

PREA Facility Audit Report: Final

Name of Facility: Northern Nevada Transitional Housing

Facility Type: Prison / Jail

Date Interim Report Submitted: 09/12/2023

Date Final Report Submitted: 03/05/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Michele Morgenroth	Date of Signature: 03/05/ 2024

AUDITOR INFORMATION	
Auditor name:	Morgenroth, Michele
Email:	MMorgenroth@mt.gov
Start Date of On-Site Audit:	08/16/2023
End Date of On-Site Audit:	08/16/2023

FACILITY INFORMATION	
Facility name:	Northern Nevada Transitional Housing
Facility physical address:	225 Sunshine Lane, Reno, Nevada - 89502
Facility mailing address:	

Primary Contact	
Name:	Lt Jonathan Wilson
Email Address:	jwilson@doc.nv.gov
Telephone Number:	77599775902

Warden/Jail Administrator/Sheriff/Director	
Name:	Nethanjah Breitenbach
Email Address:	nbreitenbach@doc.nv.gov
Telephone Number:	7759775000

Facility PREA Compliance Manager	
Name:	Jonathan Wilson
Email Address:	jwilson@doc.nv.gov
Telephone Number:	O: 775-977-5902

Facility Characteristics	
Designed facility capacity:	112
Current population of facility:	111
Average daily population for the past 12 months:	87
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	25 to 71
Facility security levels/inmate custody levels:	Trustee and Minimum
Does the facility hold youthful inmates?	No

Number of staff currently employed at the facility who may have contact with inmates:	11
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	1

AGENCY INFORMATION	
Name of agency:	Nevada Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	3955 W. Russell Road, Las Vegas, Nevada - 89118
Mailing Address:	
Telephone number:	7252166000

Agency Chief Executive Officer Information:	
Name:	James Dzurenda
Email Address:	jdzurenda@doc.nv.gov
Telephone Number:	725-216-6010

Agency-Wide PREA Coordinator Information			
Name:	Deborah Striplin	Email Address:	dstriplin@doc.nv.gov

Facility AUDIT FINDINGS
Summary of Audit Findings
The OAS automatically populates the number and list of Standards exceeded, the number of

Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

0

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-08-16
2. End date of the onsite portion of the audit:	2023-08-16

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International; Signs of Hope; Sexual Assault Support Services

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	112
15. Average daily population for the past 12 months:	87
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	105
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	1
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>11</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The facility was still in a "post COVID" phase of not having many volunteers or contractors who enter the facility.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor requested a full roster of all residents onsite the day of the audit. These were provided with their intake date and housing location. From this inmates were randomly selected based on length of stay and housing unit. After determining that there would be only 3 interviews for the targeted interviews, the selection of random interviews was increased from 10 to 20. The auditor had to work around the work schedules of the residents, so everyone available during the day was interviewed, and the auditor waited until some residents returned from their day shifts to ensure a good selection of all residents. In total, 22% of the current population was interviewed, which in itself demonstrates a good cross section of the population without having to specifically take into consideration age, race, or ethnicity.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>I oversampled the total number of random residents because there were not enough of the targeted interviews. Inmates who might have been targeted interviews declined to be interviewed.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>3</p>

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

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
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<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
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<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
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<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
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<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I asked the facility to fill out a form when I arrived to identify how many residents fit these specialized categories. They provided that data and identified residents in other categories but not this one. Their willingness/openness in providing the other data would indicate they have no reason to withhold this data regarding Deaf or hard of hearing from the auditor. In addition, the auditor did not interact with any residents who would fit this description while onsite.</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I asked the facility to fill out a form when I arrived to identify how many residents fit these specialized categories. They provided that data and identified residents in other categories but not this one. Their willingness/openness in providing the other data would indicate they have no reason to withhold this data regarding transgender or intersex residents from the auditor. In interviews with random staff, they reported not having any transgender or intersex residents in recent memory. In addition, the auditor did not interact with any residents who identified as transgender or intersex while onsite.</p>

<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility has not had any allegation of sexual abuse in the year+ before the audit.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>All random residents were asked during interviews if they had ever reported sexual abuse while incarcerated. In addition, I asked the facility to fill out a form when I arrived to identify how many residents fit these specialized categories. They provided that data and identified residents in other categories but not this one. Their willingness/openness in providing the other data would indicate they have no reason to withhold this data.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not have segregated housing, nor have there been any reports or potential or actual victimization.</p>

<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The population at the facility is not very diverse because it is a transitional housing facility. Residents here typically have to be able to hold a job in the community so any medical or disability concerns have to be well managed, they have to have clear conduct, etc. Therefore, there were not a lot of residents who fit the descriptions, and the ones who did were not willing to be interviewed, and/or their experience was not pertinent to the line of questioning required by this audit. More information about these targeted interviews is detailed in pertinent standards of this report.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>8</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Length of tenure in the facility <input type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </p>
<p>If "Other," describe:</p>	<p>The auditor interviewed all staff at the facility.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p>

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>There are only 11 total staff employed at the facility. 8 were interviewed as random staff, the other 3 were interviewed based on their specialized roles within PREA compliance.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>19</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Grievances
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	There were no contractors currently assigned to the facility.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The auditor observed all areas of the facility. There were no intakes in order to observe the education or risk assessment process. However, the auditor had the intake and assessment staff walk her through the process for these. The auditor spoke to residents and staff informally while conducting the inspection to inquire about supervision, staff ratios, etc. An interpreter was needed for one of the interviews so that service was successfully demonstrated. PREA reporting and advocacy posters were prevalent throughout the facility. The auditor tested the resident phone hotline and confirmed processing of the test call. Other reporting mechanisms provided on the NDOC website were also tested successfully. See additional information outlined throughout the report.</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>Investigation files were selected by the auditor to review from the sister facility since no allegations occurred at NNTH. 21 inmate files were randomly selected by the auditor for review of risk assessments and PREA education. Employee files were also selected by the auditor to review compliance with standards 115.17 (hiring requirements) and 115.31 (employee training). See additional information throughout the report regarding documentation selection and review.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	19
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>7</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>12</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>12</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>6</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	6
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	<p>After the onsite visit and prior to issuing the interim report, the auditor requested 10 case files from NNCC, sister facility of NNTH since NNTH does not have any allegations. This was a random selection from a list provided to the auditor. During corrective action, the auditor requested that any cases closed be provided for review to ensure compliance. This included cases primarily from NNCC. See standard 115.71 for further description.</p>
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

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

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) NDOC Administrative Regulation 421 states the Department has zero tolerance for any form of sexual misconduct to include staff/contractor/or volunteer on offender or offender on offender sexual harassment, sexual assault, and/or sexual abusive contact. This administrative regulation goes on to outline reporting, support services, coordinated response, protection from retaliation, investigations, disciplinary actions, medical and mental health services, etc. The NINTH Operational Procedure 421, which coincides with the administrative regulation, reiterates the zero tolerance policy and outlines specific prevention, detection, reporting, and responding protocols for the facility. The agency also has a PREA Manual which gives specific instruction on how the agency complies with each standard.</p> <p>(b) The agency org chart depicts the PREA Coordinator under the Director of Corrections. The PREA Coordinator reports to the Inspector General who reports to the Director. On 1/14/21 a memo was sent by the NDOC Director to all NDOC staff advising that Deborah Striplin was designated as the PREA Coordinator. The memo states she has the authority to create and implement agency-wide policies,</p>

procedures, and practices. The position has direct access to the Director and the agency's executive leadership team. Administrative Regulation 421 outlines the requirements and responsibilities of the PREA Coordinator. The PREA Coordinator confirmed in her interview that she has time and authority to complete her duties. Time to complete these duties, as for all of us, requires shifting priorities and finding the time to complete necessary tasks. If issues arise with PREA compliance, the PREA Coordinator works with the PREA Compliance Managers, administrators, etc. to rectify the concern.

(c) Administrative Regulation 421 outlines the requirements and responsibilities of the PREA Compliance Manager for each facility within NDOC. NNTH Operational Procedure 421 states the Facility Manager is the designated PREA Compliance Manager at NNTH and reports directly to the Warden. The PREA Compliance Manager confirmed in his interview that he has the time and authority to complete his duties related to PREA. He has a backup person and they have designed the workflow of PREA tasks, such as risk assessments, to ensure things aren't missed. He communicates all changes or updates to staff during meetings or via email. This was demonstrated when he sent an email to staff right after the auditor was onsite with updates from the audit. The auditor was copied on this email.

Supporting Documents:

NDOC Administrative Regulation 421 Prison Rape Elimination Act

NNTH Operational Procedure 421 Custodial Sexual Misconduct, Offender Sexual Offenses, and Prison Rape Elimination Act

NDOC PREA Manual

Agency Org Chart

Agency PREA Coordinator Memo 1/14/21

PC and PCM Interviews

Based on review of documentation, interviews, and the overall level of compliance with the standards, the facility is compliant with this standard.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The last contract NDOC had for the confinement of inmates expired in 2020. They do

	<p>not have any active contracts for the confinement of inmates. There is draft language which follows the language of the standard pending approval for an updated administrative regulation. A cursory review of the NDOC website shows no contracted facilities nor current request for proposals for any contracts for confinement.</p> <p>Supporting Documents:</p> <p>PREA Coordinator Memo</p> <p>NDOC website</p> <p>Based on information from the PREA Coordinator and NDOC website, the facility is compliant with this standard.</p>
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115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>(a) The staffing plan for NNTH, written in 2021 and 2022, covers generally accepted detention and correctional practices. NNTH does not have any judicial, federal, internal, or external findings of inadequacy in terms of their staffing plan. The staffing plan discusses the physical plant of the building, including number/type of cells, bathrooms, and camera system. The composition of the resident population description includes racial/ethnic composition and custody levels. Supervisory staff include a lieutenant and sergeant who are present most days of the week. Programming is limited due to this facility being a transitional setting and residents are employed in the community. There are no State or local laws applicable to the staffing plan. The facility takes into consideration incidents of sexual abuse, however, at the time the plan was written there were no incidents to consider.</p> <p>(b) The minimum staffing of the facility is one officer due to the small size of the facility. They cannot go below this so there have not been any deviations from the staffing plan. According to a memo from the Warden, NNTH has maintained legislatively approved staffing and utilizes overtime to maintain a minimum of one officer on duty. Interviews with the Warden, PREA Coordinator, and PREA Compliance Manager confirmed the staffing plan is followed. The PCM stated they will use overtime or call in employees from their sister facility, NNCC, to cover if needed.</p> <p>(c) The staffing plan was reviewed in 2021 and 2022. The last review was on 10/12/22. The staffing plan review included consultation with the PREA Coordinator as indicated by her signature on the staffing plan. The PREA Coordinator did identify</p>

that they need to formalize the process for completing these reviews. While they are meeting the standard, it is recommended that they formalize the process for completing these reviews at the same time annually.

