the Inspector General's Office. Each classification's responsibility for response to sexual assault is outlined in the Operational Procedure. This response includes protection of the victim, preservation of the evidence, reporting and investigation. Medical Directive 117, Sexual Assaults, directs the NDOC medical and mental health staff on what steps to take when responding to a sexual assault; prior to sending the victim to the outside medical facility and upon returning to the institution.

The staff at ECC explained to the audit team what they would do in the event of a sexual assault. Once the inmates were separated and safe from the general population, they would secure the crime scene, contact the PREA Compliance Manager, Associate Warden or Warden, the inspector General's Office and the Medical Department at Ely State Prison (ESP). Based on the direction given, the staff at ECC would prepare to transfer the inmates to ESP or the hospital and document their observations.

There were no incidents reported during this audit period which required coordinated response.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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NDOC does not have collective bargaining. This section does not apply.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- 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 No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- 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 No

115.67 (c)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
 Yes No

115.67 (e)

- 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 No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operational Procedure 422, Prison Rape Elimination Act, Section 18, requires the PREA Compliance Manager (PCM) to monitor the conduct and treatment of inmates and staff who reported the sexual abuse and 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 for at least 90 days. The PCM will track all inmates and staff who report sexual abuse, or sexual harassment, or cooperate with any investigation, from retaliation by both inmates and/or staff. The monitoring shall be conducted and documented by the PREA Compliance Manager (PCM) Office. A daily check of all NOTIS entries will be done by the Camp Lieutenant, Associate Wardens, and Warden. The Camp Manager will notify the Associate Warden or Warden of the PREA related incident report. All IR's in regards to PREA issues will be added to the PREA Incident tracking form by the Associate Warden or Warden. The PREA Compliance Manager will review the retaliation tracking log weekly and complete the retaliation checks. An entry is made in the retaliation log section of the PREA incident log.

The policy further states that ECC shall employ protection measures for both victims and abusers, such as monitoring housing changes, transfers, job assignments, program assignments, negative work reviews, and custody status. If any facility staff member learns of or receives information that a person who cooperated with an investigation, other than an inmate or staff reporter, has expressed a fear of retaliation, the Inspector General's Office will be immediately notified. The matter will be immediately reviewed by PREA management staff of the Inspector General's Office and contact made with the person by the assigned staff member of the IG's Office. Appropriate measures will be taken by the assigned investigator, including, follow up with the person who expressed the fear and if applicable referral to an outside law enforcement body or advocacy group.

According to the PCM she tracks all inmate and staff allegations of sexual abuse/harassment using the PREA Incident Tracking Log. The PCM completes all periodic status checks a minimum of every 30 days to determine acts of retaliation have not occurred. She reviews the housing unit statues, the disciplinary logs, the job movement sheet and the grievance log. She attempts to make personnel contact with the inmate at least once, during the first month. She notes the dates of the statues checks and if any retaliation occurred in the incident log. The PCM continues to monitor beyond the 90 day time frame if the initial monitoring indicates a continuing need. The PCM terminates any monitoring if the agency determines the allegation is unfounded. If the inmate transfers to another facility during the monitoring period, she notifies the PCM at the next institution, via e-mail, and has them provide her with any data relative to retaliation of the inmate.

During the interview, the PCM explained how she would tracks inmates who are being monitored in NOTIS. She also reviews files and movement history to insure that retaliation is not occurring. She documents her actions in the tracking log. In the event that an inmate that he was monitoring transferred prior to the completion of the 90 day period, she would notify the PCM at the institution that the inmate transferred to and request that that PCM continue the monitoring. There were notations that explained the PCM's efforts to insure that retaliation is not occurring. In one of the cases the alleged victim was transferred to another facility and the monitoring continued.

There were no inmates currently housed at ECC that required monitoring at the time of this audit.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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Ely Conservation Camp does not have segregation housing. However, NDOC policy does not allow inmates to be placed in involuntary segregated housing based solely on being a victim of sexual assault unless there are no other safe housing options. If an inmate could not be safely housed at ECC, they would be transferred to Ely State Prison (ESP). ESP Operational Procedure 573, section 3 states "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. During the weekends or holidays the on duty Associate Warden must be notified to make appropriate arrangements. If the inmate voluntarily requests segregated housing, the inmate will be seen by classification within 72 hours of segregation. 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:

The opportunities that have been limited;

The duration of the limitation; and

The reasons for such limitations.