(d) NDOC Administrative Regulation 400 mandates PREA unannounced rounds for supervisory staff. NNTH Operational Procedure 400 designates the Facility Manager and Facility Sergeant as the staff responsible for unannounced rounds that must be covered on all shifts. This procedure also prohibits staff from alerting each other that rounds are being conducted. Rounds are documented in NOTIS. Logs of these rounds from NOTIS were provided to the auditor. The auditor reviewed rounds from August 2022-December 2022 and January 2023-June 2023. During that time, rounds were only conducted on a Saturday twice. Saturday is also the day that no supervisory staff are on duty. There were also only 3 times during that period that rounds were conducted during the night shift from 2100-0500. This leaves distinctive gaps where staff know there will not be rounds.

Supporting Documents:

NNTH Staffing Plan and Review Calendar Year 2021, 2022

Memo PREA 115.13 b Compliance from Lt. 6/21/23

Memo NNTH - Facility Operations from Warden 10/12/22

NDOC Administrative Regulation 400 General Security/Supervision Guidelines

NNTH Operational Procedure 400 General Security/Supervision Guidelines

PREA Manual

Daily Shift Log PREA-Unannounced Tours

Warden, PC, and PCM Interviews

Corrective Action Required:

(d) The facility must develop a plan or schedule for the supervisory staff to do unannounced rounds at the facility on Saturdays on random shifts and at night more often. It appears Saturday checks picked up in July 2023. The facility must submit a plan for conducting unannounced rounds on Saturdays and night shifts to the auditor no later than 150 days from issuance of the interim report. The facility will need to submit unannounced rounds documentation to the auditor for 3 months.

Corrective Action Completed:

(d) The facility lieutenant and sergeant committed to ensuring unannounced rounds

	<p>on Saturdays and night shifts. This was reflected in a revision to NNTH OP 400 which now states, "At a minimum the Facility Manager and Facility Sergeant will each conduct an unannounced tour on either graveyard shift or on a Saturday monthly to ensure all shifts and days are covered." Round logs were submitted showing 6 graveyard tours and 5 Saturday tours plus a tour on a holiday from 8/25/23-12/04/23. With the change to procedure and demonstration of rounds on these shifts, the facility is in compliance with this standard.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The facility does not house and has not housed youthful offenders. This was confirmed during onsite inspection and interviews with facility staff. It was also confirmed via the PREA statistics tracker for NNTH which shows no offender bookings moved to NNTH within 12 months prior to 6/26/23, 17 years of age or younger. Due to physical plant, the facility does not have the ability to ensure no sight, sound, or physical contact with adult residents. Therefore, they will never house youthful offenders per NNTH Operational Procedure 502 Youthful Offender Classification. The facility is in compliance with this standard.</p> <p>Supporting Documents:</p> <p>NNTH Operational Procedure 502 Youthful Offender Classification</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) NDOC Administrative Regulation 492 requires any search of an inmate's body cavity be done in a manner consistent with compliance to the Prison Rape Elimination Act. It requires that a body cavity search be performed by a physician or mid-level practitioner not employed by the Department. NNTH Operational Procedure 422 states NNTH shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners.</p> <p>(b) NNTH does not house female residents and has not for several years. This was confirmed by the lieutenant and other staff while onsite. Therefore, this substandard</p>

is not applicable.

(c) The PREA Manual requires all cross-gender strip and body cavity searches to be documented in NOTIS. The facility reports there have been no cross-gender strip or body cavity searches, and since there are no female residents, no cross-gender pat searches.

(d) The PREA Manual states, "The policies and procedures implemented for cross-gender viewing and searches will also allow offenders to shower, perform bodily functions, and change clothing without a non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances...or when such viewing is incidental to unit tours and routine cell checks." NNTH Operational Procedure 422 requires opposite gender announcements, including knocking on a resident's door before entering any time that is not count time. NDOC maintains a Daily Shift Log where opposite gender announcements are logged. Random logged announcements for NNTH since September 2022 were reviewed by the auditor.

(e) The PREA Manual states, "All Department non-medical staff is prohibited from searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status." NNTH Operational Procedure 422 states staff will not search or physically examine a transgender or intersex resident for the sole purpose of determining the inmate's genital status. If it is unknown, this must be determined by medical records or a conversation with the resident.

(f) NDOC Administrative Regulation 421 and NNTH Operational Procedure 422 require all custody staff to be trained on how to conduct cross-gender pat searches (universal pat search) and searches of transgender and intersex offenders to ensure professionalism and to utilize the least intrusive manner possible consistent with security needs. The training materials for the universal pat search used at NDOC was reviewed by the auditor. Training covers the requirements in this standard and teaches the back of the hand/blade of the hand technique for all pat searches.

The auditor interviewed 8 random employees. This consisted of all employees at the facility who do not have specialized duties under PREA. Of these, 7 would be responsible for conducting searches. All 7 confirmed they were trained on the universal pat search training which is a back of the hand/blade of the hand technique. However, the documentation of this training was missing from their training records. The facility has not had any cross-gender searches in recent years because all residents are male and all staff who would conduct searches are also male. This was confirmed by all employees interviewed, including during the specialized interviews. During the onsite inspection it was clear that residents are allowed to shower, change clothes, and perform bodily functions without being viewed by staff. Showers and toilets have curtains, dividers, and/or doors. As confirmed in interviews, all female staff are announced via the intercom system when entering the housing units. All staff also knock on bedroom doors before entering.

	<p>There are no windows in the bedroom doors. Staff confirmed in interviews that they would not conduct a search to determine the genital status of an offender. This would be determined with medical staff, if in question.</p> <p>Supporting Documents:</p> <p>NDOC Administrative Regulation 492 Inmate Body Cavity Searches for Contraband</p> <p>NDOC Administrative Regulation 421 PREA</p> <p>NNTH Operational Procedure 422 Search and Seizure Standards</p> <p>PREA Manual</p> <p>Daily Shift Log</p> <p>NDOC Standard Clothed Body Search Instruction Handout</p> <p>Universal Clothed/Unclothed Body Searches 2017 In-Service Training</p> <p>Employee interviews</p> <p>Corrective Action Required:</p> <p>While staff are trained on the universal pat search, the documentation to back this up was missing. The facility must provide documentation of training of all employees who conduct pat searches. The agency must also develop a plan to ensure this documentation is maintained for future audits. This plan and the training documentation must be provided to the auditor within 150 days of the issuance of the interim report.</p> <p>Corrective Action Completed:</p> <p>The search training records could not be found so the facility retrained all staff on universal pat search procedures. On 10/12/23 the facility submitted documentation of this training for all employees who conduct pat searches. The facility plans to keep these documents at the facility for future audits.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

(a) NNTH Operational Procedure 658 requires NNTH to ensure residents are not discriminated against in participating in assignments, programs, activities, or services and will make reasonable accommodations for known residents with qualifying disabilities. It states NNTH will take steps to ensure effective communication with residents who demonstrate a mental or psychological disorder or developmental delay. Staff will take special care to ensure these residents understand critical facets of the NNTH orientation, including PREA assessment and reporting. NDOC Administrative Regulation 658 requires access to auxiliary visual, hearing aids, and services, including handwritten or typed notes, sign language interpreters, captioning of videos, visual notifications, magnifiers, etc. The PREA video viewed at intake is closed-captioned and can be available in Braille. NDOC has a contract via the Department of Administration for sign language services. The PREA intake assessment asks whether the inmate has a mental, physical, or developmental disability, either perceived or reported, so staff know to accommodate that during the assessment and intake process.

(b) The PREA video viewed at intake is available in Spanish. NDOC has a contract with Corporate Translation Services DBA Language Link which provides translation services in numerous languages. PREA reporting posters are present throughout the facility in English and Spanish. Spanish is the most common second language spoken by residents within NDOC.

(c) The PREA Manual states staff will not use and/or rely on inmate interpreters, inmate readers, or other types of inmate assistants. During PREA training, staff are advised about the interpreter services available.

Onsite:

All 8 employees interviewed stated they knew about the interpreter services available and not to use another offender to interpret. The interpreter information was posted in the main control area. Posters were throughout the facility in English and Spanish. The staff responsible for intake education and for risk assessments were familiar with the interpreter services available. They stated they would use handwritten communication or closed captioning if needed during intake. They also knew they had access to the Spanish versions of the education information. Two residents with disabilities and one resident who was limited-English proficient were interviewed by the auditor. The residents with disabilities stated they were able to comprehend the PREA education and it was provided to them in a manner that was understandable. The resident who was limited-English proficient was interviewed with the assistance of the interpreter service. The service worked as defined and the resident stated he received PREA education in the language he could understand. He had no concerns.

Supporting Documents:

NNTH Operational Procedure 658 Reasonable Accommodations

	<p>NDOC Administrative Regulation 658 Reasonable Accommodations for Inmates with Disabilities</p> <p>NNTH Operational Procedure 504 Reception of Inmates at NNTH</p> <p>Contract for Services with Corporate Translation Services DBA Language Link</p> <p>Contract for Services American Sign Language Communication</p> <p>PREA Reporting Poster Spanish</p> <p>NDOC PREA Risk Assessment</p> <p>PREA Manual</p> <p>Employee Training PREA Presentation</p> <p>Employee and Offender Interviews</p> <p>Based on documentation review, interviews, and onsite inspection, the facility is compliant with this standard.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) NDOC Administrative Regulation 421 and the PREA Manual dictate the same requirements as this standard. The New Hire & Promotional Candidate PREA Questionnaire and Contractor and Volunteer PREA Questionnaire ask applicants about whether they have engaged in sexual abuse in a facility or the community, if they have been convicted or civilly or administratively adjudicated to have engaged in such activities, or engaged in sexual harassment. The PREA Manual states, "HR shall ask, verbally or in writing, all applicants, for hire or promotion, about previous misconduct involving sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution."</p> <p>(b) NDOC Administrative Regulation 421 states, "The Department shall consider any incidents of sexual harassment when determining whether to hire, promote or enlist the services of any employee." The PREA Manual states, "The Department shall consider any incidents of sexual harassment in determining whether to hire or promote anyone or enlist the services of any contractor, who may have contact with offenders."</p> <p>(c) NDOC Administrative Regulation 421 requires a criminal background check before hiring new employees or enlisting the services of any contractor who will have</p>

contact with offenders. It also requires making best effort to contact prior institutional employers consistent with this substandard. The NDOC Prior Confinement PREA Background Check is filled out to comply with this substandard. The PREA Manual describes the criminal background check as a National Criminal Information Center (NCIC) and FBI fingerprint criminal background records check.

(d) NDOC Administrative Regulation 421 requires a criminal background check before enlisting the services of any contractor who will have contact with offenders. The NDOC Security Regulations Acknowledgement form must be filled out by all outside contractors and subcontractors and authorizes a background check to be completed. Volunteers are also required to complete a background check as mandated in NDOC Administrative Regulation 802.

(e) NDOC Administrative Regulation 421 and the PREA Manual state, "The Department will conduct criminal background records checks at least every five years of current employees and contractors who may have contact with offenders." The PREA Manual describes this is completed by HR and IG personnel every three years, beginning the first year of each PREA audit cycle. All agency divisions are tasked with performing background checks of contractors every year.

(f) The New Hire & Promotional Candidate PREA Questionnaire and the Contractor and Volunteer PREA Questionnaire ask applicants about whether they have engaged in sexual abuse in a facility or the community, if they have been convicted or civilly or administratively adjudicated to have engaged in such activities, or engaged in sexual harassment. The PREA Manual states, "Annual evaluations process of all current staff will include a question about previous sexual abuse misconduct outlined above." However, agency staff report that they do not do annual written performance reviews. This will need to be corrected in the PREA Manual to ensure consistency in statements. Since the agency does not do these annual reviews, this part of the substandard is not applicable. The PREA Manual also states, "All staff has an affirmative and immediate duty to disclose any sexual abuse conduct."

(g) The PREA Manual states, "Any material omissions, false or misleading information shall be grounds for termination."

(h) The NDOC Prior Confinement PREA Background Check is filled out to comply with this substandard.

The facility states they have not hired anyone in the last 12 months. The auditor reviewed personnel records for all 11 employees at NNTN. All were hired 3+ years ago. All had background checks completed either at hire or when the agency started PREA compliance in 2013/2014. All had background checks completed again within the last 5 years. Three were either transferred or promoted and background checks and institutional reference checks were completed in compliance with part (a) and (c)(2) of this standard. Reference checks in compliance with (c)(2) were not completed for the remaining 8 employees because they were all hired prior to the PREA standards being implemented in 2013. Disclosure forms in compliance with

	<p>part (f) of this standard were completed for all 11 employees at hire. The HR employee who was interviewed by the auditor confirmed background checks are completed and all referenced forms are filled out at hire.</p> <p>Supporting Documents:</p> <p>NDOC Administrative Regulation 421 PREA</p> <p>PREA Manual</p> <p>New Hire & Promotion Candidate PREA Questionnaire</p> <p>Contractor and Volunteer PREA Questionnaire</p> <p>NDOC Prior Confinement PREA Background Check</p> <p>NDOC Security Regulations Acknowledgement</p> <p>NDOC Administrative Regulation 802 Community Volunteer Program</p> <p>HR Interview</p> <p>Personnel files for all 11 employees</p> <p>Corrective Action Required:</p> <p>(f) The agency will need to remove language in the PREA Manual referring to annual written performance reviews since they do not conduct these. The updated manual will need to be provided to the auditor no later than 150 days from the issuance of the interim report.</p> <p>Corrective Action Completed:</p> <p>(f) This language was removed from the PREA Manual and the signed Manual was submitted on 11/13/23 to the auditor.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The PREA Manual states, "When the Department is designing or acquiring any new institutions or facilities or planning any substantial expansion or modification to

	<p>existing facilities the Director, Deputy Director(s), and designees shall consider the effect of the design, acquisition, expansion, or modification on the agency's ability to protect offenders from sexual abuse." It goes on to state that the PREA Coordinator will meet to discuss architectural details of any new or expanded institution or facility in order to measure the effectiveness of supervision of the inmate population.</p> <p>(b) The PREA Manual states, "When installing or updating any video monitoring system, electronic surveillance system, or other types of monitoring technology, the Department shall consider the technology and how it may enhance the Department's ability to protect offenders from sexual abuse."</p> <p>The facility reports there have been no upgrades or changes to the physical plant or camera system. This was confirmed during the physical plant inspection.</p> <p>Supporting Documents:</p> <p>PREA Manual</p> <p>Warden Interview</p> <p>PREA Coordinator Interview</p> <p>Based on physical plant inspection, interviews, and documentation review, the facility is compliant with this standard.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The PREA Manual states, "The Office of the Inspector General (OIG), Criminal Investigators are responsible for investigating all allegations of sexual abuse. Criminal investigators and facility supervisors shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution." The agency follows the DOJ A <i>National Protocol for Sexual Assault Medical Forensic Exams</i>.</p> <p>(b) The agency follows the DOJ A <i>National Protocol for Sexual Assault Medical Forensic Exams</i>.</p>

(c) Medical Directive 117 and OP 613 state sexual assault exams will be performed by a SAFE/SANE, without financial cost to the inmate. NNTH has not had any allegations in the 12 months prior to June 26, 2023 where a sexual assault exam was warranted. If an exam was required, the resident would be transported to Renown Hospital in Reno.

(d) The PREA Manual states, "The Department shall attempt to make available to the victim a victim advocate from a rape crisis center and will document efforts to secure services from a rape crisis center. Any services offered to offender victims from an outside agency shall not be connected to a law enforcement agency and at a comparable level of confidentiality as a non-governmental entity that provides similar victim services." NDOC has a contract with Signs of Hope in Las Vegas, NV. The contract requires Signs of Hope to provide educational materials and assign an advocate to correspond in writing or by telephone with victims. NDOC has an advocacy request form in English and Spanish. The form is given to the victim when they report an incident of sexual abuse in confinement. If they want contact with an advocate the PCM will send the form to Signs of Hope. The form states the victim may request an advocate for support at the hospital during a forensic exam, during investigative interviews, and to provide emotional support, crisis intervention, information, and referrals. The form gives a phone number for Signs of Hope that can be called any time by offenders. Their inmate PIN is not needed so the call remains confidential and is free. Virtual meetings can be arranged with an advocate as needed. Advocate mail is treated as privileged mail and if opened and inspected it will be in the presence of the victim. The facility has flyers in English and Spanish with contact information for Signs of Hope.

(e) The PREA Manual states, "As requested by the victim, the victim advocate will accompany the offender victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information, and referrals." NDOC has an advocacy request form in English and Spanish. The form is given to the victim when they report an incident of sexual abuse in confinement. The form states the victim may request an advocate for support at the hospital during a forensic exam, during investigative interviews, and to provide emotional support, crisis intervention, information, and referrals. As part of the facility coordinated response protocol, the incident command supervisor will contact Sexual Assault Support Services (SASS) in Reno and ask that a victim advocate respond to the hospital. The auditor reviewed information about SASS online. They provide comprehensive training to volunteers who are victim advocates. The training includes 60 hours of instruction and supervised experience.

(f) The agency conducts all criminal and administrative investigations.

(g) The agency conducts all criminal and administrative investigations.

(h) The contract with Signs of Hope requires that advocates complete a background check. The auditor reviewed the Signs of Hope website for information about their advocates. They have bilingual Spanish advocates and have a PREA Services Manager who has experience working with incarcerated populations. Volunteers must

complete 50 hours of training and a drug test.

The auditor contacted an advocate at Signs of Hope via email. Details of her response are included in 115.53. The auditor attempted to contact Sexual Assault Support Services via telephone. The calls were not returned, but the auditor did review information available online about this service to gather pertinent information.

Supporting Documents:

PREA Manual

Medical Directive 117 Sexual Assault

NNTH Operational Procedure 613 Medical Requirements for Inmate Sexual Assaults

Advocacy Request Form English and Spanish

Advocacy Flyer English and Spanish

Contract with Signs of Hope

Signs of Hope Website

Based on review of documentation the facility is compliant with this standard.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) The PREA Manual states investigations shall be done for all allegations including third party and anonymous reports. NDOC Administrative Regulation 421 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."</p> <p>(b) The PREA Manual states inmate on inmate sexual harassment investigations will be referred to the OIG PREA Management for review and assigned back to an institutional investigator. An IG criminal investigator conducts criminal investigations. They will refer all substantiated criminal violations to the Attorney General's Office. On a case-by-case basis they may be submitted to the District Attorney's office in the county where the crime occurred.</p> <p>The policy outlining how allegations are referred can be found at: https://doc.nv.gov/</p>

	<p>About/NDOC_Office_of_the_Inspector_General/PREA_Management_Division/</p> <p>NDOC Administrative Regulation 421 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."</p> <p>(c) The agency conducts all investigations and does not refer them to a separate entity.</p> <p>(d) The agency conducts all investigations and does not refer them to a separate entity.</p> <p>(e) The agency conducts all investigations and does not refer them to a separate entity.</p> <p>The PREA Coordinator, PCM, two investigators, and the Warden clearly outlined in their interviews how allegations are referred to the IG's office. This referral process was supported in the sister facility (NNCC) investigation documents that were reviewed by the auditor since NNTH had no allegations to review.</p> <p>Supporting Documents:</p> <p>PREA Manual</p> <p>NDOC Administrative Regulation 421 Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act</p> <p>NDOC Website</p> <p>Based on documentation review and interviews, the facility is compliant with this standard.</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) NDOC Administrative Regulation 421 requires PREA training for all new employees and retraining every two years, with refresher information in non-training years. The regulation dictates the training include all the topics covered under this standard. The training presented to employees was reviewed by the auditor. It is very thorough and covers all the requirements under this standard.</p>

	<p>(b) The training for all employees covers all genders so there is no need to retrain if reassigned.</p> <p>(c) NDOC Administrative Regulation 421 requires PREA training for all new employees and retraining every two years, with refresher information in non-training years. The regulation dictates the training include all the topics covered under this standard. During even years, employees receive the full PREA training. During odd years, employees complete "topical" training related to PREA such as boundaries, communicating with LGBTI offenders, etc.</p> <p>(d) NDOC Administrative Regulation 421 requires acknowledgment through signed or electronic signature. Employees fill out the Employee Training Acknowledgment form. This form was reviewed for 11 current staff at NNTH who completed training in April 2022.</p> <p>Training records for all 11 employees were reviewed by the auditor. Most of the employees were hired prior to the standards being implemented in 2013 so their first record of PREA training is from 2013 onward. All 8 employees interviewed for random interviews stated they receive PREA training annually in some form or another. The additional staff interviewed for specialized roles also indicated they have received annual PREA training.</p> <p>Supporting Documents:</p> <p>Employee Training Acknowledgment Forms</p> <p>Employee PREA Training Presentation</p> <p>NDOC Administrative Regulation 421 PREA</p> <p>Employee Training Records for all 11 employees</p> <p>Based on review of documentation and interviews, the facility is compliant with this standard.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) NDOC Administrative Regulation 421 states, "The Department shall ensure that all volunteers and contractors who have contact with inmates have been trained on

their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. All volunteers and contractors who have contact with inmates will receive training on their responsibilities under the department's zero tolerance policy and procedures." Requirements are reiterated in NDOC Administrative Regulation 212 which also requires background checks. The same requirements are in the volunteer regulations.