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 assignment shall not ordinarily exceed a period of 30 days. If an involuntary segregated housing assignment is made the facility shall clearly document the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged. 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."

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- 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 No NA
- 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 No NA

115.71 (b)

- 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 No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- 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 No

115.71 (e)

- 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 No
- 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 No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.71 (g)

- 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 No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- 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 No

115.71 (j)

- 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 No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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Administrative Regulation 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, mandates that the NDOC, Office of the Inspector General (IG), will investigate all allegations of staff on inmate sexual abuse, sexual harassment and inmate on inmate sexual abuse within the NDOC. This includes third party and anonymous reporting of a PREA allegation. Investigators are assigned to cases via the IG's Office as soon as a complaint is received. The investigators are trained in how to do criminal and sexual assault investigations. This includes a thorough, complete and objective investigation. Investigators assigned to investigate allegations of sexual abuse or sexual assault shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. If the case is determined to be none criminal, and does not involve staff, the IG's Office may assign it to an investigator from the facility.

The IG's Office has a team of 19 investigators trained in investigating sexual assault cases. The training includes conducting sexual assault investigations in a confinement setting, interviewing victims of sexual assault, proper use of Maranda and Garrity warnings, sexual abuse evidence collection, and preparing a case for referral for prosecution. Reviewing the training record confirmed that the investigation team had all received the proper training. Investigators who work at the institution, not assigned to the IG's Office, receive the same training.

The investigators that were interviewed for this audit were able to explain the investigation process. When they are first assigned to a case, they make sure that the alleged victim is safe and receiving medical attention, including a forensic exam if needed. They report to the crime scene and collect any evidence. They also collect the evidence from the forensic exam. They review staff reports and interview the victim. They then interview the suspect (if known) and any witnesses. The investigators stated that they also review any video tapes, phone calls, documents or other relevant evidence. Once all of the interviews are completed and evidence has been reviewed, they write a report stating the facts of the case. The investigator then submits the case to the Attorney General's for possible prosecution. The Warden of the facility is provided all of the reports. The Warden makes a determination of whether or not the case is substantiated, unsubstantiated or unfounded. The evidentiary standard to substantiate a case is preponderance of evidence.

Policy requires that all substantiated criminal cases shall be referred to the applicable prosecutorial authority for review of prosecution. This is done by the Attorney General's Office.

During interviews and discussion with investigative staff, each of them stated that the creditability of the individual being interviewed is not based on their status as an employee or offender, it is based on an individual bases. NDOC policy forbids the use of any form of lie detector test when interviewing the victim. Prior to conducting a compelled interview, the investigator will consult with the Attorney General's Office for advice and direction.

According to the IG, all completed investigations are retained in her office for at least five years after the alleged abuser is no longer in the control of NDOC or separated from state service.

Policy states that the departure of the alleged abuser or victim from the employment of the Department or control of the institution/facility shall not provide a basis for terminating an investigation. Three of the four inmates who have made allegations have been released from custody. All three of these investigations are ongoing.

ECC has had four PREA allegations during this audit period. One is a sexual harassment against an NDF employee, one is a sexual harassment against a NDOC employee and two are sexual abuse against NDOC employees. All of the allegations were filed within the past four months. There was one completed investigation to review for this audit. This investigation was a staff-on-inmate sexual harassment. During the investigation interview, the inmate admitted that the allegation was not a PREA, however he wanted to work a different assignment and filed the complaint hoping for a job change. The other three investigations remain open.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The NDOC PREA Manual states that the Department shall impose no standard higher than a preponderance of the evidence in determining whether an allegation(s) of sexual abuse is substantiated.

During the interviews with the investigators, they knew what level of evidence was required to substantiate a case. They both consider preponderance of evidence to be 51% likely to have occurred. The Warden was also aware of these criteria.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- 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 No

115.73 (b)

- 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.) Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer employed at the facility? Yes No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- 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 No
- 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 No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Administrative Regulation 421, Custodial Sexual Misconduct Inmates Sexual Offences and Prison Rape Elimination Act, requires that, at the conclusion of an investigation, the inmate be informed on whether the allegation has been substantiated, unsubstantiated or unfounded. Additionally, if the allegation is against a staff member, the department will inform the offender when the staff member no longer works in the unit, when the staff member no longer works at the facility, if the staff member is indicted on charges related to sexual abuse within the facility or if the staff member is convicted of a charge related to sexual abuse within the facility. If the allegation is against another offender, the departmental policy requires the victim be notified if the perpetrator has been indicted or convicted on a charge related to sexual abuse.