(b) NDOC Administrative Regulation 421 states, "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, but all volunteers and contractors who have contact with inmates shall be notified of the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents." The Volunteer and Contractor training presentation was reviewed by the auditor. It contains information equivalent to the employee training and meets the requirements of this standard.

(c) NDOC Administrative Regulation 421 states, "The Department shall maintain documentation confirming that volunteers and contractors understand the training they have received."

The auditor interviewed two volunteers while onsite. Both confirmed they were trained on how to report allegations and the zero tolerance policy. The auditor reviewed training documentation for these two volunteers. The facility has limited volunteers and these were the only two available and/or actively working at the facility. The facility does not have any contractors. Vendors, such as for soda machines, etc. are escorted at all times while onsite, have limited contact if any with residents, and are not always the same individuals sent from the company. Given that the level and type of contact these vendors have with residents is minimal, the fact that they are escorted by staff is sufficient.

Supporting Documents:

NDOC Administrative Regulation 421 PREA

NDOC Administrative Regulation 212 Contracts

NDOC Administrative Regulation 126 Interagency Cooperation

NDOC Administrative Regulation 802 Community Volunteer Program

PREA Manual

PREA Volunteer and Contractor Training Presentation

Volunteer training records

	Based on documentation review, onsite inspection, and interviews, the facility is compliant with this standard.
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) NNTH Operational Procedure 504 states inmates will watch a PREA orientation video upon arrival at NNTH. The video covers the zero tolerance policy and how to report. The PREA Manual contains directives consistent with this standard.</p> <p>(b) NNTH Operational Procedure 504 requires the caseworker to ensure inmates receive additional comprehensive PREA education within 30 days of arrival at NNTH. Basic information for inmates is provided on a 1-page handout in both English and Spanish.</p> <p>(c) The PREA statistics tracker from NNTH shows no residents were moved to the facility prior to 8/20/12 so there are no current residents who have not received this orientation and education. Reporting procedures do not change from one NDOC facility to another but the facility still conducts education with all new intakes.</p> <p>(d) The orientation video is closed-captioned and available in Braille and Spanish. Contracted language services are available to provide the education in other languages, including sign language. PREA signs and brochures are available in English and Spanish. See 115.16 for further details. The one resident interviewed who was limited-English proficient stated he received the information and understood it.</p> <p>(e) Documentation is maintained in the inmate files. The auditor reviewed inmate files for 21 residents. All 21 files confirmed orientation at intake, typically on the first day. Since all inmates are transferred from other NDOC facilities and have already received comprehensive PREA education at their previous facility, the case worker meets with them to ensure they understand the information and ask if they have any questions. Both case workers interviewed confirmed this process.</p> <p>(f) Information is throughout the facility on posters.</p> <p>The auditor interviewed 23 residents. All stated they received PREA information at intake. They all knew how to report and their rights under PREA.</p>

	<p>Supporting Documents:</p> <p>NNTH Operational Procedure 504 Reception of Inmates at NNTH</p> <p>PREA Education and Information Sheet English and Spanish</p> <p>NDOC Administrative Regulation 658 Hearing Impaired Inmates</p> <p>NNTH Operational Procedure 658 Reasonable Accommodations</p> <p>PREA Manual</p> <p>Inmate files</p> <p>Based on documentation review, onsite inspection, and interviews, the facility is compliant with this standard.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) NDOC Administrative Regulation 421 requires staff who investigate sexual abuse and sexual harassment to complete specialized training on techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria to substantiate a case. The same requirements are reiterated in the PREA Manual.</p> <p>(b) The training used by NDOC is the online National Institute of Corrections Investigating Sexual Abuse in a Confinement Setting and the associated advanced investigation course. The auditor has completed both of these courses and they meet the requirements under this standard.</p> <p>(c) NDOC has 19 Post Certified Peace officers who conduct criminal investigations and internal affairs investigations. The auditor reviewed training documentation for the 9 investigators assigned in the North (Reno) area and most likely to be assigned investigations at NNTH. This included the documentation for the 2 investigators the auditor interviewed.</p> <p>(d) NDOC conducts all investigations so this substandard does not apply.</p> <p>The auditor interviewed two investigators and both confirmed they received training as outlined under this standard.</p>

	<p>Supporting Documents:</p> <p>NDOC Administrative Regulation 421 PREA</p> <p>PREA Manual</p> <p>NIC PREA Investigations training modules</p> <p>Training records</p> <p>Based on review of documentation and interviews with investigators, the facility is compliant with this standard.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) NDOC Administrative Regulation 421 requires medical and mental health care practitioners to complete training as directed by this standard. The training NDOC practitioners complete is the National Institute of Corrections online Medical Health Care for Sexual Assault Victims in a Confinement Setting and Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. The auditor has previously completed these courses and they meet the requirements of this standard.</p> <p>(b) NDOC medical staff do not conduct forensic exams. These are conducted by hospital personnel.</p> <p>(c) The auditor reviewed specialized training certificates of completion for the medical and mental health practitioners who were interviewed.</p> <p>(d) All employees must complete the training mandated under 115.31. All contractors must complete the training mandated under 115.32. This includes all medical and mental health practitioners.</p> <p>The auditor interviewed one medical employee and one mental health employee. Both confirmed they received training as outlined in this standard.</p> <p>Supporting Documents:</p> <p>NDOC Administrative Regulation 421 PREA</p>

	<p>PREA Manual</p> <p>National Institute of Corrections Medical Health Care for Sexual Assault Victims in a Confinement Setting</p> <p>National Institute of Corrections Behavioral Health Care for Sexual Assault Victims in a Confinement Setting</p> <p>NIC Training Certificates</p> <p>Based on review of documentation and interviews, the facility is compliant with this standard.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) NDOC Administrative Regulation 573 states, "All inmates shall be assessed, during intake and upon transfer to another facility, for their risk of being sexually abused by other inmates or sexually abusive toward other inmates..." NINTH Operational Procedure 573 reiterates this requirement and identifies caseworkers as the individuals responsible for ensuring completion of assessments..</p> <p>(b) NDOC Administrative Regulation 573 states, "Initial screening should take place as soon as possible, but shall be completed within 72-hours of arrival at an institution or facility."</p> <p>(c) NDOC Administrative Regulation 573 outlines the requirements of the risk assessment. Overrides are allowed between non-victim and potential victim or non-aggressor and potential aggressor. However, overrides must be based on documented, specific evidence. Known aggressor and known victim designations may not be overridden. The NDOC risk assess is an objective screening tool. The tool uses a points/scoring system for each item assessed. NDOC has a PREA Risk Screening Assessment Guide which provides simple, straightforward instructions on the assessment and how to use the outcome for housing decisions.</p> <p>(d) The NDOC PREA Risk Assessment covers all requirements listed under this substandard.</p> <p>(e) The NDOC PREA Risk Assessment covers all requirements listed under this substandard.</p> <p>(f) NDOC Administrative Regulation 573 states, "Within a set time period, not to exceed 30-days from the inmate's arrival at the facility, a Correctional Caseworker will</p>

reassess the inmate's risk of victimization or potential for abusiveness toward other inmates based upon any additional relevant information which may have been received since the initial screening." NNTH Operational Procedure 573 reiterates this requirement.

(g) NDOC Administrative Regulation 573 states, "Inmates will be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of being sexually victimized or being sexually abusive." NNTH Operational Procedure 573 reiterates this requirement.

(h) NDOC Administrative Regulation 573 states, "Inmates may not be disciplined for refusing to answer, or for not disclosing complete information, in responds to questions asked during PREA or intake assessments..." NNTH Operational Procedure 573 reiterates this requirement.

(i) Risk assessments and the outcome of the assessment are stored in an electronic file.

According to the assessment tracker used by NDOC, NNTH had 146 intakes in the 12 months prior to 6/22/23. 4 left the facility prior to 72 hours. 11 left the facility prior to 30 days. The auditor reviewed 21 inmate files for risk assessments within 72 hours and within 30-days. Accounting for both the 72-hour and the 30-day assessments, a total of 42 assessments were reviewed. Two were outside the timeframes. This still demonstrates substantial compliance with this standard. The auditor also interviewed two of the employees responsible for completing risk assessments. They stated they conduct the assessments in a private area. They review documentation relevant to the risk assessment in NOTIS and conduct an interview with the offender. Both stated the intake assessment is typically completed within the first few hours of arrival. All intakes arrive on Fridays at NNTH. The 30-day risk assessment is typically completed the following Monday. This is purposeful since offenders are seeking employment in the community and may not be readily available after the first few days at the facility. If risk assessments are delayed or not entered into NOTIS, a case note is generated to explain the discrepancy. Completed risk assessments are only accessible by staff who conduct assessments. The outcome of the assessment, i.e. known victim or known perpetrator, is in NOTIS for any staff making housing decisions. The auditor interviewed 23 residents. All stated they recalled being asked the questions related to the risk assessment either the day they arrived or soon thereafter.

Supporting Documents:

NDOC Administrative Regulation 573 PREA Screening and Classification

NDOC PREA Risk Assessment

PREA Risk Screening Assessment Guide

	<p>Assessment Tracker</p> <p>Inmate records</p> <p>Resident and employee interviews</p> <p>Based on document review and interviews, the facility is compliant with this standard.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) NDOC Administrative Regulation 573 states, "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." NINTH Operational Procedure 573 and the PREA Manual reiterate these instructions. The PREA Risk Screening Assessment Guide contains instructions specific to using the risk assessment for housing decisions.</p> <p>(b) NDOC Administrative Regulation 573 states, "Staff shall make individualized determinations about how to ensure the safety of each inmate."</p> <p>(c) NDOC Administrative Regulation 573 covers the assignment of transgender and intersex inmates consistent with this standard.</p> <p>(d) NDOC Administrative Regulation 573 states, "Transgender/intersex inmates will be reassessed every six months for placement and programming needs." The Transgender or Intersex Offender Follow-Up Questionnaire is used to reassess transgender/intersex inmates and asks questions about their safety within the facility, if they have any concerns, etc.</p> <p>(e) NDOC Administrative Regulation 573 states one of the factors taken into consideration to determine housing and programming will be a transgender or intersex inmate's own views with respect to his or her own safety.</p> <p>(f) NDOC Administrative Regulation 573 requires transgender and intersex inmates be given the opportunity to shower separately from other inmates.</p> <p>(g) NDOC Administrative Regulation 573 states, "Lesbian, gay, bisexual, transgender, or intersex inmates will not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status."</p>

The purpose of NNTH is to transition offenders into the community. They are considered "trustees" and must meet strict guidelines to be sent to NNTH. Therefore, NNTH does not typically house known perpetrators and they do not house sex offenders. While they are aware of the risk assessment outcomes and will review them for housing decisions, there is typically no conflict. The facility also does not have education, work, or programming other than a few residents who work onsite. The rest are out in the community working. The facility does not currently have any transgender or intersex residents. According to records and employee interviews, they have not had a transgender or intersex resident in years. The PREA Coordinator confirmed in her interview that transgender and intersex inmates are reviewed on an individual basis for placement determinations. These inmates would be reassessed twice each year. Transgender and intersex inmates would be given the chance to shower separately. The showers are separated by stalls, providing privacy. There was only one resident interviewed who confirmed with the auditor that they identify as gay. This resident confirmed that he is not placed in a special area because of this identification. He stated this would be nearly impossible due to the small size of the facility.

Supporting Documents:

NDOC Administrative Regulation 573 PREA Screening and Classification

NNTH Operational Procedure 573 PREA Screening and Classification

PREA Risk Screening Assessment Guide

PREA Manual

Transgender or Intersex Offender Follow-Up Questionnaire

Offender and Employee interviews

Based upon review of documentation and interviews, as well as the onsite inspection, the facility is compliant with this standard.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	NDOC Administrative Regulation 509 Protective Housing and the PREA Manual outline requirements for involuntary segregation consistent with this standard.
	NNTH does not have the physical plant for maintaining protective segregation of any

	<p>type, therefore any offender requiring such housing would be transferred to Northern Nevada Correctional Center within 24 hours. The facility had no offender in the 12 months prior to 6/26/23 require or request protective housing. Therefore, the facility is compliant with this standard.</p> <p>Supporting Documents:</p> <p>NDOC Administrative Regulation 509 Protective Housing</p> <p>NNTH Operational Procedure 509 Protective Segregation</p> <p>Memo RE: PREA 115.43 Compliance</p> <p>PREA Manual</p>
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115.51	Inmate reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>(a) NDOC Administrative Regulation 421 requires multiple ways for offenders to privately report sexual abuse and sexual harassment, retaliation, and employee neglect or violations. NNTH Operational Procedure 421 outlines these methods as verbal reports to any Department employee; written complaints via offender grievances, kites, notes, or letters to employees; writing to New Mexico Corrections Department; email; online; or by phone. Reporting instructions are outlined in the Resident Handbook, posters, and policies.</p> <p>(b) NDOC inmates can write to New Mexico Corrections Department using the Outside Agency PREA Report Form. The form has the address at the top and makes it easy for inmates to make a report by filling in the form. The form states they can remain anonymous. Inmates can send the form in provided pre-addressed, postage-paid envelopes. The auditor reviewed the Intergovernmental Agreement for PREA Reporting which outlines the process for New Mexico Corrections Department to receive and forward reports back to NDOC. Since residents are frequently in the community, they can also make reports while in the community.</p> <p>(c) NDOC Administrative Regulations and NNTH Operational Procedures require staff to accept reports verbally, in writing, anonymously, and from third parties and to document verbal reports. This was confirmed by all employees who were interviewed.</p> <p>(d) Employees, contractors, and volunteers can report information in numerous ways, including privately to the Office of the Inspector General, Warden or other agency entity. They can report anonymously on the agency website. Employees are not</p>

required to go to their direct supervisor if they have concerns with doing so. Reporting information is provided to personnel in PREA training, on the website, and via policies and procedures. All employees interviewed confirmed they knew the various ways they could report.

On 7/11/23 the auditor sent an email to the PREA reporting email address listed on the NDOC website. A response was received within 2 days. While onsite, the auditor tested the resident phone hotline. The PREA Coordinator confirmed receipt of the call the next day. All 23 residents interviewed confirmed they knew the various ways to make a report. All stated they felt comfortable with at least one way of reporting and especially felt comfortable knowing it could be anonymous. In particular, they noted that the facility is very safe, that the staff really care about their wellbeing, and they felt confident that any issues would be addressed immediately.

Supporting Documents:

NDOC Website

NDOC Administrative Regulation 421 PREA

NNTH Operational Procedure 421 PREA

PREA Reporting Posters English and Spanish

NNTH Resident Handbook

PREA Manual

NDOC PREA Training presentations

Intergovernmental Agreement for PREA Reporting

Based on review of documentation, onsite inspection, and interviews, the facility is compliant with this standard.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) The agency has procedures to address inmate grievances regarding sexual abuse so they are not exempt from this standard.

	<p>(b-g) NDOC Administrative Regulation 421 states grievances alleging staff on inmate sexual misconduct or inmate on inmate sexual abuse will be immediately forwarded to the Appointing Authority, followed by a confidential report in NOTIS. A copy of the grievance will be forwarded to the PREA Management team in the Office of the Inspector General for review and investigation. The PREA Manual outlines the process and requirements for these grievances which is consistent with this standard. This includes: the timeframes outlined in this standard; filing by a third party; inmates will not be disciplined for filing a grievance unless it is clearly demonstrated and documented the inmate filed the grievance in bad faith, etc.</p> <p>The facility has not received any grievances alleging sexual abuse or harassment in the previous three years. As reported by the lieutenant, the facility rarely receives any grievances. Whenever a grievance is received within the agency alleging sexual abuse or harassment, it is immediately forwarded to the PREA Management team to initiate an investigation.</p> <p>Supporting Documents: PREA Manual</p> <p>NDOC Administrative Regulation 421 PREA</p> <p>Based on review of documentation, onsite inspection, and interviews, the facility is compliant with this standard.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Outside confidential support services are provided by Signs of Hope in Las Vegas, NV. NDOC has a contract with Signs of Hope for these services. Posters with the phone and address contact information are provided in English and Spanish. The posters state the calls are free, unmonitored, and available 24/7. Written communication is treated as privileged and confidential. An At-A-Glance Procedure reminds staff how to handle letters to/from Signs of Hope. NDOC Administrative Regulation 421 states each facility shall enable reasonable communicate between a victim of sexual abuse and community victim advocates in as confidential a manner as possible. It requires the facility to inform offenders the extent to which communication will be monitored. Information about these services is outlined in the Resident Handbook. The auditor reviewed the Signs of Hope website for information about their advocates. They have</p>

	<p>bilingual Spanish advocates and have a PREA Services Manager who has experience working with incarcerated populations. Volunteers must complete 50 hours of training and a drug test.</p> <p>The auditor contacted a Signs of Hope advocate via email. She stated she had not had any contact from NNTH residents but would be able to provide emotional support for PREA clients through their free confidential hotline, mail correspondence, and medical accompaniment over the phone for crisis emotional support with consent. She confirmed she received 50 hours of training with courses specific to working with incarcerated survivors.</p> <p>Supporting Documents:</p> <p>Advocacy Flyer</p> <p>NDOC Administrative Regulation 421 PREA</p> <p>At-A-Glance Procedure</p> <p>NDOC Contract with Signs of Hope</p> <p>PREA Manual</p> <p>Resident Handbook</p> <p>Based on review of documentation and information from Signs of Hope the facility is compliant with this standard.</p>
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115.54 Third-party reporting	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency website lists methods to report abuse and harassment. There is an anonymous option link that takes the individual to an online form. Reports can also be made by mail, email, or phone to the Office of the Inspector General, PREA Management Division. The auditor submitted a test report to the email address provided on the website. A response was received within 2 days that the PREA Management Office would review and initiate an incident report for referral for investigation if this was a real allegation. Administrative Regulation 421 requires the Department to have a third party reporting mechanism.</p>

	<p>Supporting Documents:</p> <p>Agency website</p> <p>Administrative Regulation 421 PREA</p> <p>Based on review of documentation and test of the third party reporting method, the facility is compliant with this standard.</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) NDOC Administrative Regulation 421 requires employees, contractors, and volunteers to report any knowledge, suspicion, or information about sexual abuse or harassment by another personnel. The same language is repeated in NNTH Operational Procedure 421. NDOC Administrative Regulation 332 requires timely notifications concerning PREA related occurrences or allegations of immediate interest or concern, or which impacts the Department.</p> <p>(b) NDOC Administrative Regulation 421 places restrictions on the sharing of information about sexual abuse reports. NNTH Operational Procedure 421 states, "...staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions."</p> <p>(c) The mental health and medical practitioners who were interviewed stated that they are required to report sexual abuse and harassment that occurred in a facility. They also confirmed they disclose their duty to report and confidentiality limitations verbally to inmates. Medical and Mental Health practitioners are informed in PREA training that they must report abuse. The PREA Manual states all medical and mental health practitioners have an affirmative duty to report any knowledge, suspicion, or information regarding sexual abuse or sexual harassment of an inmate. See comments under 115.81 for further information related to this substandard.</p> <p>(d) Employee PREA training covers mandatory reporting. Reports are made to Department of Health and Human Services Adult Protective Services or Child Protective Services. While the facility does not house anyone under 18 and would not house vulnerable adults due to the purpose of the facility, the Warden and PREA Coordinator expressed an understanding of the mandatory reporting laws.</p> <p>(e) NDOC Administrative Regulation 421 and NNTH Operational Procedure 421 both</p>

state all allegations including third-party and anonymous reports will be reported.

The auditor interviewed 8 employees for random interviews as well as several other employees for specialized interviews. All stated they knew and understood their duties to report as outlined under this standard.

Supporting Documents:

NDOC Administrative Regulation 421 PREA

NDOC Administrative Regulation 332 Employee Reporting Responsibilities

NNTH Operational Procedure 421 Custodial Sexual Misconduct, Offender Sexual Offenses, and Prison Rape Elimination Act

Medical and Mental Health Practitioner Interviews

NDOC Employee PREA Training Presentation

PREA Manual

Corrective Action:

(a) NDOC Administrative Regulation 421 and NNTH Operational Procedure 421 only require that employees report knowledge, suspicion, or information about another employee, contractor, or volunteer. The standard states, "the agency shall 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.." This policy language must be updated to accurately reflect the requirement of the standard and include reference to inmate on inmate allegations.