Operational Procedure 457, Investigations, section 6, states that if the Inspector General's office did not conduct the investigation, the PREA Coordinator will request the investigation outcome from the agency that had completed the investigation. The PREA Coordinator will notify the PCM of the outside agencies findings. The PCM will notify the inmate and enter a case note within the NOTIS system indicating that the inmate had been notified. The PCM will also append the NOTIS IR with the date that the inmate was notified of the outcome.

ECC has not had any concluded investigations during this audit period.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- 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 No

115.76 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The State of Nevada defines sexual abuse of a prisoner as a class D Felony. Administrative Regulation 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, section 421.14, states that NDOC staff shall be subject to disciplinary sanctions up to and including termination for violating Departmental sexual abuse or sexual harassment policies. All terminations for violations of Departmental sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, shall be reported to law enforcement agencies and to any relevant licensing bodies, by the Inspector General's office.

Administrative Regulation 339, Code of Conduct, defined sexual abuse as a Class 5 disciplinary offence for employees. The AR requires that all Class 5 disciplinary actions result in termination, even for the first offence.

During the interview with the Warden, he stated that it is the expectation that staff be terminated if they sexually assault an inmate, even if the inmate gives consent. There were no sexual assault allegations substantiated against any NDOC employees at ECC during this audit period. None of the inmates who made allegations are currently housed at the facility. Three have paroled and one was moved to a different camp to protect the integrity of the investigation.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Administrative Regulation 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, section 421.15, states that 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. 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.

The Warden stated that he would restrict a volunteer or contractor from grounds (gate stop) if they sexually assaulted or harassed an inmate. Additionally the volunteer or contractor would be removed from the clearance list and no longer allowed in any NDOC facility.

According to the Warden, ECC has not had any volunteers or contractors restricted from grounds due to sexual assault or sexual harassment. A review of investigations included one allegation of sexual harassment against a volunteer or contractor. The inmate who made the allegation has been released from prison. The investigation is ongoing.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- 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 No

115.78 (b)

- 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 No

115.78 (c)

- 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 No

115.78 (d)

- 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 No

115.78 (e)

- 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 No

115.78 (f)

- 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 No

115.78 (g)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Administrative Regulation 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, section 421.16, addresses the discipline process for inmates that are charged with sexual abuse/harassment of another inmate. The policy states that 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 abuse, sexual harassment or consensual sexual activity. Inmates shall be subject to administrative disciplinary sanctions. Sanctions shall be 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. 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. ECC may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. 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.

During the interview with the Warden, he stated that the inmate disciplinary process is an objective process that takes all factors into account when determining guilt or innocence of an inmate. Additionally any penalty administrated as a result of a guilty finding is within established policy. All factors, including the inmate's mental health concerns are considered during the disciplinary process.

ECC has not had any substantiated allegations of inmate-on-inmate sexual abuse/harassment during this audit period.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- 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 No NA

115.81 (b)

- 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 No NA

115.81 (c)

- 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? Yes No

115.81 (d)

- 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 No

115.81 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy requires ECC staff to refer inmates for mental health evaluations if the inmate has experienced prior sexual victimization or previously perpetrated sexual abuse. Typically the Mental Health Referral is completed by classification staff upon risk assessment screening. ECC does not have any medical or mental health staff on grounds. All of the medical or mental health needs are provided by the community hospital or Ely State Prison.

Medical INP 200, Health Care Services, section II, address how NDOC will provide medical and mental health treatment to an inmate who discloses prior victimization or predatory sexual abuse. The policy reads "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. The Inmate will be asked if he or she has experienced prior sexual abuse, whether it occurred in an institutional setting, jail, or in the community. If the inmate answers yes, staff will ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within "14 days" of the intake screening. A specialized binder will be located and maintained in the medical and mental health areas to identify the inmates in need of this follow-up.