Corrective Action Completed:

(a) Language in NNTH OP 421 was updated to accurately reflect the language in the standard. Final signed OP was submitted to the auditor on 10/27. An email was sent to NNTH staff on 11/9 advising them of the updates. AR 421 was updated on 2/8/24 to correct the language noted in substandard (a). The AR was submitted to the auditor to review on 2/16/24.

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The facility reports that during the 12 months prior to June 26, 2023 they did not have any offender who was subject to a substantial risk of imminent sexual abuse. The PREA Manual states, "Institutions and facility staff have the affirmative and immediate duty to respond and take immediate action when they learn that an inmate is subject to substantial risk of imminent sexual abuse." All 8 employees interviewed as random staff stated they would respond immediately to any allegation. They stated they would place the alleged abuser in the NNTH holding cell and the alleged victim in one of the classrooms to initiate immediate separation.</p> <p>Supporting Documents:</p> <p>PREA Manual</p> <p>Random staff interviews</p> <p>Based on review of documents and interviews with employees, the facility is compliant with this standard.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) NDOC Administrative Regulation 421 and NNTH Operational Procedure 421 require the facility to report as mandated by this standard. The facility reports they have not received any reports that needed to be forwarded to another facility.</p> <p>(b) NDOC Administrative Regulation 421 and NNTH Operational Procedure 421 require these reports to occur within 72 hours.</p> <p>(c) NNTH Operational Procedure 421 requires the Warden to document these notifications. In the Warden's interview, she stated this would be documented in a Warden to Warden memo.</p> <p>(d) The facility reports the last time they received a report from another facility was in February 2022. They were able to confirm the report was already investigated.</p> <p>Supporting Documents:</p>

	<p>NDOC Administrative Regulation 421 PREA</p> <p>NNTH Operational Procedure 421 Custodial Sexual Misconduct, Offender Sexual Offenses, and PREA</p> <p>Based on interviews and documentation review, the facility is compliant with this standard. There were no specific reports from the previous 12+ months to review.</p>
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115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) NNTH Operational Procedure 421.2 outlines the same requirements as this standard. The facility reports they have not had any reports of sexual abuse in the 12+ months prior to the onsite portion of the audit. The PREA Manual details these steps in greater detail.</p> <p>(b) NNTH Operational Procedure 421.2 states, "If the first staff responder is not a security staff member, the responder shall be required to request that the alleged abuser not take any actions that could destroy physical evidence, and then notify security staff." This substandard says the alleged victim.</p> <p>All 8 employees interviewed for random interviews confirmed the first responder duties as outlined in this standard. Specifically, they stated the alleged abuser would be placed in a holding cell with the water turned off and the alleged victim would be placed in one of the classrooms for their safety while they worked to remove the alleged abuser from the facility.</p> <p>Supporting Documents:</p> <p>NNTH Operational Procedure 421.2 PREA Sexual Assault Response - Staff First Responder Duties</p> <p>Corrective Action Required:</p> <p>(b) NNTH Operational Procedure 421.2 section 421.2.01 1.B must be updated to accurately reflect the language of the standard which is in relation to the victim, not the abuser.</p>

	<p>Corrective Action Completed:</p> <p>(b) NNTH OP 421.2 was updated to accurately reflect the language of the standard. Fully signed and executed OP was submitted to the auditor on 10/27. An email was sent to all NNTH staff on 11/9 advising them of the updates.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>NDOC Administrative Regulation 421 requires each facility to develop an Operational Procedure to coordinate actions among first responders, medical and mental health practitioners, investigators, and facility leadership. For NNTH this consists of a group of documents and forms that make up the coordinated response plan. Medical Directive 117 describes the procedure for assessing inmates who report abuse. NNTH Operational Procedure 421.2 outlines first responder duties, medical and mental health requirements, sexual assault exams, and criminal referrals. A series of checklists/forms guide the response. This includes the Shift Commander Interview Guide: Inmate Victim Sexual Abuse, Shift Supervisor Sexual Abuse Coordinated Response Guide Form B, and Shift Supervisor Sexual Abuse Coordinated Response Guide Form C. These forms ensure nothing is overlooked during a response.</p> <p>All 8 employees interviewed for random interviews were familiar with the coordinated response plan. They stated the forms mentioned above were located in the main control and could access them easily when needed. Staff showed the auditor where they are located in the facility.</p> <p>Supporting Documents:</p> <p>NDOC Administrative Regulation 421 PREA</p> <p>Medical Directive 117 Sexual Assault</p> <p>Shift Commander Interview Guide: Inmate Victim Sexual Abuse</p> <p>Shift Supervisor Sexual Abuse Coordinated Response Guide Form B</p> <p>Shift Supervisor Sexual Abuse Coordinated Response Guide Form C.</p> <p>Based on review of documentation, onsite inspection, and interviews, the facility is</p>

	compliant with this standard.
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>During the State of Nevada 2019 Legislative Session, the Governor signed collective bargaining into law for State of Nevada employees. The collective bargaining agreement became effective July 1, 2021. The collective bargaining agreement states the employer has the right to reassign employees to post assignments as required due to operational need and cross-training. The employer has the right to place an employee on paid administrative leave. It also outlines progressive discipline, including that the employer may skip any progressive disciplinary level if it is determined the seriousness of the offense warrants such action. The newest collective bargaining agreement was effective July 1, 2023 and goes to June 30, 2025.</p> <p>During interviews, the PREA compliance manager, Warden, and agency head all confirmed employees could be separated, placed in a different post, or put on leave.</p> <p>Supporting Documents:</p> <p>State of NV and American Federation of State, County & Municipal Employees (AFSCME), Local 4041 Collective Bargaining Agreement</p> <p>Based on review of documentation and interviews, the facility is compliant with this standard.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) NDOC Administrative Regulation 421 states, "No staff member or offender who reports sexual abuse/sexual harassment or cooperates with sexual abuse/sexual harassment investigations will be subjected to any form of retaliation from other staff members or offenders of the Department." NINTH Operational Procedure 421.1</p>

outlines the requirements for retaliation monitoring and designates the facility manager to oversee retaliation monitoring. However, the procedure inaccurately states the IG's office will handle all staff and 3rd party reporters for monitoring. The agency/facility reports all monitoring would be done by the facility manager.

(b) NNTH Operational Procedure 421.1 outlines how to conduct retaliation monitoring and that staff will act promptly to remedy possible retaliation.

(c) NNTH Operational Procedure 421.1 outlines how to conduct retaliation monitoring, including checking inmate disciplinary reports, housing, and program changes. NNTH facility manager monitors retaliation for inmates. The IGs office monitors retaliation for staff and others.

(d) NNTH Operational Procedure 421.1 states the casework staff will meet with the inmate every 30 days.

(e) NDOC Administrative Regulation 421 states, "No staff member or offender who reports sexual abuse/sexual harassment or cooperates with sexual abuse/sexual harassment investigations will be subjected to any form of retaliation from other staff members or offenders of the Department."

(f) NNTH Operational Procedure 421.1 states the monitoring will cease if the allegation is unfounded.

The facility manager/PCM was interviewed for this standard since he would be responsible for retaliation monitoring. While he understood the requirements of this standard and how to conduct monitoring, he has not had any occasion to do so in 3+ years.

Supporting Documents:

NDOC Administrative Regulation 421 PREA

NNTH Operational Procedure 421.1 PREA 90-Day Retaliation Monitoring

Corrective Action Required:

(a) Update NNTH OP 421.1 to accurately reflect who is responsible for all retaliation monitoring.

Corrective Action Completed:

(a) NNTH OP 421.1 was updated to reflect that the Facility Manager will monitor all parties for retaliation. Fully signed and executed OP was submitted to the auditor on

	10/27. An email was sent to all NNTH staff on 11/9 advising them of the updates.
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115.68	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>NNTH does not have long-term segregated housing. They have two cells for temporary separation not to exceed 72 hours. They have not had any incidents in the 12 months prior to June 26, 2023 where post-allegation protective custody was warranted. If this was needed, the inmate would be transferred to Northern Nevada Correctional Center in Carson City. NNTH Operational Procedure 509 enforces the requirements under this standard and 115.43. See comments under 115.43 for additional information.</p> <p>Supporting Documents:</p> <p>NNTH Operation Procedure 509 Protective Segregation</p> <p>Memo from Lieutenant</p>

115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) NDOC Administrative Regulation 421 states the Department's Office of the Inspector General Criminal Investigators are responsible for investigating all allegations of staff on offender sexual abuse and sexual harassment and offender on offender sexual abuse. Offender on offender sexual harassment is investigated by a facility supervisor, as assigned by the Warden. The Administrative Regulation states, "Investigations will be completed promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</p> <p>(b) See standard 115.34 for additional comments. The agency requires all employees who investigate sexual abuse or sexual harassment allegations to complete specialized training. Both investigators who were interviewed stated they had received both regular PREA training that all staff complete, and specialized training via the National Institute of Corrections website.</p> <p>(c) Investigators are trained and instructed to gather and preserve all available data as outlined in this standard. NDOC Administrative Regulation 421 states the</p>

requirements of this standard. The auditor interviewed a criminal investigator and an administrative investigator, both have been assigned sexual abuse and sexual harassment cases. They clearly understood the type of evidence required for these types of allegations and the resources available to them such as video footage, inmate phone calls, inmate mail, physical/forensic evidence, interviews, prior history, etc.

(d) Per the two investigators interviewed, NDOC does conduct compelled interviews with the use of a Garrity Warning. These are commonly used for administrative cases. In a criminal case, or anything that is potentially criminal, they seek guidance from the Attorney General's office prior to doing a compelled interview. This guidance is given to them in NDOC Administrative Regulation 421.

(e) Both investigators who were interviewed expressed that they would not judge a person's credibility on their status as an inmate or an employee. Both discussed how they conduct credibility assessments throughout the course of an investigation by following up on information, comparing what is said to known facts, etc. NDOC Administrative Regulation 421 states credibility will be assessed on an individual basis.

(f) NDOC Administrative Regulation 421 requires administrative investigations to include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigator who was interviewed stated concerns about staff actions or physical plant issues are noted in the investigator notes section of their report. These reports are then reviewed by the investigator's supervisor and the warden of the facility. If there are recommendations, the warden can follow up. In addition, the investigator participates in the Sexual Abuse Incident Review and provides this feedback during that review.

(g) NDOC Administrative Regulation 421 requires investigations to be documented.