Operational Procedure 670, Medical Standards for PREA, states that if the PREA Risk Assessment screening done by the classification committee at intake indicates that an inmate has experienced prior sexual victimization and/or has previously perpetrated sexual abuse, whether it occurred in an institutional or jail setting or in the community, staff shall ensure that inmate is offered follow-up medical and/or mental health meeting within 14 days of the intake screening. The inmate will complete a medical/mental health kite at intake, with the assistance of the intake caseworker if needed, if they are requesting a follow-up medical and/or mental health meeting. At the time of the kite submissions the caseworker must annotate at the top that the inmate must be seen within 14 days. A case note will be made to indicate that the inmate either submitted a medical/mental health kite, or that the inmate declined to submit a medical/mental health kite. All kites will be forwarded to the Ely State Prison

medical department for handling. All kites received by the medical department will be date stamped and entered into a "PREA Kite" database for tracking purposes. The request will then be forwarded to the appropriate department (medical or mental health) to ensure that the inmate is seen within the 14 day time frame. The information gathered from the inmate during the appointment required within the 14 day time frame will determine if additional follow-up care is needed. If follow-up care is needed based on the interview, subsequent appointments can be scheduled at that time.

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.

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.

The Camp Commander explained the process that he uses for medical and mental health care of the inmate population. He stated that, if an inmate states that they have previously been a victim of sexual abuse, or perpetrated sexual abuse, he offers the inmate a meeting with mental health. If the inmate accepts, ESP Mental Health Department is contacted and an appointment is made. The inmate is then transferred to ESP as a "treat and return" on the day of his appointment. Once the appointment is over, the inmate is returned to the camp. If follow-up is required by the mental health department, the inmate is transferred to ESP as a "treat and return" on his appointment days.

According to the documentation provided and the inmate interviews, there were no inmates currently housed at ECC that claimed prior sexual victimization or predatory sexual behavior.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- 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 No

115.82 (b)

- 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 No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- 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 No

115.82 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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ECC does not have any medical or mental health staff. If an inmate needs medical care, they are referred to the medical staff at Ely State Prison (ESP). ESP has medical staff on duty 24 hours a day seven days a week. Medical INP 200, Health Care Services, states that all inmate victims of sexual abuse will receive timely unimpeded access to emergency medical/mental health treatment which will be determined by the health practitioner's professional judgment.

When an incident is of an Emergent Nature, medical staff will:

Perform a cursory, visual exam for any signs of injury, without manipulating any of the victims' body parts.

Injuries will be documented by camera and utilizing NDOC Form 2514 (Unusual Occurrence).

Victims will be offered immediate medical attention for any injuries that require treatment.

If SANE exam is requested, treatment can be deferred if it appears it will affect evidence, and the injuries are not life threatening.

Medical staff may assist in the collection of evidence, except for obtaining specimens.

When an incident is of an Emergent Nature, Mental Health staff will:

During normal working hours, mental health staff will provide an immediate consultation with the victim if requested.

After hours, in the absence of mental health personnel, medical staff can provide basic counseling and support until the victim can be seen by mental health personnel.

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

All services provided for the above related treatments, shall be free of charge regardless whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Since there are no medical or mental health staff at ECC, according to the Camp Commander, if an inmate needs medical or mental health assistance, he calls the Medical Department at ESP. The medical staff at ESP would advise the Camp Commander, over the phone as to what action needed to take place.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- 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 No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- 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.) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- 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 No

115.83 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In the event of a medical or mental health concern that require follow-up treatment, the medical staff at Ely State Prison (ESP) will schedule the inmate for an appointment and have the inmate either temporarily transferred to ESP or have him transported on the day of his appointment.

NDOC policy requires that inmates who have been victims of sexual abuse receive medical and mental health treatment as prescribed by a physician. Medical INP 200, PREA, requires that the follow-up treatment provided will be consistent with the community standard level of care. Sexual abuse victims will be offered tests for sexually transmitted infections as deemed medically appropriate. Mental health will attempt to conduct mental health evaluations of all known inmate-on-inmate abusers within 60 days of learning of the known abuse.

All services provided for the above related treatments, shall be free of charge regardless whether the victim names the abuser or cooperates with any investigation arising out of the incident.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- 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 No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- 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 No
- 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 No
- 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 No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- 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 No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operational Procedure 422, Prison Rape Elimination Act, section 19, state that Ely Conservation Camp 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 investigation.

Such review shall ordinarily occur within 30 days of the conclusion of the investigation and will be documented using the Committee Review for Sexual Abuse Investigation form located in NOTIS (under the incident IR number). The review team shall be selected by the Warden and should include preferably the Associate Warden, CCSIII, Lieutenant and medical and/or mental health care practitioners as needed. The investigative staff member from the IG's office will also participate in the incident review team. The review team shall document their findings on the Committee Review for Sexual Abuse Investigation form. The review team shall:

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.

Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.

Examine the area in the facility where the alleged incident occurred to assess whether physical barriers in the area may enable abuse.

Assess the adequacy of staffing levels in that area during different shifts.

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Prepare a report of its findings, including but not limited to determinations made pursuant to the above paragraphs of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The Review Team shall implement the recommendations for improvement or shall document the reasons for not doing so.

Both the PCM and the Camp Commander stated that, if they had a case that required a review, the PCM would prepare the committee and the Warden or Associate Warden would come to the facility, with the investigator and other staff and assess the incident. The Warden said he does review all PREA incidents and take the committees advisement on the cause of the incident. He stated that they review policy, staffing levels, camp inmate population dynamics and physical structure. If future sexual assault incidents can be prevented, then changes, within the scope of his control, will be made. In the event that the change requires major staffing changes or structural changes, he requests these through the proper channels of NDOC.

There were no completed sexual abuse investigations at ECC during this audit period.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- 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 No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- 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 No

115.87 (d)

- 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 No

115.87 (e)

- 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.) Yes No NA

115.87 (f)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The NDOC PREA handbook requires that the Inspector General (IG), PREA Management Team (PMT), is responsible to collect accurate, uniform data for every allegation of sexual abuse at every institution and facility using a standardized instrument and set of definitions. The incident-based sexual abuse data shall be aggregated, at a minimum, annually. The data shall include all of the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV-IA) conducted by the Department of Justice. The IG PMT shall maintain, review, and collect data as needed from all incident based documents including reports, investigation files and sexual abuse

reviews. The PREA Compliance Manager maintains a record of all reports of sexual abuse at the facility.

The PREA Coordinator was present during this audit and she explained her agencies role in collecting, reviewing and maintaining the data. A review of the documents provided demonstrated compliance with this standard. The Inspector General's PREA Unit receives all of the PREA incident reports within the NDOC via the Nevada Offender Tracking Information System (NOTIS). This allows for the NDOC to insure that all reports are consistent. The information provided to the PC is sufficient to complete the Department of Justice' Survey of Sexual Violence form. Each Prison within the NDOC uses the same set of definitions when documenting sexual assault and sexual harassment within the corrections system.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- 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 No
- 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 No
- 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 No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- 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 No

115.88 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The NDOC PREA Manual requires that the Director, or designee, Deputy Director of Operations, and the IG PREA Coordinator review the data in order to assess and improve, if necessary, the effectiveness of its sexual abuse prevention, detection and response policies practices and training. This review includes identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility and the department where inmates may be present.

The report shall include a comparison of the current year's data and corrective action with those from prior years and shall provide an assessment of the department's progress in addressing sexual abuse. The Department's report must be approved by the Director and made readily available to the public through the Department's public website. Prior to placing any reports on the Department's website, all personal information of the victims and subjects are redacted.

A review of the Nevada Department of Corrections web-site has a link titled "Inspector General/PREA". This link makes the policies, data and statistics easy to find on the internet.

The 2015 and 2016 report was reviewed by this auditor. The report contained the PREA data on each of the NDOC facilities, identifying problem areas, any corrective action taken and the effectiveness of the sexual abuse prevention program. The report did not contain any confidential information such as victim's information. The 2015 and 2016 reports are posted on the NDOC, Inspector General's website.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All of the PREA data is maintained in the Inspector General's Office. According to policy the data is maintained 10 years. The aggregated data is maintained on the NDOC website. There are no personal identifiers included in the information posted.

During the interview, the Inspector General confirmed that she maintains all data in her office for 10 years. A review of the website and the information provided demonstrates compliance with this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes 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 No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The NDOC website contains the results of all of the PREA audits conducted since 2013. A review of these audits appears to show that all of the facilities operated by NDOC were audited in a three year period starting in August 2013. The number of audits conducted was approximately one third of their facilities each of the three years.

During this audit, the auditor had access to, and toured, the entire facility. This auditor had access to every inmate, staff member, volunteer and contractor that this auditor requested to interview. The interviews were all conducted in the privacy of a staff office either in person or telephonically or an empty classroom. Each document that was requested was received, including sensitive documents, such as investigation reports, personnel information and inmate files. Inmates were allowed to send confidential correspondence to this auditor, if they wished. No letters were received from inmates prior to, during or at the conclusion of this audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for

prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The NDOC website contains a copy of the previous audit conducted at ECC. The audit was completed on July 1, 2016 and posted on the website on July 7, 2016.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

John Katavich
Auditor Signature

January 18, 2019
Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.