(h) NDOC Administrative Regulation 421 states substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. Both investigators interviewed stated the cases are reviewed with the Attorney General's office if there is a criminal element.

(i) NDOC Office of the Inspector General Preliminary Inquiry and Administrative Investigations Guide dictates retention of reports consistent with this standard.

(j) NDOC Administrative Regulation 421 states the departure of the alleged abuser or victim from the employment or control of the facility or Department will not provide a basis for terminating an investigation. The investigators interviewed confirmed that they will complete an investigation no matter if the victim or abuser are still within the Department.

(k) This standard is not applicable as NDOC conducts their own investigations.

(l) This standard is not applicable as NDOC conducts their own investigations.

NNTH did not have any allegations within the last 3 years to review investigation documentation. The auditor reviewed 10 investigation case files from NNCC to determine compliance with this standard. NNCC is the sister facility to NNTH and the same Warden oversees both facilities. Review of these investigation case files was done to determine agency level compliance, not facility level compliance. Therefore, findings are limited to what can be addressed at an agency level, not what may be related to NNCC. In review of these files, it was evident that not all potential parties were being interviewed. In one case, the investigator did not ascertain if there were any witnesses. In another, there was no description of interviews. In a third, the alleged staff was not interviewed. According to substandard (c) of this standard, investigators shall interview alleged victims, suspected perpetrators, and witnesses. In addition, there were significant delays in assigning investigators to cases. Of the 10 cases reviewed, 6 were not assigned until at least a month after it was received. One is still pending assignment. Part (a) of the substandard requires investigations to be completed promptly. In order to do so, they must be assigned promptly.

Supporting Documents:

Interview with criminal and administrative investigators

NDOC Administrative Regulation 421 PREA

PREA Manual

NDOC Office of the Inspector General Preliminary Inquiry and Administrative Investigations Guide

NNTH Operational Procedure 421 Custodial Sexual Misconduct, Offender Sexual Offenses, and PREA

Investigation case files from NNCC

Corrective Action Required:

(a) The agency must develop a plan to assign investigations in a more timely manner. Within 30 days of receipt of an allegation would be an improvement on current process. The agency should evaluate where these delays are occurring and why. If this is due to caseload, assignment may still need to occur so the investigator can at least initiate work on the case. If significant delays occur, the reasoning should be documented in the case report in order to better track and improve the process.

(c) All investigators must be informed that all available parties must be interviewed during the investigation or a written statement provided. If the person cannot be interviewed for any reason, that should be documented in the report. Since this is an agency level correction and it is not anticipated that NNTH will have any allegations

during corrective action, the agency should inform current investigators of this requirement, they must acknowledge receipt and understanding of this, and provide documentation of this to the auditor.

Since NNTH does not historically receive allegations, the auditor will review the next 5 reports assigned for NNCC and the next 5 cases closed for NNCC to determine corrective action is completed.

Corrective Action Completed:

(a) On 10/10/23 the Inspector General sent an email to his staff directing them to review submissions weekly to ensure they are assigned to an investigator. On 10/31/23, the PREA Coordinator submitted the first tracking sheets of allegations for the auditor to review. Tracking sheets were submitted every two weeks thereafter for the auditor to review. Since the onsite audit, there were 16 cases referred from NNCC (sister facility). Of those 15 were assigned within 30 days. The one that was not was assigned on day 31. Therefore, the auditor determines the agency fulfilled the corrective action for this item.

(c) The PREA Manual was updated to say investigators shall interview alleged suspects, witnesses, and victims. The signed Manual was submitted to the auditor on 11/13/23. On 1/12/24, an email was sent to all investigators under the OIG Southern Supervisor advising that all parties must be interviewed or the reason for not interviewing documented in the report. A second email was sent from the Inspector General on 1/18/24 asking all investigators to sign a form stating they read and understand the requirements for completing sexual abuse and sexual harassment investigations, to include interviewing all involved parties and/or documenting the reason for not interviewing someone. A memo was also sent to all investigators describing the finding from this audit and the corrective action plan. The memo reminded investigators to utilize the investigator checklist to ensure all steps of the investigation are completed. All 18 current investigators signed acknowledgment of these instructions.

From the last date of the onsite audit until 2/23/24, the auditor reviewed a total of 21 investigations closed during that timeframe. 11 of those were closed/approved by investigator supervisors after the memo went out on 1/12/24 from the IG reminding everyone to interview all participants. Since there were no cases from NNTH, the auditor mainly focused on cases from the sister facility, NNCC. However, additional investigations from other facilities were also reviewed in order to have enough to show proper corrective action. One case out of the 11 completed after the directive from the IG was missing documentation of all interviews. However, it was not a case from NNCC. The auditor determined that since the original scope of the corrective action review was to only include the sister facility of NNCC, and because this was only 1 out of all the cases reviewed, this was not significant to say this standard is non-compliant. Therefore, the facility is compliant with this standard. It is recommended that the agency continue to review cases to ensure all victims, suspects, and witnesses are either interviewed, or the reason for not interviewing

	documented.
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>NDOC Administrative Regulation 421 states, "The Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." Both investigators interviewed stated this is the standard of evidence used and had a good understanding of what preponderance of the evidence means.</p> <p>Supporting Documents:</p> <p>NDOC Administrative Regulation 421 PREA</p> <p>Criminal and administrative investigator interviews</p> <p>Based on interviews and review of documentation, the facility is compliant with this standard.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>NDOC Administrative Regulation 421 outlines reporting requirements consistent with this standard. NDOC uses the Offender Victim PREA Report Notification form to standardize these notifications and ensure all required notifications are completed. NNTH has not had any allegations since their last PREA audit to show documentation for this standard. Both investigators interviewed stated they are not personally responsible for providing these notifications but they are aware of the requirement. The IG's office/PREA Coordinator will provide the information to the facility to provide to the inmate.</p> <p>Although the auditor reviewed investigation files from the sister facility (NNCC) for agency level compliance on investigations, the notifications in those files relevant to</p>

	<p>this standard were not used. This is because the IG's office/PREA Coordinator would provide the information to facility staff to give to the victim. Any success or failure to do so on the part of NNCC would only be reflective of that facility and not the agency. The case files reviewed did show the email from the PREA Coordinator to the NNCC facility advising that a notification needed to be made in compliance with this standard.</p> <p>The agency clearly has a process in place for notifications, including documenting those notifications. Therefore, the facility is compliant with this standard.</p> <p>Supporting Documents:</p> <p>NDOC Administrative Regulation 421 PREA</p> <p>PREA Manual</p> <p>NDOC Offender Victim PREA Report Notification</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) NDOC Administrative Regulation 421 states, "All Departmental staff shall be subject to disciplinary sanctions up to and including termination for violating Departmental sexual abuse or sexual harassment policies."</p> <p>(b) NDOC Prohibitions and Penalties: A Guide for Classified Employees of the Department of Corrections lists dismissal as the corrective action for engaging in sexual abuse.</p> <p>(c) NDOC Prohibitions and Penalties: A Guide for Classified Employees of the Department of Corrections outlines various forms of misconduct and how those behaviors will be addressed depending on the seriousness and the circumstances of the offense. Consequences range from oral warnings to dismissal.</p> <p>(d) NDOC Administrative Regulation 421 states, "All terminations for violations of Departmental sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignations, shall be reported to law enforcement agencies and any relevant licensing bodies." This report is completed by the IG's office.</p> <p>NNTH had no reports of violations of sexual abuse or sexual harassment policies in the 12 months prior to June 26, 2023.</p>

	<p>Supporting Documents:</p> <p>NDOC Administrative Regulation 421 PREA</p> <p>NDOC Prohibitions and Penalties: A Guide for Classified Employees of the Department of Corrections</p> <p>PREA Manual</p> <p>Based on review of documentation and interviews, the facility is compliant with this standard.</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>NDOC Administrative Regulation 802 states if circumstances suggest a volunteer has been compromised or has a personal relationship with an inmate, the volunteer will be excluded from the facility pending the investigation. If found to have been compromised they will be permanently barred from participating as a volunteer for the Department in any capacity.</p> <p>The contract template includes the following boilerplate language: "If a PREA allegation of sexual abuse or sexual harassment is filed by an inmate against a contracted employee, contractor or vendor, including their employees and subcontractors, the NDOC, Office of the Inspector General will contact the contractor, or the immediate supervisor of the contracted individual, regarding the allegation. Based on the severity of the allegation, NDOC will have the authority to deny access of any contract employee...from entering any correctional facility or institution."</p> <p>NNTH Operational Procedure 421 outlines the requirements of this standard.</p> <p>NNTH had no reported violations of sexual abuse or sexual harassment by a volunteer or contractor in the 12 months prior to June 26, 2023.</p>

	<p>Supporting Documents:</p> <p>NDOC Administrative Regulation 802 Community Volunteer Program</p> <p>Contract Template</p> <p>PREA Manual</p> <p>NNTH Operational Procedure 421 Custodial Sexual Misconduct, Offender Sexual Offenses, and PREA</p> <p>Based on review of documentation, the facility is compliant with this standard.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) NDOC Administrative Regulation 421 states offenders are subject to disciplinary sanctions following an administrative finding that the offender engaged in sexual abuse or sexual harassment. NDOC Administrative Regulation 707 outlines the entire offender disciplinary process. This includes consideration of the offender's mental health and medical condition, and consideration of appropriate sanctions. NDOC Offender Disciplinary Manual is a detailed guide to the disciplinary process and contains requirements consistent with this standard.</p> <p>(b) NDOC Administrative Regulation 421 states the sanctions will be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and sanctions imposed for comparable offenses with similar histories.</p> <p>(c) NDOC Administrative Regulation 421 requires consideration of the offender's mental disabilities or mental illness.</p> <p>(d) NDOC Offender Disciplinary Manual gives permission to consider treatment or interventions for the abuser.</p> <p>(e) NDOC does discipline an inmate for sexual contact with staff upon finding that the staff member did not consent to such contact.</p> <p>(f) NDOC Administrative Regulation 707 states a report of sexual abuse made in good faith based upon a reasonable belief the conduct occurred will not constitute false reporting.</p> <p>(g) NDOC prohibits all sexual activity between offenders and addresses such activity through the disciplinary process as outlined in NDOC administrative regulations and NNTH operational procedures.</p>

	<p>Supporting Documents:</p> <p>NDOC Administrative Regulation 421 PREA</p> <p>NNTH Operational Procedure 421</p> <p>NDOC Administrative Regulation 707 Offender Disciplinary Process</p> <p>NDOC Offender Disciplinary Manual</p> <p>Warden Interview</p> <p>NNTH had no allegations in the 12 months prior to June 26, 2023 to be able to provide examples of disciplinary infractions. The Warden confirmed in her interview that discipline would be commensurate with this standard. Based upon review of documentation and interviews, the facility is compliant with this standard.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(a) NNTH Operational Procedure 613 states if the inmate responds yes to the two questions regarding prior victimization, they will be offered a follow up meeting with a medical or mental health practitioner within 14 days. NDOC Administrative Regulation 643 reiterates that inmates will be seen within 14 days. The mental health practitioner interviewed by the auditor confirmed she would be notified that a follow up is needed and would ensure she meets with that individual. She stated the facility is very diligent on following up on mental health concerns. The Mental Health Assessment - Initial Classification form is used for referral and follow up. It standardizes the process for each inmate and includes questions about sexual abuse.</p> <p>(b) Medical Directive 316 discusses care and evaluation for known abusers. The originally submitted NNTH Operational Procedure 613 Medical Requirements for Inmate Sexual Assaults stated, "If the inmate responds affirmatively that he has been considered a sexual aggressor/predator due to an inmate-on-inmate assault, a mental health practitioner shall attempt to conduct a mental health evaluation of the inmate within 60 days of learning of such abuse and offer treatment when deemed appropriate." This language was not consistent with this substandard which requires follow up within 14 days for previous perpetration of sexual abuse, whether it occurred in an institutional setting or in the community. The facility updated the procedure during the course of the pre-audit process and submitted the updated procedure to the auditor. It now correctly reflects the language of this substandard.</p>

	<p>An email with the updated procedure was sent to all NNTH staff to advise them of the change.</p> <p>(c) This substandard is not applicable as this is not a jail facility.</p> <p>(d) Medical files are securely maintained.</p> <p>(e) NNTH Operational Procedure 613 requires medical and mental health practitioners to obtain informed consent for prior victimization that did not occur in an institution. It outlines the mandatory reporting requirements for under 18 or vulnerable adults. Both the medical and mental health practitioners interviewed confirmed they get informed consent and are knowledgeable about the mandatory reporting laws.</p> <p>The auditor reviewed risk assessments for 21 residents. None requested a follow up with mental health. The employees responsible for risk assessments understood the process to make referrals to mental health.</p> <p>Supporting Documents:</p> <p>NNTH Operational Procedure 613 Medical Requirements for Inmate Sexual Assaults</p> <p>NDOC Administrative Regulation 643 Mental Health Services</p> <p>Mental Health Assessment - Initial Classification form</p> <p>Medical Directive 316</p> <p>Medical Practitioner Interview</p> <p>Medical Practitioner Interview</p> <p>Inmate files</p> <p>Based on interviews and documentation review, the facility is compliant with this standard.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) NNTH Operational Procedure 613 states victims of sexual abuse will receive

	<p>timely, unimpeded access to emergency treatment and crisis intervention services.</p> <p>(b) Since NNTH does not have onsite medical or mental health staff, the resident will be transported to nearby NNCC or to a local hospital. Mental health staff will also respond to the facility as needed. This was confirmed by the mental health practitioner interviewed by the auditor. Residents are also allowed to seek treatment on their own in the community.</p> <p>(c) Medical care not provided in the community will be provided at NNCC. The medical practitioner interviewed confirmed all necessary and appropriate treatment would be offered and provided.</p> <p>(d) NNTH Operational Procedure 613 states all treatment services are at no cost to the inmate.</p> <p>Both the medical and mental health personnel interviewed confirmed residents would receive care as outlined in this standard.</p> <p>Supporting Documents:</p> <p>NNTH Operational Procedure 613 Medical Requirements for Inmate Sexual Assaults</p> <p>NNTH Operational Procedure 432 Transportation of Inmates for Medical Treatment</p> <p>Medical Practitioner Interview</p> <p>Mental Health Practitioner Interview</p> <p>The auditor recommends updating procedures to reflect care at NNCC instead of WSCC. WSCC was the former sister facility to NNTH. This minor discrepancy does not effect compliance. Based on interviews and review of documentation, the facility is compliant with this standard.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The combination of documents listed below outline the requirements under this standard. The medical practitioner who was interviewed confirmed that evaluation and care is provided to all victims of sexual abuse that it is consistent, or in some

cases better, than the community level of care. The mental health practitioner who was interviewed confirmed that mental health assessment and treatment is also offered as appropriate and that it is consistent with the community level of care. Residents are also allowed to seek treatment on their own in the community. When a resident is released, clinical staff will make appropriate referrals to community providers.

Supporting Documents:

NNTH Operational Procedure 613 Medical Requirements for Inmate Sexual Assaults

NNTH Operational Procedure 432 Transportation of Inmates for Medical Treatment

NDOC Administrative Regulation 643 Mental Health Services

Mental Health Assessment - Initial Classification form

Medical Directive 316

PREA Manual

Medical Practitioner Interview

Mental Health Practitioner Interview

Based on review of documentation and interviews, the facility is compliant with this standard.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>(a) NDOC Administrative Regulation 421 requires a Sexual Abuse Incident Review (SAIR) at the conclusion of each investigation of sexual abuse if the allegation is substantiated or unsubstantiated.</p> <p>(b) The PREA Manual and NNTH Operational Procedure 421 state the SAIR should be completed within 30 days of the conclusion of the investigation.</p> <p>(c) NDOC Administrative Regulation 421 requires upper-level management, line supervisors, the PCM, medical and mental health professionals, and the investigator to participate in or give input to the SAIR. NDOC Sexual Abuse Incident Review Form also lists these positions and documents their participation in each SAIR.</p>

(d) NDOC Administrative Regulation 421 requires the SAIR team to review all the elements listed under this standard. NDOC Sexual Abuse Incident Review Form guides the team to review all these elements. This form is then used as the report to the facility head and PCM with recommendations.

(e) NNTH has had no complaints of sexual abuse in the 3-year period since the last audit so they do not have any examples of the SAIR or how they implemented recommendations.

Although the auditor reviewed investigation files from the sister facility (NNCC) for agency level compliance on investigations, the SAIR documentation in those files relevant to this standard were not used. This is because the SAIR is scheduled and conducted at the facility level. Any success or failure to complete an SAIR on the part of NNCC would only be reflective of that facility and not the agency. The case files reviewed did show the emails from the PREA Coordinator to the NNCC facility advising that they needed to check with the assigned investigator to schedule the SAIR.

The agency clearly has a process in place for SAIRs, including documenting them and the recommendations. Therefore, the facility is compliant with this standard. The NNTH PCM understood the requirements of the SAIR. However, they have not held any SAIRs due to not having any allegations in recent years.

Supporting Documents:

NDOC Administrative Regulation 421 PREA

PREA Manual

NNTH Operational Procedure 421 Custodial Sexual Misconduct, Offender Sexual Offenses, and Prison Rape Elimination Act

NDOC Sexual Abuse Incident Review Form

Based on documentation review and interviews, the facility is compliant with this standard.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

(a) The PREA Manual states "The IG PMT (PREA Management Team) is responsible to collect accurate, uniform data for every allegation of sexual abuse from every institution and facility using a standardized instrument and set of definitions."

(b) The PREA Manual states, "The incident based sexual abuse data shall be aggregated, at a minimum, annually." This data is gathered in the PREA Annual Report.

(c) The PREA Manual states, "The data shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice."

(d) The PREA Manual states the IG PMT and Department maintain, review, and collect data as needed according to this standard. The PREA Coordinator and Agency Head discussed how they review data on a regular basis to make improvements.

(e) NDOC does not contract with any private facilities so this substandard is not applicable.

(f) The PREA Coordinator submits the SSV annually as requested by DOJ. The NDOC SSV submissions for 2020 and 2021 were reviewed by the auditor. DOJ had not requested 2022 data yet.

The PREA Coordinator was interviewed by the auditor regarding this standard. NDOC collects data manually via an Excel tracking sheet. Allegation data is limited to those who need to know and personal identifying information is kept confidential.

Supporting Documents:

PREA Manual

Interview with PREA Coordinator

Interview with Agency Head

PREA Annual Report 2021

2020 and 2021 SSV Forms

Based on interviews and review of documentation, the facility/agency is compliant with this standard.

	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The auditor reviewed the most recent NDOC PREA Annual report from 2021. It includes the standard definitions, progress in addressing sexual abuse, agency achievements in 2021, and comparison data going back to 2014. Data is provided for the agency as a whole, and broken down by each facility and type of allegation. Corrective actions taken and/or progress by each facility is detailed. The section related to NNTH shows the only allegation they have had since 2014 was in 2016. It notes that NNTH received revised Supervisor Sexual Abuse Coordinated Response forms and updated procedures in 2021.</p> <p>All annual reports are on the agency website at: https://doc.nv.gov/About/NDOC_Office_of_the_Inspector_General/PREA_Incidents_and_Annual_Reports/. Each report is signed by the agency head. No personally identifiable information is included in the report. The PREA Coordinator was interviewed regarding this standard. She confirmed the process for obtaining the data, writing the report, and submitting it for review to the agency head.</p> <p>Supporting Documents:</p> <p>PREA Annual Report 2021</p> <p>Agency website with previous years' annual reports</p> <p>PREA Coordinator Interview</p> <p>Based on interviews and review of documentation, the agency is compliant with this standard.</p>

<p>115.89</p>	<p>Data storage, publication, and destruction</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>See standards 115.87 and 115.88 for additional comments. The auditor interviewed the PREA Coordinator, reviewed recent annual reports, and reviewed policy and procedure regarding this standard. NDOC maintains data for at least 10 years as demonstrated by their annual reports going back to 2014 when they began PREA compliance.</p>

	<p>Supporting Documents:</p> <p>PREA Manual</p> <p>Annual Reports</p> <p>Interview with PREA Coordinator</p> <p>Based on interviews and review of documentation, the agency is compliant with this standard.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Audit reports are on the Nevada DOC website. NNTH audit reports are from 2020, 2017, and 2016. As reported by the PREA Coordinator, the agency completed all required audits in year one and year two of cycle three. However, they did not complete all audits in year three of cycle three. For year one of the current audit cycle, they are on track to complete all scheduled audits.</p> <p>As noted in the audit tool:</p> <p>"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.)"</p> <p>Therefore, this standard is marked as meeting the standard.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Audit reports are on the Nevada DOC website. NNTH audit reports are from 2020, 2017, and 2016.</p>

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

	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.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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 if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

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

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

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

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

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

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	yes

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

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	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?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	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).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

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

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	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?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

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

(f)		
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes