

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

Interim Final

Date of Report May 25, 2019

Auditor Information

Name: Shannon Stark	Email: shannon.stark@cdcr.ca.gov
Company Name: California Department of Corrections and Rehabilitation	
Mailing Address: P. O. Box 942883, Suite 351-N	City, State, Zip: Sacramento, CA 94283-0001
Telephone: (916) 324-6688	Date of Facility Visit: October 12, 2018

Agency Information

Name of Agency: Nevada Department of Corrections		Governing Authority or Parent Agency (If Applicable): Nevada Department of Corrections	
Physical Address: 5500 Snyder Avenue, Bldg. 17		City, State, Zip: Carson City, NV 89701	
Mailing Address: P. O. Box 7011		City, State, Zip: Carson City, NV 89701	
Telephone: (775) 887-3285		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

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

Agency Website with PREA Information: DOC.NV.Gov

Agency Chief Executive Officer

Name: James Dzurenda	Title: Director
Email: jedzurenda@doc.nv.gov	Telephone: (702) 486-9910

Agency-Wide PREA Coordinator

Name: Pamela Del Porto	Title: Inspector General
------------------------	--------------------------

Email: pdelporto@doc.nv.gov	Telephone: (775) 887-3395
PREA Coordinator Reports to: Director	Number of Compliance Managers who report to the PREA Coordinator: 7

Facility Information

Name of Facility: Pioche Conservation Camp			
Physical Address: 1 Hardtimes Road, Pioche, NV 89043			
Mailing Address (if different than above): PO Box 509, Pioche, NV 89043			
Telephone Number: (775) 962-5125			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	

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

Facility Website with PREA Information: DOC.NV.Gov

Warden/Superintendent

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

Facility PREA Compliance Manager

Name: Tasheena Sandoval	Title: Correctional Casework Specialist III
Email: tsandoval@doc.nv.gov	Telephone: (775) 289-1203

Facility Health Service Administrator

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

Facility Characteristics

Designated Facility Capacity: 280	Current Population of Facility: 217
Number of inmates admitted to facility during the past 12 months	512

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		352	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		495	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-67	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		0	
Average length of stay or time under supervision:		21.1 months	
Facility security level/inmate custody levels:		Minimum	
Number of staff currently employed by the facility who may have contact with inmates:		20	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		5	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		Numerous	
Physical Plant			
Number of Buildings: 4		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		3	
Number of Segregation Cells (Administrative and Disciplinary):		0	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
12 cameras, monitor is in the rotunda officers station and video is retained for 5 days.			
Medical			
Type of Medical Facility:		Ely State Prison Outpatient Clinic	
Forensic sexual assault medical exams are conducted at:		Rape Crisis Center, University Medical Center, Las Vegas, NV	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		5	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		19	

Audit Findings

Audit Narrative

Pioche Conservation Camp (PCC) is located in Independence Valley, approximately 14 miles east of Wells, Nevada. Ely State Prison provides administrative support for PCC, and both are operated under the jurisdiction of the Nevada Department of Corrections (NDOC).

PRE-AUDIT PHASE

The California Department of Corrections and Rehabilitation (CDCR) provided (via e-mail) the audit notice to the agency's Prison Rape Elimination Act (PREA) Coordinator with instructions to post copies in the housing units and other places deemed appropriate by facility staff. The audit notices were posted the end of August, 2018. CDCR received the pre-audit questionnaire, audit process map, checklist of policies/procedures and other documents from the NDOC, in September 2018. Notices posted in areas accessible to both inmates and staff. This was verified during the on-site portion of the audit, during the facility tour.

Pre-audit section of the compliance tool: In September 2018, the PREA Compliance Manager (PCM) provided the completed pre-audit questionnaire (PAQ), including supporting documentation, to the audit team. The certified auditor started completing the compliance tool by transferring information from the PAQ and from supporting documentation to the pre-audit section of the compliance tool.

The audit team did not receive any letters from inmates at the facility prior to arrival at the institution. No letters were received upon return to the office after completion of the on-site review.

ON-SITE PHASE

On Friday, October 12th, 2018, the audit team arrived at PCC. The audit team consisted of 2 certified auditors which included me, PREA Coordinator for the California Department of Corrections and Rehabilitation (CDCR), Division of Adult Institutions, and John Katavich, retired Warden for CDCR.

On October 12, 2018, the audit team met with the PREA Compliance Manager (PCM) and the Correctional Lieutenant, assigned to the camp, for greetings, introductions and information sharing. The team was assigned an office which served as the team's primary work location for audit preparation and organization. It also served as one of the rooms used for staff interviews.

Upon arrival at PCC, the audit team requested and received the names of the facility employees and selected the names of staff who would be interviewed. Also on this date, the audit team received a roster of all inmates at the facility with identification numbers and assigned bed numbers, sorted by housing wing. The auditor also requested a list of inmates classified into any of the following categories:

- Disabled Inmates
- Limited English Proficient Inmates

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

The auditor explained that these rosters were required for the audit team to select random inmates for interviews. At the time of the audit, the facility did not house any inmates who identified as Transgender or Intersex, or who were segregated for risk of sexual victimization. PCC does not have Segregated Housing. PCC had no inmates who reported sexual abuse.

On-site Review: One of the audit team members conducted a thorough site review of the facility. Areas toured inside the perimeter included the three wings of the housing unit, the two honor dorms, the kitchen and dining hall, the laundry, the canteen, education, recreation yard, gymnasium, and the visiting area. The buildings utilized by the Nevada Division of Forestry (NDF), for outside maintenance crew and out buildings were also toured.

During the tour, impromptu questions were asked of staff and inmates, noted the placement and coverage of surveillance cameras, inspected surveillance monitors, inspected bathrooms and showers to identify potential cross gender viewing concerns, etc. The auditor tested the inmate phones to determine the functionality of the facility's hotline for reporting sexual abuse or sexual harassment. In inmate work areas, the level of staff supervision was assessed and questions were asked to determine whether inmates are in lead positions over other inmates. Also noted were the placement of PREA information posters and the placement of the PREA audit notice provided to the facility.

PREA Management Interviews: Interviews of the management team, including the Warden and the PREA Compliance Manager (PCM) were completed. Specialized staff interviews; and random staff interviews were conducted in the staff office using the applicable interview protocols and responses were recorded by hand. The Director and PREA Coordinator were previously interviewed via the telephone.

Specialized Staff Interviews: Using the list of specialized staff received from the PREA Compliance Manager (PCM), audit team members performed the required interviews in various locations. In some cases, it was necessary to conduct the interview via telephone because the person to be interviewed was at an off-site location; examples of these were the sexual assault nurse examiner and management staff.

The audit team identified specialized staff to be interviewed. Interviews included the following:

- Agency Head-1
- PREA Coordinator-1
- Agency Contract Administrator-1
- Warden-1
- PCM-1
- Medical and Mental Health – 4 (conducted at Ely State Prison)
- Incident Review Team Member-1

- Staff who Perform Screening for Risk of Victimization and Abusiveness-1
- Intake Staff-1
- Office of Inspector General (facility and central office level investigations)-2
- Sexual Assault Nurse Examiner-1
- Human Resources-1
- Segregated Housing staff-0
- Person Responsible for Monitoring Retaliation-1
- Higher Level Supervisor- 1
- NDF Contract Staff - 2
- First Responders-2
- Volunteer-1

There was nineteen security staff positions filled during the on-site portion of the audit. There was an additional non-security staff member assigned to work at PCC. The specialized staff interview protocols were used, in addition to the random staff interview protocols, for all staff who met more than one of the specialized criteria. A total of 15 out of the 20 staff assigned at PCC were interviewed. The management staff, medical and mental health staff, and grievance coordinator assigned at Ely State Prison were interviewed prior to our arrival at PCC.

Where the circumstances dictate, the interviewer would ask to review documentation, logs, computerized tracking, or other materials necessary to make a determination of compliance with the standard. During these interviews, the audit team members based the line of questioning on the standard interview protocols and recorded responses by hand. A total of 19 specialized staff interviews were conducted.

Random Staff Interviews: The audit team interviewed all staff who were on-site during the site review, including the 5 pm to 5 am shift security staff. The auditors introduced themselves, communicated the advisory statements to the staff, proceeded to ask the questions from the interview protocols for random staff and recorded the answers by hand. Clarifications were requested when needed to ensure the responses were clear enough to make a determination of compliance with applicable standards. The interviews were conducted in private, in the main building of the facility. Additionally, telephonic interviews were later conducted with staff that were on their days off, vacation, etc. A total of 12 random staff interviews were conducted.

Random Inmate Interviews: The auditor determined that at least one inmate from each wing of the housing unit would be interviewed. One audit team member was assigned responsibility for the various inmate interviews. Audit team members used the alphabetical roster of inmates to randomly select the inmates. Interviews were conducted in a private room in the main building of the facility. The audit team member introduced himself, communicated the standard advisory statements to the inmate before proceeding with the standard line of questions from the random inmate interview protocols and recorded the inmate's answers by hand using the designated form. Clarification was requested, as needed to ensure the inmate's responses were clear. A total of 20 random interview protocols were completed.

PREA-Interest Inmate Interviews: One audit team member was assigned responsibility for interviewing specific categories of inmates identified for interviews based upon their relevance to specific PREA standards. These categories include:

- Disabled Inmates
- Limited English Proficient Inmates
- Gay and Bisexual Inmates
- Transgender or Intersex
- In Segregated Housing for risk of Sexual Victimization
- Inmates who Reported Sexual Abuse
- Inmates who Disclosed Sexual Victimization during Risk Screening

The inmate was called by security staff to report to the private location where the interviews were being conducted. The auditor introduced himself, communicated the standard advisory statement and asked the line of questions in the respective interview protocols. Audit team members interviewed one inmate identified as physically disabled, one inmate with cognitive disabilities, one inmate who was identified as being limited English proficient, two inmates who were identified as being gay or bisexual, and three inmates who disclosed sexual victimization during risk screening that occurred prior to confinement; a total of eight inmates were interviewed based upon PREA-interest categories. PCC had no inmates that identified as transgender or intersex, were segregated for risk of sexual victimization, or who reported sexual abuse. The number of interviews conducted was based on the number of inmates housed at PCC who met the criteria for the PREA-interest categories.

Document Reviews: The document review process was divided up between two of the auditors. One auditor reviewed all documents related to records documenting the training of the inmate population and the records maintained through the inmate intake process. One auditor reviewed a random sample of staff training records, contractor and volunteer training records, and personnel files (reflecting background checks are being completed with the required questions/information and the criminal records checks are done every 5 years). The auditors recorded the information obtained from the documentation review on the “PREA Audit – Adult Prisons & Jails – Documentation Review” templates and collected copies of documents, as necessary.

PCC had no allegations of sexual abuse or sexual harassment during the 12- month review period.

Type of Allegation	Staff on Inmate	Inmate on Inmate
Sexual Abuse:	0	0
Sexual Harassment:	0	0
Total:	0	0

Throughout the on-site review, the team had discussions about what was being observed, reviewed and discrepancies that were identified. Audit team members sought clarification, when discrepancies were identified to ensure that we were not missing pertinent information. On Friday, October 12, 2018, the audit team scheduled a close-out discussion with the PREA Compliance Manager and camp staff. During this close-out discussion, the PREA Compliance Manager and facility staff, were provided with

an overview of the positive things noted by the auditors and what had been identified as areas of concern.

POST-AUDIT PHASE

Following the on-site portion of the audit, the lead auditor gathered written information and feedback from the other team member and took responsibility for completing the interim report.

The auditor and PCM agreed that any documents not received during the pre-audit phase or on-site review would be requested via email and provided by the PCM or the Agency PREA Program Officer. The audit team leader documented all clarification questions, missing information, requests for additional documentation, etc. to follow-up with the PCM and sent the requests on a flow basis. Requested information was returned to the auditor on a flow basis.

Audit Section of the Compliance Tool: The auditor reviewed on-site document review notes, staff and inmate interview notes and on-site tour notes and began the process of completing the audit section of the compliance tool. The auditor used the audit section of the compliance tool as a guide to determine which question(s) in which interview guide(s), which on-site document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking appropriate “yes” or “no” boxes on the compliance tool for each applicable subsection of each standard, the auditors completed the “overall determination” section at the end of the standard indicating whether or not the facility’s policies and procedures exceeds, meets or does not meet standard.

Interim Audit Report: Following completion of the compliance tool, the auditor started completing the interim report. The interim report identifies which policies and other documentation were reviewed, which staff and/or inmate interviews were conducted and what observations were made during the on-site review of the facility in order to make a determination of compliance for each standard provision. The auditor then provided an explanation of how evidence listed was used to draw a final conclusion of whether the facility’s policies and procedures exceed, meet, or do not meet the standard. The written interim report was provided to PCC on Monday, November 26, 2018.

Corrective Action Plan: A Corrective Action Plan (CAP) was provided to the facility during the week of December 3, 2018. The CAP listed the standard number, Issue, corrective action, and completion date. The CAP was updated as additional documentation was received by the Auditor from the PREA Compliance Manager (PCM) and PREA Coordinator. Communication between the PCM, Auditor, and PREA Coordinator was via telephone, conference calls, and email.

Facility Characteristics



PCC is located off US-93 in Pioche, Nevada. It is approximately 123 miles from Ely State Prison. PCC was established in 1980, and was the first Conservation Camp established by the Nevada Department of Corrections in Rural Nevada. It provides Initial Attack Wildland Firefighting Crews operated by the Nevada Division of Forestry for Lincoln County and the state of Nevada. Along with community project crews, Emergency Crews have been dispatched to other Natural Disasters including the 1997 Floods in Carson City and 2003 in Caliente, Nevada. Crews from PCC also participated in the recovery efforts of the Space shuttle COLUMBIA in May 2003. In 2008 Emergency Crews responded twice to California (Chico and Grass Valley). Every year fire crews are sent out statewide to render assistance with major fires. Construction of the facility began in the fall of 1984 with the utilization of inmate labor and the official opening of the camp in March 1985. PCC's capacity is 280 minimum custody offenders and operates under a cooperative partnership with the NDF. NDF operates inmate work crews at PCC providing wildland firefighting support as well as working on a variety of projects locally including, but not limited to wildland conservation, community projects, senior citizen assistance, and highway beautification and cleanup projects with the Nevada Department of Transportation.

Day to day operations at PCC is managed by a Correctional Lieutenant with administrative supervision and support provided by Ely State Prison. PCC is staffed with:

- 1 Correctional Lieutenant
- 1 Correctional Sergeant
- 2 Senior Correctional Officers
- 14 Correctional Officers (1 vacant position)
- 1 Correctional Case Work Specialist 1
- 1 Correctional Case Work Specialist 2
- 1 Retail Storekeeper II

At the time of the on-site review, the facility had one vacant correctional officer position and there were no female security staff assigned at PCC.

Pioche Conservation Camp (PCC) is a working camp with the majority of inmates being assigned to NDF fire crews. PCC coordinates with the Nevada Division of Forestry in the training and operating Community Project and Wildland Firefighting Crews year round. Inmates can receive their GED or High School Diploma along with Anger Management and New Beginnings. Due to its remote location, the availability of program volunteers is limited.

PCC has 1 housing unit, which has three wings (A, B, and C) which contain inmate living areas. Each wing has 7 cubes that house up to 12 inmates (6 on each side). Each wing houses a maximum of 84 inmates. PCC also has two honor dorms (D and E) that house inmates that have remained disciplinary free. Each honor dorm houses 14 inmates. PCC has a maximum population of 280 inmates. All housing is dormitory style housing. There is one bathroom in each wing and one in each honor dorm. Dorms A, B, and C contain toilets, urinals, and individual shower stalls. Each of the shower stalls has a door or curtain covering the front opening, to eliminate cross-gender viewing issues. The fourth wing of the facility houses the visiting area, dining hall and kitchen. All meals are prepared by inmates assigned at PCC and supervised by NDOC security staff. Each honor dorm has bathroom with a toilet and a shower with a curtain.

The facility has self-contained laundry, gymnasium, canteen, library, and education areas. There is no designated intake unit, inmates are received into the gymnasium from the transportation vehicle and are then placed in the dining hall, which accommodates the process used to complete the intake process for newly arriving inmates. Inmate telephones are located outside in the main recreation area.

The main entrance to the facility must be unlocked by staff to allow admission to all staff and visitors, both inmate and professional. There is one staff area, in the rotunda area of the building, where all four wings come together. All doors are manually controlled by staff. The facility has 12 cameras that can be viewed when displayed on the screen in this staff area. The cameras were inoperable during the on-site review, however they were fixed prior to the interim report being completed.

Activities available to the inmate population include education, recreational gymnasium, library, law library, and an outdoor recreation yard. Visits occur in the visiting area.

Summary of Audit Findings

The on-site portion of the audit went well. Facility staff was helpful and responsive to the needs of the auditors and any concerns that were expressed. The audit team thanks the Warden, the Agency PREA Coordinator, PREA Compliance Manager, the Camp Lieutenant, and the rest of the staff at PCC for this because it simplified the process that needed to be completed.

Overall, it is evident that staff at PCC has been working toward compliance with the PREA standards.

Some of the positives observed by the audit team included:

- Some cross gender viewing issues in the housing unit had already been addressed.
- The facility appears to be very well maintained.
- PREA Posters were prominently displayed around the facility.
- The facility seems to be adequately staffed.
- Supervisory staff was out in the living areas and other areas of the facility, making rounds and

working with their staff to address issues. In the random staff interviews, it was apparent that the line staff is very comfortable making contact with their supervisors and working through any issues.

- Inmates stated that they felt sexually safe at PCC.
- Staff and inmates were able to describe the process they would use to make a report of a PREA incident.
- Nevada Department of Forestry staff were well versed on PREA and engaged.

Number of Standards Exceeded: 0

Number of Standards Met: 45

115.11	Zero Tolerance of sexual abuse and sexual harassment; PREA Coordinator
115.12	Contracting with other entities for the confinement of inmates
115.13	Supervision and monitoring
115.14	Youthful inmates
115.15	Limits to cross-gender viewing and searches
115.16	Inmates with disabilities and inmates who are limited English proficient
115.17	Hiring and promotion decisions
115.18	Upgrades to facilities and technologies
115.21	Evidence protocol and forensic medical examinations
115.22	Policies to ensure referrals of allegations for investigations
115.31	Employee Training
115.32	Volunteer and contractor training
115.33	Inmate Education
115.34	Specialized training: Investigations
115.35	Specialized training: Medical and mental health care
115.41	Screening for risk of victimization and abusiveness
115.42	Use of screening information
115.43	Protective Custody
115.51	Inmate Reporting
115.52	Exhaustion of administrative remedies
115.53	Inmate access to outside confidential support services
115.54	Third-party reporting
115.61	Staff and agency reporting duties
115.62	Agency protection duties
115.63	Reporting to other confinement facilities
115.64	Staff first responder duties
115.65	Coordinated Response
115.66	Preservation of ability to protect inmates from contact with abusers
115.67	Agency protection against retaliation
115.68	Post-allegation protective custody
115.71	Criminal and administrative agency investigations
115.72	Evidentiary standard for administrative investigations
115.73	Reporting to inmates
115.76	Disciplinary sanctions for staff
115.77	Corrective action for contractors and volunteers
115.78	Disciplinary sanctions for inmates

115.81	Medical and mental health screenings; history of sexual abuse
115.82	Access to emergency medical and mental health services
115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
115.86	Sexual abuse incident reviews
115.87	Data collection
115.88	Data review for corrective action
115.89	Data storage, publication, and destruction
115.401	Frequency and scope of audits
115.403	Audit contents and findings

Number of Standards Not Met: 0

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PCM? (N/A if agency operates only one facility.) Yes No NA
- Does the PCM have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

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

Nevada Administrative Regulation (AR) 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and PREA policy establishes that the agency has a zero tolerance toward sexual misconduct and sexual harassment; and includes sanctions for those who violate the zero tolerance policy. The policy further outlines implementation of the agency's approach to prevent, detect, and respond to sexual abuse and sexual harassment. The 11-page policy provides definitions of prohibited behaviors and a description of agency strategy and response to reduce and prevent sexual abuse and harassment of offenders. In many cases the policy mirrors the language contained in the PREA Federal Standards. This AR serves as the agencies implementation plan for PREA.

Operational Procedure (OP) 421, Prison Rape Elimination Act (PREA), Section #1 reads: Pioche Conservation Camp (PCC) has a Zero Tolerance policy for any form of sexual misconduct to include staff, contractor, or volunteer on inmate or inmate on inmate sexual harassment, sexual assault, sexual abusive contact and consensual sex. Any staff member/contractor/volunteer who engages in, fails to report, or knowingly condones sexual harassment or sexual contact with or between inmates shall be subject to disciplinary action and may also be subject to criminal prosecution. PCC shall take a proactive approach regarding the prevention, detection, response and punishment of any type of sexual contact.

Administrative Regulation (AR) 339, effective August 30, 2017, Employee Code of Ethics and Conduct, Corrective or Disciplinary Action, and Prohibitions and Penalties, Includes definitions and disciplinary sanctions for sexual abuse and harassment up to and including dismissal. The 25 page policy speaks to a disciplinary sanction dismissal (class 5), for sexual abuse and failure to report. It also includes sanctions for sexual harassment ranging from verbal counseling (class 1) to dismissal (class 5).

The mission statement for the agency is: The NDOC will improve public safety by ensuring a safe and humane environment that incorporates proven rehabilitation initiatives that prepare individuals for successful reintegration into our communities.

The auditor reviewed daily population reports for the past 12 months and a schematic of the facility. The auditor was provided with the agency and facility organizational charts; a list of staff assigned at PCC, broken down by classification and shift; and a list of inmates sorted by housing unit to select from for interviews.

The audit notice was posted in various locations around the facility, to include: near the kiosks in the dining hall, on the housing wing bulletin boards, and in the rotunda area.

The PREA Coordinator indicated she has dedicated staff to assist her in managing her PREA responsibilities. She indicated she has 7 PCM's who she and her staff interact with. Their level of

interaction depends on the needs of each facility. She also works with them on statewide training issues. The Departmental organizational charts reflected the PREA Coordinator reports directly to the Director of Corrections.

The designated PCM for PCC stated she has sufficient time and authority to coordinate the facilities efforts to comply with PREA. The facility Org chart provided shows the PCM reports to the Warden at Ely State Prison and to the PREA Coordinator, for PREA related issues.

Corrective Action: None required for this standard.

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

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

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

Auditor Overall Compliance Determination

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

The NDOC entered into a contract with Core Civic, Inc. to house 200 NDOC inmates at the Saguaro Correctional Center, Eloy, Arizona. Contract CETS #19161 RFO#3472 is a 2 year contract, effective October 11, 2017 through June 30, 2019. The auditor was provided with an electronic copy of the contract. The language outlining the PREA requirements was included in the contract.

The contract administrator indicated she ensures that PREA requirements are included in all new contracts and renewals of existing contracts. She stated contract staff is required to sign acknowledgement forms as part of a new contract and submit those to the agency. She indicated she is not involved in monitoring the contract agency for compliance with the PREA standards. In discussing this with the PREA Coordinator, the auditor was informed that this contract has been in place for less than one year and that data collected from the contract agency will be included in the NDOC annual report or will be included in the contract agency report, if they participate in reporting. She further indicated the facility has been audited during this audit cycle and was found to be compliant with all PREA standards.

Corrective Action: None required for this standard.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

The facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring:

1. Generally accepted detention and correctional practices? Yes No
2. Any judicial findings of inadequacy? Yes No
3. Any findings of inadequacy from Federal investigative agencies? Yes No
4. Any findings of inadequacy from internal or external oversight bodies? Yes No
5. All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
6. The composition of the inmate population? Yes No
7. The number and placement of supervisory staff? Yes No
8. Institution programs occurring on a particular shift? Yes No
9. Any applicable State or local laws, regulations, or standards? Yes No
10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
11. Any other relevant factors? Yes No

All criteria identified in this standard are addressed in the staffing plan which was last updated on July 31, 2018. The staffing plan is also addressed in the following policy documents:

AR 326, Posting of Shifts/Overtime, outlines the staffing requirements for each institution. It charges the Warden/Facility Manager with the responsibility to ensure there is sufficient staff on duty to safely operate the institution or facility.

On September 30, 2014, a report entitled "Assessment of Shift Relief Requirements and Correctional Staff Needs at all Facilities within the NDOC" was created by the Association of State Correctional Administrators. It established the base staffing for all NDOC facilities and institutions. A copy of this report was provided to the auditor.

OP 325, Staffing Requirements and Assignments (10/19/15), establishes minimum staffing of 2 officers on each watch at PCC. There are 21 staff positions at PCC, 18 of which are security staff. They currently have one vacant Correctional Officer position.

The authorized positions at PCC include:

- 1 Correctional Lieutenant
- 1 Correctional Sergeant
- 1 Correctional Casework Specialist 1 (non-security staff)
- 1 Correctional Casework Specialist 2 (non-security staff)
- 2 Senior Correctional Officers
- 14 Correctional Officers (one currently vacant)
- 1 Retail Shopkeeper II (non-security staff)

OP 325 goes on to state under the section "Minimum staffing for PREA":

- PCC has developed this staffing plan to provide for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse.
- In calculating the staffing levels and determining the need for video monitoring PCC takes into consideration: generally accepted detention and correctional practices, judicial findings of inadequacy, and findings of inadequacy from Federal investigative agencies, and findings of inadequacy from internal or external oversight bodies, all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated), composition of the inmate population, number and placement of supervisory staff, programs occurring on a particular shift, applicable State or local laws, regulations, or standards, prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors.
- At least once a year, in consultation with the PREA Coordinator, PCC shall assess, determine, and document whether adjustments are needed to the staffing plan, deployment of video monitoring systems and other monitoring technologies, and resources the facility has available to ensure adherence to the staffing plan.

During the interview with the Warden he indicated that each of the facilities he supervises has a staffing plan in place and staffing levels are at a level adequate to protect inmates against sexual abuse. This is assessed by reviewing staffing levels based on the dynamics of the current inmate population including custody levels, video monitoring capabilities, and all of the requirements identified within this standard. The facility does not have any judicial findings of inadequacy, findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies. The Warden further stated that he checks for compliance with the staffing plan by requiring his staff to check for compliance while touring the facility. He also reviews overtime and staffing reports, at the end of each week. The Warden indicated that the facility documents all instances of non-compliance with the staffing plan by creating an Incident Report in the Nevada Offender Tracking Information System (NOTIS) which includes an explanation of program modifications. Via a memorandum dated August 10, 2018, the Warden certified that PCC has not deviated from the staffing plan during this 12-month audit timeframe.

Through an interview with the PREA Coordinator, she indicated that she is consulted annually, regarding any assessments of, or adjustments to, the staffing plan for PCC.

The PCM indicated she works with the Warden in developing the staffing plan and ensures that all of the components within this standard are addressed. She indicated the agency follows generally accepted detention and correctional practices, as outlined by the American Correctional Association. She stated the facility does not have any judicial findings of inadequacy, findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies.

The auditor reviewed annual reports from 2015 and 2016.

OP 490, Institutional Inspections, dated August 13, 2018, Section 7, Unannounced PREA Inspections, reads as follows: Supervisors will conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. The rounds shall be conducted on the night shifts as well as the day shifts. Line staff is prohibited from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

The custody staff is required to document shortages in staffing in a NOTIS Incident Report. However, there should never be an instance of this at the camp, because they will never drop below 2 C/O's and will hire overtime if necessary to ensure minimum staffing is attained. In a memorandum, signed by the acting Warden, the auditor was informed PCC has not deviated from the staffing plan during this 12-month audit review period.

Supervisors will randomly check all areas of the camp including but not limited to living areas, culinary, dining hall, staff offices, gymnasium, storage sheds, and NDF buildings.

Supervisors will document all their unannounced tours on the Daily Administrative Officer (DAO) report and by entering a PREA-Unannounced Supervisor Tour in the Daily Shift Log in NOTIS.

Supervisory staff will make notations on the DAO report on an ongoing basis and make policy change suggestions in regards to the facility physical plant and layout to include areas where inmates as well as staff may become isolated within blind spots not previously identified. Any time this inspection is done, the DAO report will also be forwarded to the PCM. All recommendations will be reviewed at the Warden's meeting and if appropriate, by the OP review committee.

Through interviews with supervisory staff, the auditor learned that unannounced rounds are conducted daily. On most days, they are done multiple times during the two shifts and are documented in the shift log in NOTIS. The Staff share several offices in the same area.

The NOTIS system was reviewed while on-site and notations were viewed consistently on different watches on different days at different times. The auditor was provided with a sample from NOTIS documenting unannounced rounds for the period 8/10/2017 through 8/10/2018. The auditor observed that there were consistent entries on all shifts and all days of the week.

Corrective Action: None required for this standard.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

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

Consistent with information reported, auditors observed no youthful inmates throughout the on-site visit. This standard for PCC is met because they do not house inmates under the age of 18.

Corrective Action: None required for this standard.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates?
 Yes No NA

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

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

AR 492, Inmate Body Cavity Searches for Contraband states: Any search of an inmate’s body cavity will be in a manner consistent with compliance to PREA and any applicable standards. Any physical intrusion into an inmate’s body cavity must be performed by a physician or other mid-level practitioner not employed by the NDOC.

OP 521, Inmate Housing Assignments (updated 8/13/18), Section 4, PREA Implications, states: During unclothed and clothed body searches, for all inmate movement, the following steps are to be followed:

- Staff shall not conduct cross-gender unclothed body searches or cross-gender visual body cavity searches (meaning searches of the anal opening) except in exigent circumstances or when performed by medical practitioners.
- Staff shall document all cross-gender unclothed body searches and cross-gender visual body cavity searches.
- Staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If the inmate’s genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.
- Staff shall be trained on how to conduct cross-gender clothed body searches and searches of transgender and intersex inmates. All body searches shall be conducted in a professional and respectful manner and in the least intrusive manner possible, consistent with security protocol.
- Inmates shall shower, perform bodily functions, and change clothing without staff of the opposite gender viewing the breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks or being conducted by a medical practitioner.

OP 421 states: The presence of female staff members shall be announced every time they enter an inmate housing unit or unit control room. This will be done by the control room officer by utilizing the unit intercom system. The female staff member will only announce their presence when no custody staff is present. This notification is to be documented by entering a PREA-Female Entering a Male Housing Unit entry in the Daily Shift Log in NOTIS and an entry in the visitor record log. The female staff member shall not enter the unit until announcement has been made.

The PAQ reported no incidents of cross-gender strip or body cavity searches in the last 12 months. Also provided with the PAQ was a NOTIS report which reflected documentation of opposite gender announcements being made from September 2017 to August 2018.

The training curricula for clothed body searches was provided and reviewed by the auditor. The curriculum provides details of how to perform a universal body search. It also addresses the expectation of being professional and respectful during these searches. Clothed body search training is done in the academy and was completed again by all security staff assigned to PCC during the 2017 calendar year.

During the tour, the Sergeant made the opposite gender announcement when the auditor entered the living areas of each wing. It should be noted that at the time of the on-site portion of the audit, there were no female security staff assigned at PCC. The canteen staff is female, and documentation of the announcement being made was viewed in NOTIS.

All staff consistently reported that cross-gender strip searches or cross-gender body cavity searches do not occur at this facility. There was no non-medical staff who had been involved in cross-gender strip or visual body cavity searches to be interviewed. Staff indicated that the opposite gender announcement is made over the PA system alerting inmates of female staff presence in the living area. The announcement can be heard throughout the building

All twelve random staff interviewed indicated they are aware of the policy against conducting unclothed body searches for the sole purpose of determining the inmate's gender. The staff interviewed indicated their responsibilities to comply with the PREA policy include going to training, communicating with the inmates, staying alert and knowing the inmates routines, reporting immediately, and responding promptly if they receive a report.

Through the 12 random inmate interviews, all 12 inmates indicated that male staff announce when a female is coming into the living area. This is a consistent practice and it gives them time to cover up.

There were no inmates that identify as transgender or intersex housed at PCC during the on-site portion of the audit.

Corrective Action Required:

The following areas required mitigation from cross gender viewing: A, B, and C Dorms bathrooms have urinals located adjacent to the entrance of the bathroom that allow for cross gender viewing when female staff walk past the bathroom into the dorm bed areas.

The dry storage connex box has an area in the back that is a blind spot. Staff standing at the connex box door are unable to see the area in the back corner which is obscured by a wall. A mirror in the opposite corner was discussed.

The car wash shed door is controlled by the lead inmate assigned to the car wash area. The shed has no windows and when the door is shut staff do not know that anyone is inside unless they check the door and it is unlocked.

The Department of Forestry blue connex box was unsecured causing a blind spot. Adding a lock was discussed.

Corrective Action taken by the Agency:

On February 15, 2019, photographs were provided evidencing that the corrective action items listed above had been completed mitigating the identified cross gender viewing issues and blind spots. The photographs showed the urinals in A, B, and C Dorm bathrooms had been removed. Also, that a convex mirror was added in the dry storage connex box. The mirror allows for staff at the door of the connex box to be able to view the back corner. Photographs of a window cut into the door of the carwash shed was provided. The window allows for staff to be able to view directly into the shed. And a photograph of the lock added to the unsecured connex box was provided.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

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

OP 421, Custodial Sexual Misconduct, Sexual Offenses, and Prison Rape Elimination Act (PREA), Inmate Education, states: PCC will provide inmate education in formats accessible to all inmates,

including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

PCC will prohibit the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-responder duties, of the investigation of the inmate's allegations. The use of inmate interpreters in these limited circumstances will be documented. Staff interpretation will be conducted within a confidential office and the staff member will be responsible for documenting the interpretation in NOTIS. The interpreting staff member will maintain confidentiality regarding all information that was interpreted.

PCC has contracted with Language Link to provide both spoken interpretation and written translation services.

AR 658, Hearing Impaired Inmates, describes the process to be utilized to provide assistance to inmates who are hearing impaired.

The Sign Language Communications and Corporate Translation Services contracts were provided to the auditor. Both were reviewed and were in effect at the time of the on-site portion of the audit.

There was no intake scheduled while the auditors were on-site. Written materials, in English and Spanish, were posted in various locations around the facility. These materials explain the zero tolerance policy and the different ways to report. Also the Offender Orientation Handbook, which is issued to the inmate upon arrival at PCC, was reviewed and was determined to provide the inmate population with PREA information to include the PREA video transcript.

The auditor was provided with a memorandum from the acting Warden which stated that PCC did not use any inmate interpreters, readers, or assistants when reporting a PREA related concern, during the 12-month audit time frame.

Through the interview with the agency head, he indicated the agency has a contract to provide interpreter services for those inmates with disabilities or who are limited English proficient. They do not utilize inmates to provide interpreter services. They have the PREA information available in braille. They also have had the script from the PREA video translated into different languages, which can be obtained by contacting the PCM.

Twelve staff interviewed indicated they would utilize a staff member to act as an interpreter if available and would contact their supervisor for assistance. None of the staff interviewed were aware of the language link or the process to utilize it. Most staff interviewed indicated they would not use an inmate as an interpreter, unless it was an emergency. Several staff said they would use an inmate as an interpreter if the inmates came up to the staff member together.

Three inmates were interviewed, one limited English proficient, one with cognitive disabilities, and one with physical disabilities. The inmates with cognitive disabilities indicated he is able to understand the PREA written information and video. He felt he could ask staff if he didn't understand. There was only one inmate identified as limited English proficient. When interviewed the inmate said he understood some of the information. He said he was provided written information in Spanish and if he doesn't understand something his bunk mate explains it to him.

The telephones in the staff offices used for the inmate interviews did not have the conference call capabilities required to utilize the Language Link services. Staff were not aware of phones at PCC that have conference call capability.

Corrective Action Required:

Establish a clear process on how to utilize the Language Link and identify phones with the appropriate capabilities. Provide all staff with training and familiarization on the process. Ensure all existing inmates and new arrivals are made aware of the Language Link.

Ensure all staff understand the facilities policy (OP 421) prohibiting the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-responder duties, of the investigation of the inmate's allegations. Also the requirement to document the use of inmate interpreters in these limited circumstances.

Corrective Action taken by the Agency:

On March 5, 2019 the Auditor received verification (signed on the job training forms) showing that PCC staff received and understood training provided on OP 421 which speaks to the prohibited use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. Binders with the Language Link information were placed in areas accessible to staff such as the Lieutenants office, Sergeants desk, custody staff area, and the caseworkers office. Several phones with the appropriate capabilities is several areas in the facility were identified for use with the Language Link. Additionally, photographs were provided of notices that were posted for inmates to read regarding the Language Link services available.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

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

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No

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

115.17 (g)

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

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

AR 212, Contracts, and Administrative Regulation and AR 300, Recruitment and Hiring, were reviewed. Department Staff and Applicant Records, were reviewed.

Policy prohibits the hiring or promotion of anyone who may have contact with offenders, who have engaged in the three criteria outlined in standard provision 115.17(a). It also mandates the agency to consider any incidents of sexual harassment in determining whether to hire or promote anyone that may have contact with offenders.

Policy states that a criminal background records check will be completed before hiring staff that may have contact with offenders and best efforts will be made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The policy requires a criminal background records check be performed before enlisting the services of any contractor who may have contact with offenders. It requires that all applicants and employees who may have contact with offenders be asked directly about previous sexual misconduct in written applications or interviews for hiring or promotions and in interviews conducted as part of reviews of current employees. Further, it imposes upon employees a continuing affirmative duty to disclose any such previous misconduct. It mandates that material omissions regarding sexual misconduct, or the provision of materially false information, shall be grounds for termination and requires the agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

The contract between NDOC and the Department of Conservation and Natural Resources was provided. It requires all new hires to complete a background check and complete all required training before taking temporary responsibility of any inmates. This contract was last updated in 2017.

Per the PAQ, in the past 12 months, the five staff hired at PCC had criminal background record checks completed. Files of personnel hired in the past 12 months were reviewed by the audit team and 4 of the five files contained a completed background check.

Two files were reviewed of staff that had prior institutional employers. In both cases the previous institutional employers were contacted. In addition, examples of responses to other agencies inquiries were provided with the PAQ.

A list of completed contractor background checks was provided to the auditor. Additionally, two examples of completed background checks were provided with PAQ.

The administrative staff member interviewed indicated the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. She told the auditor that the facility performs criminal record background checks or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates and all employees being considered for promotion. They also ensure criminal record background checks are completed for any contractor who may have contact with inmates. The auditor learned that background checks are run through NCIC via submission of fingerprints and fingerprints are also submitted to a state agency to determine if there are any state level issues. The HR staff indicated they are not involved with running subsequent background record checks, which is assigned to the Inspector General's Office. They stated the facility asks all applicants and employees who may have contact with inmates about previous misconduct (as described in 115.17(a) in written applications for hiring or promotion, and in interviews conducted as part of performance reviews of current employees. Standard form DOC 1957 is used to accomplish this task and a copy of a blank form was provided to the auditor with the PAQ. The auditor was told that their employees do not complete written self-evaluations. HR staff indicated that when a former employee applies for work at another institution, the facility provides information on substantiated allegations of sexual abuse or sexual harassment by use of a standard letter that is sent. This letter is sent to agencies external to NDOC. If the individual previously worked within NDOC, an e-mail is sent to the PCM, where they previously worked to determine if there were any issues. All responses are retained in the recruitment file.

When reviewing files for current employees, it was noted that copies of initial background checks were retained in the employee file for 19 of the 20 staff. This equates to 95% compliance. The five-year follow-up background checks would only be required for seven staff, and four of the seven was contained in the employee file; however, three were not located. This equates to 43% compliance.

Background checks for the Nevada Department of Forestry staff were not provided.

Corrective Action Required:

Human Resource files were reviewed for all staff at PCC. Of the seven requiring a five-year Criminal History Check three were not available for review in the individual's Human Resource file. To address this deficiency, the auditor requires that the within five-year Criminal History Check be completed on the three PCC employees who are missing them. In addition, the auditor requires the agency to provide verification that the five-year Criminal History Checks were completed on any PCC staff member or contractor who would require it during the corrective action period.

Nevada Department of Forestry Criminal History Checks were not provided or available while on-site. The auditor will require the agency to provide verification that the Criminal History Checks were completed.

Corrective Action taken by the Agency:

The three remaining five-year Criminal History Checks were provided to the auditor in January 2019 along with an updated list showing the dates the five-year Criminal History Checks were completed. An updated list of NDF staff which included the dates of their original background checks was provided to the auditor during December 2018. In addition, copies of 5-year background checks were provided for all who required one.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

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

The agency head indicated, during his interview, that when designing, acquiring or planning substantial modifications to facilities, they check line of sight, identify the need for additional monitoring technology, review blueprints, talk with PREA staff for identification of path of travel and possible blind spots, and identify response protocols. He stated that many of the facilities are pretty old and they use monitoring

technology to enhance the protection of inmates by reviewing where existing cameras are located, where there may be gaps in the surveillance, where deficiencies have been identified based on prior PREA allegations, and information shared by staff after facility tours.

A memorandum was provided signed by the Warden stating that PCC had made no changes in these areas (facilities or technology) since the previous audit in 2016. Additionally, when interviewed the Warden reiterated, there have been no modifications or substantial expansions at PCC since the last PREA audit. The Warden indicated that when installing or updating monitoring technology, they assess areas including the existing lines of sight, identify areas where obstacles limit clear lines of sight, and areas where there are gaps in surveillance coverage.

During the tour, the auditors did not identify any areas where new construction had been completed. The PREA Compliance manager indicated there have been no substantial expansions or modification since the last PREA audit. The Video surveillance equipment was not operational during the on-site portion of the audit however was fixed prior to the completion of the Interim Report. Staff interviewed said none of the cameras face areas where an inmate can be seen in a state of undress and no cameras were seen mounted in areas that could view bathroom or shower areas. All 12 cameras are to provide surveillance for areas around the facility that would be otherwise difficult to monitor.

Corrective Action: None was required for this standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is

not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

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

Per AR 421, the agency is responsible to conduct both administrative and criminal sexual abuse investigations for incidents of offender on offender and staff sexual misconduct. Policy provides uniform evidence protocol for sexual abuse. The facility ensures that offenders who allege the incident occurred within the last 72 hours are offered a forensic medical examination and if accepted, transported promptly to ensure evidence is not lost.

OP 457, Investigations, guides staff of the process to be utilized when a PREA investigation becomes necessary.

According to the PAQ, in the past 12 months, there were no forensic medical exams conducted.

OP 609, Medical Standards for PREA, requires all services provided for the victim, shall be free of charge regardless whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The current Rape Crisis Center Memorandum of Understanding and posters (English/Spanish) were provided with the PAQ. Posters give contact information and notify inmates of availability of Victim Advocates to accompany and support the victim through the forensic exam and investigatory interviews.

All staff interviewed indicated that they may gather initial information but all sexual assault investigations would be completed by staff from the Inspector General's office. All custody staff were able to provide the auditor with a thorough response to how they would preserve and obtain usable evidence, if an inmate alleged sexual abuse. Their responses included separate the victim and suspect, and secure the crime scene. Also, they would document anyone entering the scene, take the clothing from both the victim and suspect (placing each piece in individual paper bags and thoroughly labeling it to maintain chain of custody), notify supervisors and the Inspector General's office to determine if transportation for a forensic examination is required. If yes, prepare the inmate for transport.

The SANE/SAFE staff interviewed indicated they are responsible for conducting all forensic medical examination for PCC. She indicated they have staff available 24 hours a day, 7 days a week, so there is no time when they would not have someone available to respond. They have a good working relationship with the NDOC facilities and they do not bill inmates for the services they provide.

The PCM indicated, during her interview, that if a victim requests, a victim advocate will be contacted to provide support to the inmate during the forensic medical examination and investigatory interview. The facility offers these services via an agreement with the Rape Crisis Center in Las Vegas, NV. The agency ensures that the services provided by the victim advocate meet the qualifications described in standard 115.21(d) by defining the required qualifications in the Memorandum of Understanding with the Rape Crisis Center.

PCC had no inmates that had reported sexual abuse in confinement during the 12-month review period.

Corrective Action: None was required for this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

AR 421 and AR457 were provided as informational support for this standard.

OP 421, Procedures, states: PCC staff shall ensure that all allegations of sexual abuse and sexual harassment are reported to the Inspector General's Office for the completion of an administrative or criminal investigation.

OP 457 outlines in detail the procedures to be followed when completing a PREA investigation.

A log is maintained by the Inspector General's office of all sexual abuse and sexual harassment allegations and the outcome of each. 2017 and 2018 logs were provided to the auditor. The number of allegations of sexual abuse and sexual harassment that were received at PCC during the 12-month audit review period was zero. The only allegation on the log was in January of 2017, beyond the 12 month review period. The allegation was of sexual abuse and was investigated by the Inspector General's office and at the conclusion it was unfounded. Random inmate interviews did not reveal any inmates that had reported sexual abuse or harassment in confinement.

The agency head indicated that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment, as outlined in AR 421. He indicated the Inspector General and PCM's monitor and track all allegations to ensure investigations are initiated and completed. Investigations are completed utilizing a uniformed investigation process, as outlined in Nevada Revised Statutes (NRS) 284 and 289. NRS 284 talks about investigations for classification and 289 addresses peace officer investigations. He further indicated all criminal investigations are referred to the Attorney General for prosecution.

During two investigative staff interviews, the auditor was told that agency policy requires all allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

Corrective Action: None required for this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

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

Auditor Overall Compliance Determination

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

OP 421, and AR 360 were provided and reviewed by the auditor. They require that any employee, contractor, or volunteer who has any knowledge, suspicion, information, or becomes aware of any alleged act of sexual abuse or sexual harassment by another employee, contractor, or volunteer is required to immediately report the knowledge, suspicion, or information to his or her immediate supervisor. Also, that all staff shall immediately report any other employee's neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment or retaliation.

OP 421, Section 5, Employee Training, states: All employees who may have contact with inmates will receive instruction on PREA in pre-service training. The training will include the following:

- Zero Tolerance Policy
- How to report, detect, prevent and respond to such allegations
- Inmate's rights to be free from sexual abuse/harassment
- Inmate's rights to be free from retaliation from reporting incidents
- The dynamics of sexual abuse and harassment in confinement
- The common reactions of sexual abuse and harassment victims
- How to detect and respond to signs of threatened and actual abuse
- How to avoid inappropriate relationships with inmates

- How to communicate effectively and professionally with the offenders who are Lesbian, Gay, Bisexual, Transgender or Intersex (LGBTI)
- How to comply with relevant laws related to mandatory reporting

All employees who may have contact with inmates will receive refresher training on PREA every two (2) years. In years which an employee does not receive PREA refresher training they shall still receive a refresher on current PREA policies.

All employees that have transferred to PCC from a facility that houses female offenders will receive PREA training specifically tailored to a male offender population. Completed training will be documented on an On-the-Job Training form which will be placed within the employee's supervisory file.

All employee training will be documented and confirmed by signature and will be maintained in the employee's supervisory and training files.

The auditor was provided with a copy of the Pre-Service Staff Training PREA (revised 01/2017) lesson plan. Through the review, the auditor determined all required components of PREA refresher training were included. A copy of the NDOC 1954 PREA Training Acknowledgement form was also provided with the PAQ. The form outlines the training that was given and at the bottom of the form, before the employee signature, it states: "I understand my rights and responsibilities as an NDOC employee. I understand NDOC has a "Zero Tolerance" policy regarding staff on inmate sexual abuse and harassment, inmate on inmate sexual abuse and harassment and failure to report. I also understand failure to abide by the Zero Tolerance policy could result in disciplinary action."

The twelve random staff interviewed indicated they had completed PREA training in the last 12 months. Most staff interviewed reported the training was classroom and on-line and included zero tolerance, mandatory reporting, being respectful, retaliation is not allowed, it is their responsibility to create a safe living and working environment and that all allegations will be investigated.

During the site visit, record reviews for all twenty PCC staff were conducted and the following was noted:

Initial PREA Training: 20 of 20 staff files contained documentation showing completion of the initial PREA training. This equates to 100% compliance.

2017 Refresher: 13 of 13 staff received the required 2017 refresher training. This equates to 100% compliance.

2018 PREA Training: 20 of the 20 staff completed the 2018 training. This equates to 100% compliance.

It should be noted that all of the staff assigned at PCC have completed some form of PREA training within the last 12 months.

Corrective Action: None required for this standard.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

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

Auditor Overall Compliance Determination

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

AR 802, Community Volunteer Program, states that if circumstances suggest that a volunteer has been compromised into a personal relationship with an offender, or through any other situation or event, that volunteer will be excluded from the institution/facility pending an investigation into the situation. Additionally, if a volunteer is found to have been compromised, he/she will be permanently barred from participating as a volunteer for the Department in any capacity. The policy mandates all volunteers and contractors who have contact with offenders to be trained in their responsibilities under PREA.

AR 212 states: The level and type of training provided to contractors shall be based on the services they provide and the level of contact they have with inmates. All contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

There are two volunteers currently assigned at PCC. Both volunteers provide religious services. There are two contract educators. There are twelve Nevada Department of Forestry (NDF) contract staff.

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

NDOC 051, Volunteer Training/Orientation Acknowledgement Form (blank sample provided with PAQ) states above the signature of the volunteer, he/she certifies:

- I attended the Volunteer Training and was given the opportunity to ask questions and discuss the subject matter taught. I am aware of my responsibilities as a Volunteer, Educational staff member, or contractor and understand that failure to follow NDOC Policies and Procedures can result in removal from the Volunteer Program and/or Gatehouse List.
- I understand the training given on the above subject of PREA and have a good understanding of this topic within the guidelines of the Nevada Department of Corrections. I understand the NDOC has a "Zero Tolerance" policy regarding volunteers/staff/contractors on inmate sexual abuse and harassment as well as inmate on inmate sexual abuse and harassment.

The auditor reviewed the joint NDF & NDOC lesson plan (updated 03/2016) and the NDOC Volunteer and Contractor PREA training (updated 03/2016). Both addressed the agencies zero tolerance policy and the expectation of immediate reporting should they receive a PREA allegation from an inmate or other source.

The two NDF staff interviewed indicated they had recently received PREA training. They also receive refresher training on PREA, each year. Training acknowledgement forms for all twelve NDF staff were provided with the PAQ however, they were not current. The training acknowledgement forms for the contract educators were provided and found to contain an acknowledgement of PREA training from October 2016. There is no medical or mental health staff assigned at PCC.

The contractors interviewed indicated that the training included definitions, the zero tolerance policy, and what to do if an inmate reports an allegation to you. Both staff said they'd report immediately and would notify a supervisor. They would separate the victim and aggressor and if out on a fire could do this by putting one in the cab of the transport truck. Both said they would be required to write a report and would do so immediately.

Corrective Action Required:

Training acknowledgement forms for all twelve NDF staff were provided however, they were not current. PCC to provide current training documents for all twelve NDF staff.

Corrective Action taken by the Agency:

Current training acknowledgement forms were provided for all twelve NDF staff November 2018.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

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

115.33 (e)

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

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

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

AR 511, Inmate Orientation Program, (updated 12/17/2012) states: The orientation process will ensure that inmates receive the following: (K) Information regarding PREA.

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

OP 421 mandates that offenders receive information at intake regarding the zero-tolerance policy and how to report incidents of sexual abuse/harassment. This information is provided throughout the documents. It further mandates that within 30 days of intake, offenders receive comprehensive education either in person or through video regarding their rights to be free from sexual abuse/harassment and retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

OP 421, Section 2. Preventing, Detecting and Responding to Allegations of Sexual Abuse or Sexual Harassment states: The Administration at the PCC will implement the following to prevent, detect and respond to allegations of sexual abuse by:

- Inmate education
 - Zero Tolerance Policy
 - Ways to report
 - Access to medical and mental health services
 - Right to be free from retaliation for reporting such incidents
 - Disciplinary sanctions pursuant to AR 707 in consensual sexual activity
 - Informing 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.

Section 7 under the section titled Inmate Education states: During initial intake/reception and orientation PCC will ensure all inmates receive information explaining the Department's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment during the intake process. Within thirty (30) days of reception, PCC will provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and regarding Departmental policies and procedures for responding to such incidents. PCC will provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

- PCC will prohibit the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-responder duties, of the investigation of the inmate's allegations. The use of inmate interpreters in these limited circumstances will be documented. Staff interpretation will be conducted within a confidential office and the staff member will be responsible for documenting the interpretation in NOTIS. The interpreting staff member will maintain confidentiality regarding all information that was interpreted.
- PCC has contracted with Language Link to provide both spoken interpretation and written translation services. Information on how to access those services can be found in the Lieutenants office, Sergeants desk, and custody staff area.

PCC will document inmate participation in these education sessions by a signed acknowledgement placed in the inmate's I-file and by entering a case note in NOTIS. In addition to providing such education, PCC will ensure that key information is continuously and readily available or visible to inmates through posters, flyers, video or other formats.

NDOC 2096-1 PREA Inmate Orientation Education and NDOC 2096-2 PREA Inmate Comprehensive Education, (revised 04/14) forms are used to accomplish the initial information sharing and comprehensive education component of the standards. The forms indicate the inmate has been told how to report; however, the form only indicates they can report to any staff member verbally or in writing.

The auditor reviewed the Inmate Orientation Handbook and determined it provided information regarding the inmate's right to be free from sexual abuse and sexual harassment, as well as, retaliation for reporting such incidents. It also provided information about how to report an incident of sexual abuse or sexual harassment. It was noted that more detailed reporting information is described on page 27 of the Inmate Orientation Handbook.

There were 512 inmates admitted to PCC during the past 12 months. The facility reported that all of these inmates were provided PREA information at intake. All 512 inmates admitted to PCC remained for 30 days or more. The facility reported that all of these inmates received the comprehensive education.

During the tour, the auditor noted that there was PREA information located in a variety of locations throughout the facility. These included in the halls, in the dining hall, in the library, in the rotunda area and in the gym. The posters give the inmate a lot of information about reporting including contact numbers and addresses.

Through the interview with the caseworker, the auditor learned that the caseworker provides inmates with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. He indicated that upon arrival, the inmate is shown a PREA video and is given a handbook and pamphlet. He asks if the inmate has any questions and understand the information. The caseworker indicated he utilizes the inmate handbook and the PREA video to ensure inmates have written information about PREA. He also indicated there is a lot of information on the posters which are affixed to the walls around the facility. He indicated he usually provides the information and shows the video the day the inmate arrives or the next day. The inmate signs the 2096-1 and 2096-2 confirming they have seen the video and received the information.

Of the 20 inmates interviewed, 19 indicated they watched a PREA video and were given written materials on the day they arrived or the next day. One inmate indicated he could not remember. The auditors were told by all inmates interviewed that they were told about their right to not be sexually abused or harassed; how to report sexual abuse or sexual harassment; and their right to not be punished for reporting sexual abuse or sexual harassment on the day they arrived at the PCC.

Of the 20 inmate files reviewed by the auditor, all contained the forms signed by the inmate that he received the materials upon arrival however, the forms were dated prior to the inmates arrival. All 20 contained the acknowledgement form signed by the inmate that he received the comprehensive education.

Corrective Action Required:

Documentation showing inmates received the PREA information within 72 hours of arrival and comprehensive education within 30 days of arrival was available however it was dated to the day prior to the inmates arrival at PCC. Case Worker interviews indicated the date on the NDOC 2096 forms auto populates when filled out in NOTIS and that this is completed ahead of the inmates arrival for efficiency.

In order to ensure the video is shown and that the education materials are provided within the time frames required by the standard the date will need to reflect the date the video and materials are actually provided. To address this discrepancy, provide training to staff on the requirement. Additionally, the auditor will monitor the issuance of the education materials and completion of comprehensive education for a period of at least 90 days, to ensure this standard is being consistently met.

Corrective Action taken by the Agency:

On-the-Job-Training was provided to staff regarding the need for the documented education date to reflect the date the inmate actually receives the education materials. Additionally, signed inmate comprehensive education acknowledgments were provided showing the date the inmate arrived at the institution and was provided the education materials.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its

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

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

AR 421 mandates that in addition to the general training provided to all employees, the facility shall ensure that, to the extent the agency itself conducts sexual abuse investigations; its investigators have

received training in conducting such investigations in a confinement setting. This agency is trained to conduct both administrative and criminal investigations on sex abuse cases. It requires that the agency maintain documentation that investigators have completed the required specialized training in conducting sexual abuse investigations. It requires specialized training to include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecutor referral.

A link was provided to the current training curriculum, which was reviewed by the auditor. It was found to contain all of the required information. In addition, the auditor was provided with certificates of completion for all 19 investigators.

Through a memorandum dated March 17, 2017, authored by the PREA Program Officer, the auditor was informed the Inspector General has 19 category I/II criminal investigator positions who are sworn peace officers. All investigators may be assigned PREA criminal or internal affairs investigations. All investigators have completed specialized training. Training Curriculum, entitled "PREA Investigating Sexual Abuse in a Confinement Setting", was reviewed by the PREA Resource Center to ensure compliance with the standards.

The two investigators interviewed indicated they received training specific to conducting sexual abuse investigations in confinement settings. They indicated the class was given by NCIC. One of the investigators also participated in refresher training about two years ago and he participates in the agency's annual training. They indicated the training curriculum included: techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

Corrective Action: None was required for this standard.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

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

Auditor Overall Compliance Determination

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

AR 421 mandates that all full and part-time medical and mental health care practitioners who work regularly in its facilities be trained in all 4 of the criteria as outlined in standard provision 115.35(a).

OP 670, Medical Standards for PREA which is for Ely State Prison was also provided to the auditor. Under Procedures it states: (1) Specialized Training for Medical and Mental Health Personnel: Ely State Prison shall ensure that all full and part time medical and mental health care practitioners who work regularly in the facility have been trained in:

- All medical and mental health care practitioners will receive the training mandated for all NDOC employees in accordance with PREA standards. This training will be conducted by the ESP training division and will be documented in the employees training file.
- All medical staff will receive training in evidence collection. This will be provided by trained custody staff and documented with a training certificate in the employees supervisor file.
- All medical and mental health staff will receive training in detecting and assessing signs of sexual abuse and harassment, and how to respond effectively and professionally to victims of sexual

abuse and sexual harassment as provided in the NIC training module entitled “Behavioral Health Care for Sexual Assault Victims in a Confinement Setting”. This training can be found on the NIC website. This training will be documented with a training certificate within the employees supervisor file.

OP 609, PCC Medical Standards for PREA, indicates similar language to that provided in OP 670. It should be noted, PCC does not employ any medical or mental health staff, on site. Should the need arise; the inmate will be transported back to Ely State Prison or to an outside medical provider for any required medical or mental health services.

Corrective Action: None was required for this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) the age of the inmate? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) the physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) the inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

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

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

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

AR 421 states all inmates shall be assessed for their risk of being sexually abused by or abusive toward other inmates during an intake screening and upon transfer to another institution/facility. The PREA risk screening assessment tool is confidential.

AR 573 and OP 573, PREA Screening and Classification, were reviewed and require:

- (A) Initial screening should take place as soon as possible, but shall be completed within 72-hours of arrival at an institution or facility. Whenever possible, and consistent with the safety and security needs of the institution or facility, inmates are not to be housed together in two-person cells prior to PREA screening. A case note (PREA-Intake Assessment) will be generated to document said action. A corresponding NOTIS alert will be entered on all known victims (PREA-High risk of sexual victimization) and all known predators (PREA-High risk of sexual abusiveness).
- (B) Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, a Correctional Caseworker will reassess the inmate's risk of victimization or potential for abusiveness toward other inmates based upon any additional relevant information which may have been received since the initial screening. A case note (PREA-30 Day Follow Up) will be generated to document said action.
- (C) Transgender/Intersex inmates will be reassessed at each 6-month regular review and a case note (PREA-Special Referral Assessment) will be entered to document said action.
- (D) Inmates will be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of being sexually victimized or being sexually abusive. A case note (PREA-Special Referral Assessment) will be generated reflecting this assessment.

If during a PREA Risk Assessment it is learned that an inmate has been found guilty of a Sexual Assault and/or is a known inmate-on-inmate abuser, the PCM or Associate Warden must be notified immediately. If this is the first instance where an inmate's guilty and/or known inmate-on-inmate abuse is being reported, the PCM will refer the inmate to mental health within 60 days for purposes of obtaining a mental health evaluation and treatment when deemed appropriate by mental health practitioners.

OP 573 indicates that the PREA Risk Assessment will be used for all screenings and assessments and will include the following factors:

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

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

Confidentiality and Documents:

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

There were 512 inmates entering PCC whose length of stay was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates. According to the PAQ, all were screened within 72 hours.

There was no intake scheduled at PCC during the on-site portion of the audit; therefore, auditors were not able to observe the intake screening process. The auditor was provided with a copy of the risk screening tool. It contained all required information. The risk screening tool is completed and maintained in NOTIS.

The PREA Coordinator indicated during her interview that the agency created screening rules in NOTIS. These screening rules determine what classifications have access to what information.

The PCM indicated that only caseworkers and administrators have access to the PREA information in NOTIS.

During the interview with a caseworker, he indicated one of the 2 case workers are responsible for completing the risk screening for all inmates who arrive at PCC, regardless of where they were previously housed. The caseworker interviewed indicated he completes the initial risk screening within 72 hours of their arrival at PCC. The caseworker indicated the screening considers age, build, prior victimization (inside and outside of prison), rape convictions, non-violence history, if this is their first time in prison, LGBTI status, developmental disability status, claims vulnerability, and if there is a history of institutional violence.

Of the 20 inmates interviewed, one couldn't remember being asked any questions related to PREA, and the remaining 19 indicated they were interviewed by the caseworker and asked the PREA questions when they arrived. Their recollections were that this occurred the day they arrived or the next day.

Of the twenty files reviewed, all contained the PREA Risk Assessment completed within the required 72 hours and again within the required 30 days. The caseworker indicated that he reviews the inmates file looking for any new/additional information and completes the within 30 day reassessment. If new/additional information is gleaned that has a PREA nexus he interviews the inmate to determine any risk of victimization or abusiveness.

Correction Action: None was recommended for this standard.

Standard 115.42: Use of screening information

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

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
 Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

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

OP 573, AR 573, a random sample of intake records, and a random sample of the PREA Risk Assessment tools, were reviewed by the audit team.

Agency policy mandates the facility to use information from the risk screening to inform housing, programming, and education assignments, to keep offenders at high risk of sexual victimization apart from high risk abusive offenders.

AR 573, Section 573.01, PREA Screening and Classification, states:

1. All inmates shall be assessed for their risk of being sexually abused by other inmates or sexually abusive toward other inmates in accordance with Federal PREA Standards.

Section 573.02, Housing and Placement based on PREA Classification, states:

1. Staff shall use information from the risk assessment to make informed housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Staff shall make individualized determinations about how to ensure the safety of each inmate.

2. At no time will a known victim and a known aggressor be housed together in a 2 man cell.

3. A possible victim and a possible aggressor should not be housed together unless necessary.

4. Non-victims and non-aggressors may be housed with any other category, subject to individual case factors.

OP 573 mandates that decisions regarding appropriate transgender or intersex housing in both male or female facilities and programming assignments are determined on a case-by-case basis. Placement decisions will ensure the offender's health and safety, and will consider whether placement would present management or security problems. It requires offenders be reassessed at least twice a year to review any threats to safety experienced by the offender. PCC reassesses all offenders twice a year. Policy states that transgender and intersex offender's own views are seriously considered when determining housing placement and programming assignments.

Policy mandates the agency not place Lesbian, Gay, Bi-sexual, Transgender, or Intersex (LGBTI) offenders in dedicated facilities, units, or wings solely on the basis of such identification or status.

During the tour of the facility, the auditors noted that all shower facilities are individual showers with only one shower head in each. Each shower stall has a shower curtain which covers the open front of the shower stall.

Per a memorandum dated August 31, 2018, signed by the acting warden, all inmates at PCC shower in individual showers that have a shower curtain on the front to provide privacy.

There are currently no transgender or intersex inmates housed at PCC. The auditor reviewed housing for the gay inmates housed at PCC and noted they are housed in different areas within the housing unit.

The PREA Coordinator indicated the agency is not subject to any consent decrees, legal settlements, or legal judgments requiring LGBTI inmates to be housed in dedicated facilities, units, or wings solely on the basis of their sexual orientation, genital status, or gender identity.

The PCM indicated that the information gathered from the risk screening is used to assign beds at PCC. She indicated that known victims and known aggressors are not housed in the same double-bunk or the same cube. The PCM indicated the facility considers housing and program assignments for transgender and intersex inmates on a case by case basis including whether the placement will ensure the inmate's health and safety and if the placement would present a management or security problem. She stated that housing and program assignments are reviewed every six months including

completion of a risk screening tool. The PCM stated that transgender and intersex inmates' view with respect to personal safety are given serious consideration in placement and programming assignments and they are able to shower separately at PCC because all showers are individual stalls. The PCM indicated PCC is not subject to any consent decrees, legal settlements, or legal judgements requiring it to establish dedicated facilities, units or wings for LGBTI inmates.

Two inmates, who identified as being gay/bi-sexual, were interviewed. Both indicated they have not been put in a housing area which houses only for LGBTI inmates.

The caseworker indicated the information gathered from the risk screening is used to separate potential victims from potential aggressors. They do not receive many offenders that score as a potential victim or as a potential aggressor, so it is generally not a problem to house an inmate, if one arrives. He stated that they have no transgender inmates but if they did the inmate would be reassessed once each six months. All inmates are reviewed in classification every six months. For a transgender inmate a new PREA Risk Assessment would also be done. The caseworker said that transgender and intersex inmate would be able to shower separately because PCC has individual shower stalls with curtains.

Corrective Action: None was required for this standard.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No

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

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

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

There are no involuntary segregation cells at PCC. If an inmate requires placement in segregated housing, he is transferred to Ely State Prison. The Warden reported, via memorandum, that during the 12-month review period, PCC has not had any inmates who were placed in involuntary segregation due to high risk of victimization.

A review of OP 507, Administrative Segregation, Ely State Prison, was conducted by the audit team.

OP 507 mandates offenders, who are placed in segregated housing for the purpose identified in standard provision 115.43(a), have access to programming, privileges, education and work opportunities to the extent possible. Policy also states that the facility document which opportunities had been limited, the duration of that limitation and the reason for such limitation.

OP 573 states in the Segregation of Inmates Under PREA section: Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and it has been determined that there are no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing no more than 24 hours.

AR 573, PREA Screening and Classification, Section 573.03, Segregation of Inmates under PREA, states:

This assessment will determine if an immediate institutional bed move will alleviate the issue. If not, the inmate will be given a Notice for Placement in Administrative Segregation and will be seen by the Caseworker within 72 hours to determine the appropriate placement of the inmate. This review will include a reassessment using the PREA Risk Assessment instrument.

2. Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:

- A. The opportunities that have been limited;
- B. The duration of the limitation; and
- C. The reasons for such limitations.

3. The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

4. If an involuntary segregated housing assignment is made, the facility shall clearly document:

- A. The basis for the facility's concern for the inmate's safety; and
- B. The reason why no alternative means of separation can be arranged.

5. Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.

During the weekends or holidays, the on-duty Associate Warden must be notified to make appropriate arrangements. If the inmate voluntarily requests segregated housing, inmate is to be transferred to Ely State Prison; the inmate will be seen by classification at Ely State Prison within 72 hours of segregation.

The tour of the facility verified that there are no involuntary segregation cells at PCC. The auditor was informed by supervisory staff and the PCM that if an inmate requires placement in segregated housing, he is transferred to Ely State Prison.

The Warden indicated that inmates who are at high risk of sexual victimization or who have alleged sexual abuse are housed in the least restrictive housing appropriate to their classification and needs. He stated that inmates may be placed in involuntary segregated housing only until other means of separation from likely abusers can be identified. The Warden further indicated that at PCC, there is no segregated or celled housing. If an inmate is not safe to live in a dorm setting, he will be transferred to another facility where he can be safely housed.

Corrective Action: None was required for this standard.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No N/A
-

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

AR 421 requires the facility to provide multiple internal ways for offenders to privately report sexual abuse/harassment, retaliation by other offenders or staff for reporting sexual abuse/harassment, and staff neglect or violations of responsibilities that may have contributed to such incidents. It further mandates the facility to provide at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward offender reports of sexual abuse/harassment to agency officials, allowing the offender to remain anonymous upon request. It requires that offenders detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the department of homeland security. Through discussion with the PREA Coordinator, NDOC does not house offenders detained solely for civil immigration reasons.

OP 421 states: PCC staff will accept reports from any and all sources to include but not limited to: inmates, visitors, inmate family members, associates, and other community members. These individuals can privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Such reporting can include, but is not limited to:

- Verbal complaints to any Departmental employee
- Written complaints, which may be made through the following processes:
 - Inmate grievances
 - Grievances alleging staff on inmate sexual misconduct or inmate on inmate sexual abuse will be forwarded immediately to the PCM and/or AW followed by a confidential report completed in NOTIS.
 - A copy of the grievance will be forwarded to the PREA coordinator and Office of the Inspector General for review and investigation.
 - Inmate kites, written notes or letters to staff or administrators, and letter directed to the PREA coordinator or any member of the Inspector General's Office.
 - NDOC Family Services Office by phone or email at info@doc.nv.gov
 - Writing the Nevada Attorney General's Office
 - Calling the internal PREA Hotline telephone number at 775-887-3152
 - Written documentation received by custody staff will be forwarded to the PCM for retention after the allegation has been handled appropriately.

Policy also requires staff to accept reports made verbally, in writing, anonymously, and from 3rd parties and to promptly document any verbal reports. Policy mandates the facility to provide a method for staff

to privately report sexual abuse and sexual harassment of offenders. This is accomplished through the chain of command or by contacting the Ely State Prison PCM.

The PCM indicated that NDOC has an agreement with the NMCD to accept reports from inmates who wish to report abuse or harassment to a public or private entity or office that is not part of the agency. This is accomplished by providing the address to the NMCD on the PREA posters and explaining the process during inmate orientation and in the Inmate Rule Book. The process allows the information received by NMCD to be immediately reported to the Inspector General's Office and allows the inmate to remain anonymous, if requested. The auditor also reviewed the scope of work developed between NDOC and NMCD to act as a third party to receive report/allegations from NDOC inmates. All required components are included. The auditor reviewed the Inmate Rule Book and PREA informational posters to verify the above referenced information was included.

During the tour, the auditor noted that contact information for the NMCD is included on the posters which are affixed in various places around the facility. When the auditors tested the inmate telephones, they were not required to enter their inmate number to access the PREA Hotline and an anonymous option was permitted.

The Inmate Orientation Handbook was reviewed and contains information on reporting: Inmates can report sexual abuse or harassment in multiple ways to include but not limited to: verbally to any staff member, in writing (kite, grievance), PREA hotline, third parties (other inmates, family, and friends). Inmates can remain anonymous (you do not have to give your name). Phone calls to the PREA hotline are free (no cost to inmates) and are recorded. Recorded messages can only be accessed by Office of the Inspector General. Misuse of the phone system when calling the hotline may result in disciplinary charges being filed. Messages may be shared with institution administrators or designees for investigation purposes.

There are three ways an inmate can make PREA calls, all anonymous.

- calling number xxx-xxx, (as a free call) directly from the inmate phone system.
- selecting one of two PREA prompt options from the inmate phone system
- send e-mail to PREA Coordinator (nothing has changed about this option, it has been in place)

The auditor was provided with a printout from NOTIS, which documents verbal reports that have been received. The report reflected PCC had received no reports during the twelve month review period.

The agency does not detain offenders strictly for civil immigration purposes.

Twelve random staff indicated, through interviews with the audit team, there are multiple ways an inmate can privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment. These include sending information to the NMCD, having a third-party report on the inmate's behalf, drop an anonymous kite in the box, and call the hotline. All indicated they would accept a report verbally from the inmate and act upon the information immediately. Some of the staff indicated they would request the inmate to document the report, after the inmate's safety concerns had been addressed. Staff interviewed indicated they can report PREA information privately by sending information to the NMCD, calling the hotline, or telling a supervisor.

All 20 inmates interviewed indicated they can send a kite to the caseworker, call the hotline, tell staff, send the information to NMCD, or tell family or friends who can report on behalf of the inmate. Of the 20 inmates interviewed, 18 indicated that they can make a report without giving their name by selecting the anonymous reporting option from the phone prompt. Two indicated they were not sure or didn't know. The auditor explained the processes available to them where they can remain anonymous. All inmates interviewed indicated they can make a report of sexual abuse or sexual harassment verbally or in writing. They also indicated that family or friends can make the report for them so that they don't have to be identified.

Corrective Action: None was required for this standard.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

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

The facility is not exempt from this standard and in compliance with this provision of the standard.

OP 740, Inmate Grievance Procedures, states: grievances submitted anonymously, directly or via third party, that contain allegations of sexual abuse and sexual harassment will be processed immediately.

It indicates that all offenders may use the inmate grievance procedure to resolve addressable inmate claims, only if the inmate can factually demonstrate a loss or harm. Policy mandates that the agency will not impose a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. The agency does not require an offender to use any informal grievance process or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. There is nothing to restrict the agency's ability to defend against an offender lawsuit on the grounds that the applicable statute of limitations has expired. It mandates a final decision from the Inspector General's office on the merits of any portion of a grievance alleging sexual abuse shall be issued within 90 days of the initial filing of the grievance.

Policy states that 3rd parties are permitted to assist offenders in filing a request for administrative remedies relating to allegations of sex abuse and shall be permitted to file such requests on offenders' behalf. If a 3rd party files such a request on behalf of an offender, 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. If the offender declines to have the request processed on his or her behalf, the agency shall document the offender's decision in NOTIS.

Under the section titled: PREA Emergency Grievances, policy states at any time an inmate may file an Emergency Grievance (DOC-1564) for issues involving substantial risk of imminent sexual abuse. All Emergency Grievances alleging substantial risk of imminent sexual abuse shall be forwarded to a level of review at which immediate corrective action may be taken. An initial response shall be provided within 2 hours, with a final facility decision about whether the inmate is in substantial risk of imminent sexual abuse within 5 calendar days. The Shift Supervisor who responds to the emergency grievance must generate an Incident Report using the NOTIS reporting system and document the inmate's complaint along with any corrective action that was made or taken. An electronic mail will then be sent to the institutional PCM and the Inspector General's Office notifying them of the incident and incident report number for tracking and investigation purposes.

Time Frames for Responses Regarding PREA Allegations include: Once an inmate submits a grievance alleging sexual abuse the grievance is processed without hindrance and referred to the Office of the Inspector General (IG) for investigation. The IG will conduct the investigation and notify the inmate within ninety (90) days of receipt of the grievance, even if the grievance process has not yet been completed. The IG may request one extension of up to seventy (70) days if required to complete the investigation and provide the inmate with notification of the disposition of the complaint. Notification will be made by employees of the IG's Office and documented in NOTIS case notes that the notification was made, by whom, and list any other staff present during notification.

The inmate will be notified of the following:

- When the staff member is no longer posted within the inmate's unit
- The staff member is no longer employed at the facility
- The staff member or inmate abuser has been indicted and/or convicted on a charge related to sexual abuse within the facility

Grievances will be processed in accordance with the time frames outlined above for Informal, First and Second Level Grievances. Special time frames are documented for notification of investigation disposition which are handled by the IG's office.

The auditor reviewed the Inmate Orientation Handbook to determine that relevant information regarding PREA appeals is included. The handbook includes information regarding reports of sexual abuse allegations may be made at any time using the Grievance Form. It also includes information about third parties being permitted to assist inmates in filing grievances relating to sexual abuse allegations. Additionally, inmates do not have to submit a grievance to a staff member that is the subject of the complaint and time frames are waived for sexual abuse allegations.

Inmate interviews indicated that they could use the grievance process if needed to report sexual abuse.

In the past 12 months, there have been zero grievances filed that alleged sexual abuse.

Corrective Action: None was required for this standard.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

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

AR 421 mandates each facility to provide offender access to outside victim advocates for emotional support services related to sexual abuse by providing offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, or local, state, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant

services agencies. It mandates each facility to inform offenders prior to giving them access, of the extent to which such communications will be confidential or monitored and to the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. This is completed in committee meetings. Policy further requires the facility to maintain or attempt to enter into an MOU or other agreements with community service providers that are able to provide offenders with confidential emotional support services related to sexual abuse. The facility maintains copies of agreements and provided copies to the auditor for review.

OP 421, Access to Outside Confidential Support Services, states: PCC maintains a Memorandum of Understanding with the Las Vegas Rape Crisis Center to provide advocacy services to any inmate who has been a victim of sexual abuse and requests such services. Informational posters with the Rape Crisis Center contact information can be found throughout the facility. These phone calls will not be recorded and are confidential.

The PREA Manual indicates that inmate access to outside confidential support services: 1) The Department provides inmates (via MOU) information for emotional support services on sexual abuse and how to access outside victim advocates through use of posters, flyers and handouts that includes the mailing address and telephone numbers of available, local, State or national victim advocacy and/or rape crisis organizations. a) The communication between inmates and the outside victim advocacy or rape crisis organization is confidential and only available on a need to know basis by Inspector General, PREA Management Team staff. b) Information about the level of confidentiality of the communication between inmates and the outside advocacy or rape crisis center will be provided to the inmates prior to accessing by the inmate.

Copies of advocacy posters were provided to the auditor in English and Spanish. During the audit, it was noted that these posters were displayed in several locations around the facility.

The Inmate Orientation Handbook has information about victim services and how to contact the Las Vegas Rape Crisis Center for emotional support. The handbook has the address and the toll free phone number. It explains that the calls are not recorded.

Of the 20 inmates interviewed, 16 indicated that support services are available from outside the facility for dealing with sexual abuse, if needed. Four indicated they weren't sure; however, said they could look at the postings around the facility or the pamphlet/handbook they received to find out. Sixteen inmates indicated that they believe the services available to them might include counseling, and support for inmates who needed it. Four inmates were unsure of what the services were. All inmates indicated there is contact information on the posters, if they ever needed to use it. Most believed it would be free for them to access the services anytime there is access to the phones, and anytime except count time and bed time. Of the 20 inmates interviewed, 16 indicated they believed the information they shared with the people from these services would be kept private; while 4 indicated they were unsure if it would be kept private. Of the 16 who believed it would be kept private, they indicated there are certain types of things that would be reported including serious crimes, harm to themselves, or harm to someone else.

Corrective Action: None was required for this standard.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

AR421 mandates each facility to report all allegations of sexual abuse/harassment, including 3rd party and anonymous reports, to the facility's designated investigators.

OP 421 states: PCC staff will accept reports from any and all sources to include but not limited to: inmates, visitors, inmate family members, associates, and other community members. These individuals can privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Such reporting can include, but not limited to:

- Verbal complaints to any Departmental employee
- Written complaints, which may be made through the following processes:
 - Inmate grievances
 - Grievances alleging staff on inmate sexual misconduct or inmate on inmate sexual abuse will be forwarded immediately to the PCM and/or AW followed by a confidential report completed in NOTIS.
 - A copy of the grievance will be forwarded to the PREA coordinator and Office of the Inspector General for review and investigation.
 - Inmate kites, written notes or letters to staff or administrators, and letter directed to the PREA coordinator or any member of the Inspector General's Office.
 - NDOC Family Services Office by phone or email at info@doc.nv.gov
 - Writing the Nevada Attorney General's Office
 - Calling the internal PREA Hotline telephone number at 775-887-3152
 - Written documentation received by custody staff will be forwarded to the PCM for retention after the allegation has been handled appropriately.

Per the PCM, during the 12-month audit period, PCC has not received any third party allegations of sexual assault or misconduct. The auditor reviewed the NDOC incident tracking log and verified that they received no third- party complaints.

Random staff interviewed indicated they would accept reports from third parties to include family members and other inmates. These complaints would be processed through the regular investigative process.

Corrective Action: None was required for this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

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

AR 421 mandates all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment that occurred in a facility, whether or not it is a part of the agency. This includes any retaliation against any offender or staff who reported such an incident and any staff neglect or violation of responsibilities which may have contributed to an incident or retaliation. Policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, other security, and management decisions. It also requires medical and mental health practitioners to report sexual abuse pursuant to standard provision 115.61(a), and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services, unless precluded by federal, state, or local law. It mandates each facility to report all allegations of sexual abuse/harassment, including 3rd party and anonymous reports, to the facility's designated investigators.

AR 740, Inmate Grievance Procedures, states: any emergency grievance alleging that an inmate is subject to substantial risk of imminent sexual abuse shall be immediately forwarded to the highest ranking staff member on duty so that corrective action may be taken immediately.

OP 421, Staff Duty to Report, states: All staff are required to report immediately any knowledge, suspicion, or information regarding any incidents of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Staff shall privately report sexual abuse and sexual harassment incidents with their on duty supervisor. Avenues of reporting can be either in person or by telephone. No other person shall be in the vicinity of hearing the reporting information. Staff is required to report known incidents involving both other staff and inmates. Staff is required to accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

Staff shall not reveal any information related to a sexual abuse report to anyone other than their immediate supervisor. All reports of sexual abuse to include inmates and staff are to be kept confidential. These individuals can privately report sexual abuse and sexual harassment, retaliation by

other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

OP 609, Medical Standards for PREA, states: All medical and mental health practitioners will notify all victims of alleged sexual abuse or harassment that they have a legal obligation to report the incident. This notification is to be made to the victim at the onset of treatment and the victim shall be notified that there are limitations of confidentiality.

During this review period, there were no PREA allegations received from a third party or anonymous source. The agency tracks the source of the report on the tracking log that is maintained by the PCM.

Through the interview with the Warden, the auditor was told that inmates who are under the age of 18 or who are identified as vulnerable adults are typically not housed at PCC. The Warden indicated that all allegations of sexual abuse and sexual harassment, including those received from a third party or an anonymous source are reported to the Inspector General via telephone, text or initiation of an Incident Report.

The PREA Coordinator indicated they do not house inmates under the age of 18 or who are identified as vulnerable adults at PCC.

There are no medical or mental health staff on-site at PCC. All assault or rape victims would be transported to Ely State Prison for proper care and housing. Medical and Mental Health staff interviewed at Ely State Prison indicated they would inform the inmate of the limitations of confidentiality at the initiation of services.

Of the twelve random staff interviewed, all indicated they are required to report any knowledge, suspicion, or information regarding sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff who reported an incident; and, sexual abuse or retaliation that may be attributed to staff neglect or violation of responsibilities. The auditor was told that the victim would be moved to a safe location and if the aggressor was known, he would be placed in a holding cell. Staff would interview the alleged victim. They would create an incident report; notify the supervisor and the Inspector General.

Corrective Action: None was required for this standard.

Standard 115.62: Agency protection duties

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

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

AR 421 requires that any employee, contractor, or volunteer who has any knowledge, suspicion, information, or becomes aware of any alleged act of sexual abuse or sexual harassment by another employee, contractor, volunteer or offender, is required to immediately report the knowledge, suspicion, information to his or her immediate supervisor. It also states, those grievances alleging staff on inmate or inmate on inmate sexual abuse or sexual harassment are forwarded immediately to the PCM and the Associate Warden.

OP 421 states: If any NDOC employee becomes aware that an inmate is subject to a substantial risk of imminent sexual abuse at PCC, they shall take immediate action to protect the inmate. If the knowledge is obtained by receiving a verbal/written report, the employee will immediately notify the on duty shift supervisor. If the knowledge is obtained by visual observance, the employee will initiate first responder duties in accordance with PREA guidelines.

In the past 12 months, there has been zero times the agency or facility determined that an inmate was subject to substantial risk of imminent sexual abuse.

The Agency Head indicated that if he becomes aware that an inmate was subject to a substantial risk of imminent sexual abuse, he would contact the facility and direct that immediate action be taken to ensure the inmate's safety. This might include review of the information reported, interview with the inmate, separation from other inmates, and review by medical and/or mental health staff.

The Warden stated that when he learns that an inmate is at substantial risk of imminent sexual abuse, he directs staff to take whatever action is necessary to protect the possible victim and remove the threat.

Random staff interviewed indicated that if they were informed that an inmate is at imminent risk of sexual abuse, they would notify a supervisor and make sure the inmate was safe. They stated their response to the situation would be immediate.

Corrective Action: None was required for this standard.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

The PREA Manual states: when a report by an inmate is made that he/she was previously sexually abused while confined at another facility that information must immediately be provided to the institutional PCM, who will, in turn, notify the Warden. The Warden must make contact with the other agency within 72 hours of the report.

OP 421 under the section entitled: Reporting to Other Confinement Facilities, it states that if an inmate reports during his PREA assessment that he was sexual abused while confined at another institution/facility, the PCM, Associate Warden, or Warden must be notified immediately. The PCM, Associate Warden or Warden will provide notification to the PREA Coordinator immediately. The Warden will notify the agency where the allegation occurred as soon as possible, but no later than 72 hours after receiving the allegation. The PCM, Associate Warden or Warden will initiate a report using NOTIS. The PCM will enter the proof of notification within the generated report. The PCM will also maintain a log of such notifications.

According to the PAQ, in the past 12 months, the facility has received zero allegations that an inmate was abused while confined at another facility and zero allegation of sexual abuse from other facilities.

Per a memorandum authored by the acting Warden, dated August 31, 2018, there were no allegations received by PCC that required reporting to other facilities/institutions.

The Agency Head indicated that if another agency refers allegations of sexual harassment that occurred within an NDOC institution, the designated point of contact may be the Warden of the identified facility or the PREA Coordinator for the agency. He indicated that when NDOC receives such an allegation, it is immediately forwarded to the Warden at the identified facility, if he/she is not already aware, and the PREA protocol process is initiated. He also indicated that all referrals from other agencies are noted in NOTIS.

The Warden indicated that when an allegation is received from another agency, the PREA protocol is initiated, just as it would be for an allegation made at PCC. He noted that the notification is required to be made Warden to Warden.

Corrective Action: None was required for this standard.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

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

Auditor Overall Compliance Determination

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

AR 421 states that staff will respond to the scene of the incident to assist with security concerns, Medical/Mental Health needs of the offenders, contacting supervisors, securing the scene, making sure no evidence is destroyed and the escorting of offenders, if needed.

The Confidential PREA Manual contains detailed information on the requirements when an allegation is made to include: ensuring the victim be kept separated from the aggressor, notification to the supervisor, crime scene identification and protection measures, collection of clothing, evidence preservation, medical attention, transportation, housing, and documentation.

OP 421, Coordinated Response states: PCC shall follow this institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators and facility leadership.

Sexual assault procedures for incidents that are reported within 72 hours of occurrence:

- Notify supervisor.
- Ensure the victim is safe and kept separated from the aggressor.
- If the first staff responder is not a custody staff member, the responder shall request that the alleged victim not take any actions to destroy physical evidence and then notify custody staff.
- Escort the victim to the nearest Departmental medical unit;
- Preserve and protect any crime scene until the appropriate steps can be taken to collect any evidence and until released by the Warden, Inspector General or designee.
- Collect clothing involved with incident and provide an orange jumpsuit to the inmate. Ensure that each clothing item is bagged separately in brown paper bags and booked into evidence.
- Temporarily place the suspect in a cell and immediately collect the suspect's clothing prior to leaving the inmate unattended to preserve evidence and prevent evidence from being destroyed, whether or not there is a wash basin.
- Evidence shall be collected with appropriate chain of evidence form attached.
- If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

PREA incidents reported after 72 hour timeframe:

- Notify supervisor.
- Ensure the victim is safe and kept separated from the aggressor.
- If the first staff responder is not a custody staff member, the responder shall request that the alleged victim not take any actions to destroy physical evidence and then notify custody staff.
- Escort the victim to the nearest Departmental medical unit;
- Preserve and protect any crime scene until the appropriate steps can be taken to collect any evidence and until released by the Warden, Inspector General or designee.
- Collect clothing involved with incident and provide an orange jumpsuit to the inmate. Ensure that each clothing item is bagged separately in brown paper bags and booked into evidence.
- Temporarily place the suspect in a cell and immediately collect the suspect's clothing prior to leaving the inmate unattended to preserve evidence and prevent evidence from being destroyed, whether or not there is a wash basin.
- Evidence shall be collected with appropriate chain of evidence form attached.
- If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

- Escort the suspect to the ESP infirmary after the victim has been assessed. The suspect shall not be placed or housed, even temporarily, in the same area as the victim and the inmates are to have no contact at any time.
- The Shift Supervisor shall notify the Duty Warden as soon as practical.
- Complete a detailed NOTIS entry and an incident file if directed to do so by the duty Warden.
- Include all written reports related to the sexual assault or sexual activity.
- When entering the inmate(s) in NOTIS, Offender involvement “No Action” should be entered in disposition and “pending investigation” needs to be entered into the comment portion. Do not refer for charges until directed to do so by a Warden or Associate Warden.
- Escorting Officers are NOT to discuss what occurred before, during, or after the exam, with the exception of making a statement to the criminal investigator.
- All evidence will be handled in accordance with AR 427 and OP 421.
- Supervisors shall take the following steps when they are notified of a sexual assault or any type thereof:
 - Retrieve a copy of Form A (DOC-2092), Form B (DOC-2093), or Form C (DOC-2094) as is appropriate. Complete as necessary based on facts provided at the time of the incident.
 - Notify Warden, Associate Wardens, and the Inspector General.
 - Fax or scan and e-mail the completed forms to the PREA Coordinator. Forward the original forms to the institutional PREA Compliance Manager/Caseworker III at Ely State Prison.

Per the PAQ, in the past 12 months, there were no allegations of sexual abuse.

First responders interviewed were able to describe the steps that would be taken when they were the first responder to a sexual assault allegation. They indicated they would separate the victim and suspect. They would secure the scene and would notify a supervisor. They would prepare the inmates for transport to outside facility for a forensic medical examination. Upon conclusion of the forensic exam, the inmate would be taken to a different facility, which could provide follow-up medical care and mental health services, which are not available at the camp.

The twelve random staff interviewed shared a thorough understanding of the process they would follow if they were the first responder to an allegation of sexual abuse. In summary, they indicated they would separate the victim and suspect and control the area to preserve evidence. They would place any evidence obtained in separate brown paper bags. They would notify a supervisor and prepare the inmates for transport. The inmates would be transported to ESP for medical care and mental health services, which are not available at the camp. The inmate could be transported to a hospital for a forensic exam.

Corrective Action: None was required for this standard.

Standard 115.65: Coordinated response

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

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

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

OP 421 contains the institutional response plan for PCC. It contains detailed information about the responsibilities of each classification of responder. Medical Directive 117, Sexual Assaults, addressed the response for Medical/Mental Health Staff at ELY State Prison for sexual assault allegations

The Warden indicated there are multiple operational procedures used by PCC which define the process to be followed and coordinate actions among staff first responders, investigators and facility leadership.

The auditor was provided with a supervisor flowchart which demonstrates the process to be followed when a PREA allegation is received.

First responders interviewed indicated they receive training on their responsibilities when an allegation of sexual abuse is made.

Corrective Action: None was required for this standard.

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

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes N/A

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The agency has not entered into or renewed any collective bargaining agreements since the last PREA audit, as there is no collective bargaining with the NDOC.

During the interview with the Secretary, he indicated the NDOC does not have collective bargaining with their staff.

A memorandum signed by the Warden was provided stating that the NDOC does not have collective bargaining.

Corrective Action: None was required for this standard.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

AR 421 states that staff shall monitor and protect all inmates and staff who report sexual abuse or cooperate with any investigation, from retaliation by both inmates and/or staff. Policy further states the monitoring shall be conducted and documented by a designated Lieutenant. A weekly check of NOTIS, where all new PREA Incident's will be added, will be conducted. Twice monthly, the Lieutenant will email the PCM that the Retaliation checks have been completed and an entry will be entered on the tracking log for each inmate who has been tracked for protection purposes. All inmates and staff will be monitored for a minimum of 90 days. Reason for continuance of more than 90 days, termination to an unfounded investigation, or transfers to another institution, will all be documented. In the case of transfer, the other institution will continue the process.

OP 421, Protection Against Retaliation and Monitoring states: The PCM shall be the staff member responsible for monitoring for retaliation. For at least 90 days following a report of sexual abuse, the facility or division shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and/or of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by other inmates or staff. Any such action shall be immediately remedied.

- Signs of possible retaliation to be monitored include but are not limited to any inmate disciplinary reports not supported by proper reporting, housing or program changes, or negative performance reviews or reassignments of staff.
- The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
- For inmate reporters or inmates who have allegedly suffered sexual abuse, periodic status checks will be included in the monitoring.

If any facility staff member learns of or receives information that a person who cooperated with an investigation, other than an inmate or staff reporter, has expressed a fear of retaliation, the Inspector General's Office will be immediately notified.

- The matter will be immediately reviewed by PREA management staff of the Inspector General's Office and contact made with the person by the assigned staff member of the IG's Office.
- Appropriate measures will be taken by the assigned investigator, including, follow up with the person who expressed the fear and if applicable referral to an outside law enforcement body or advocacy group.

The facility or division's responsibility to monitor retaliation can be terminated if the facility or division is notified that the allegation is unfounded.

The auditor was provided with a memo dated August 31, 2018 which states that there have been no instances of retaliation during the review period.

The Agency Head indicated that through the admonishments at the beginning of the investigation, all individuals are warned about retaliation and told about the penalty, if they participate in any form of retaliation. The PCM at each facility is responsible to monitor retaliation for victims, reporters, and witnesses, as appropriate for a minimum of 90-days. He stated that if an individual who cooperates with an investigation expresses a fear of retaliation, the reasons for those fears will be documented and an investigation will be initiated by the Inspector General, if warranted. He indicated that if a staff member is found to be retaliating, it is a dismissible offense. If it rises to the level of criminal, it will be referred to the Attorney General for prosecution.

The Warden indicated that for allegations of sexual abuse or sexual harassment, they maintain confidentiality of the information, to the extent possible; take steps to protect the victim; consider modified duty if staff are involved, monitor all involved individuals for signs of retaliation by the shift commander, Inspector General staff and the PCM. He stated when he suspects retaliation, he initiates an investigation immediately. He directs staff to take the actions necessary to stop any retaliation that may be occurring. The Warden indicated that agency policy prohibits placing inmates at high risk of sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas unless an assessment has determined that there are no available alternative measures of separation from potential abusers. PCC does not have a restricted housing unit. He stated inmates at high risk for sexual victimization or who have alleged sexual abuse are not placed in involuntary segregated housing, unless there is no other alternative means to house him. If an inmate was placed in involuntary segregated housing, it would only be until he could be transported to another facility with safe housing. He further indicated there have been no examples in the last 12 months where an inmate was placed in segregated housing after making an allegation of sexual abuse.

The PCM is the person who is responsible to monitor for retaliation at PCC. She indicated her role is to conduct monitoring duties at least every 30 days for a minimum of 90 days. These monitoring duties include meeting with the individual being monitored, review grievances, review housing and program changes, placement in segregated housing, discussion with cellmates. The PCM indicated she meets with the individual being monitored at least once during the 90-day monitoring period. She indicated there is no maximum amount of time for monitoring to continue, if there is a concern that potential retaliation might occur.

PCC does not have a segregated housing unit; therefore, there were no inmate in segregated housing based on an identified risk of sexual victimization or who has alleged to have suffered sexual abuse.

Corrective Action: None was required for this standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

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

AR 573, PREA Screening and Classification, Section 573.03, Segregation of Inmates, states in part:

1. Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and it has been determined that there are no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing no more than 24 hours while completing the assessment. This assessment will determine if an immediate institutional bed move will alleviate the issue. If not, the inmate will be given a Notice for Placement in Administrative Segregation and will be seen by the Caseworker within 72 hours to determine the appropriate placement of the inmate. This review will include a reassessment using the PREA Risk Assessment instrument.

2. Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:

- A. The opportunities that have been limited;
- B. The duration of the limitation; and
- C. The reasons for such limitations.

3. The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

4. If an involuntary segregated housing assignment is made, the facility shall clearly document:

- A. The basis for the facility's concern for the inmate's safety; and
- B. The reason why no alternative means of separation can be arranged.

5. Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.

OP 507, Administrative Segregation, for Ely State Prison, states that any use of segregated housing to protect an offender who is alleged to have suffered sexual abuse shall be subject to the requirements outlined in standard 115.43. Policy also states that inmates placed in segregation for PREA related activities will be treated in accordance with all PREA guidelines. The unit caseworker is responsible for tracking all PREA inmates placed in segregation via the Administrative/Disciplinary Segregation Tracking Log. It is the unit caseworker's responsibility to ensure that no inmates, at high risk of sexual victimization, shall be placed in involuntary segregation housing unless all assessments of available alternatives have been made, and a determination has been made that there are no other means of separation of a likely abuser. Finally, a review will be completed every 30 days, if needed.

Per the PAQ, there have been no inmates at PCC retained in involuntary segregated housing during this review period, as PCC does not have any segregated housing. If an inmate requires segregation he would be transported to Ely State Prison.

A memorandum dated August 31, 2018 signed by the Warden indicated that there were no inmates segregated at Ely State Prison as a result of an allegation made at PCC.

During the tour of the facility, the auditors verified there were no segregated housing cells at PCC.

Corrective Action: None was required for this standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

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

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

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

Training certificates provided for all investigators confirmed completion of the National Institute of Corrections, PREA: Investigating Sexual Abuse in a Confinement Setting, training.

AR 457, Employee Code of Conduct, Investigative Reports, Training Records and Certificates, and the Investigative Training Curriculum were reviewed by the audit team.

AR 457, Section 457.01, Inspector General, states:

1. The Inspector General (IG) of the Department is authorized to investigate any matter arising from the Department or any person employed, incarcerated or present in an institution or facility.
2. The IG is an independent authority and may independently report on any matter to the Governor or other member of the Board of Prison Commissioners.
3. The IG shall review all institutional Operational Procedures (OP) dealing with investigations, including but not limited to the following: PREA, crime scenes, evidence collection, handling and preservation and suspect identification.
4. The IG will assemble and maintain a manual containing all institutional OPs related to investigations.

OP 457, Investigations, requires the IG's Office to review, assign and investigate as promptly, thoroughly and objectively as possible, all reports of inmate sexual abuse/harassment, including third-party and anonymous reporting. OP 457 provides a detailed process that investigators must follow for all PREA investigations. It includes instructions about addressing accused staff members or inmate suspects, the admonition which must be addressed prior to interviews, expectations about documentation of all reports, referrals, and the steps of the investigation.

OP 457, Investigations Specific to the Prison Rape Elimination Act, states in part:

All investigations will include collection, preservation and documentation of any direct and/or circumstantial evidence.

- All sources of available electronic or other type of information and/or intelligence will be reviewed for applicability to the investigation, including review of previous complaints and reports of sexual abuse/harassment involving the suspected perpetrator or accuser.
- All alleged victims, suspected perpetrators and witnesses will be interviewed and the results of the interview documented.

- The assigned investigator will outline in his or her notes related to the investigation the credibility and reliability for the interviewed parties that the investigator places for or against the interviewed party.
- No inmate who reports sexual abuse/harassment or an accused Peace Officer of the Department shall be required to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation.

Should an inmate request a polygraph examination when they have accused a staff member of engaging in sexual misconduct whether verbally or in writing the Inspector General must be contacted and provided with the information.

OP 421, Criminal and Administrative Investigations, states:

- The departure of the alleged abuser or victim from the employment of the Department or control of the institution/facility shall not provide a basis for terminating an investigation.
- All substantiated criminal cases shall be referred to the applicable prosecutorial authority for review of prosecution.

Per the Agency PREA Program Officer, Investigative files for PREA allegations are maintained in Central Office indefinitely. They currently do not destroy any investigative files.

There were no PREA allegations made at PCC during the 12-month review period and there were no new PREA allegations made during the corrective action period.

The Warden indicated that all investigations are conducted by NDOC staff. There is typically no involvement by outside law enforcement agencies for PREA allegations.

The PREA Coordinator stated the Inspector General's Office is responsible to conduct the investigation for all PREA allegations.

The PCM indicated that typically there is no outside law enforcement agencies involved in the process.

Both investigators that were interviewed indicated that the investigation into a sexual assault allegation is initiated the same day that the inquiry is completed and referred. They indicated that third party and anonymous reports are handled in the same manner as any other investigation. Both indicated they have received specialized training which consisted of an on-line course through NCIC. Both indicated they have completed the departmentally approved training for sexual assault investigations in confinement settings. The investigators indicated that an incident report is initiated by the facility, when an allegation is received. The Warden at the facility makes the referral to the Inspector General via a memorandum. The information received is evaluated and referred to an Investigator at the IG's office or referred back to the facility, to have institution staff complete the investigation. The assigned investigator will find out if there is any video, if there were staff involved, interview inmates and staff to try to establish if there are any witnesses, and review evidence gathered from the crime scene. The investigator writes a report, making recommendations and forwards the report to his supervisor. Evidence the investigator would be responsible for gathering might include DNA evidence from the forensic exam, video recordings, sign-in sheets, housing unit logs, correspondence, phone calls and mail. Both investigators indicated that if they discover evidence that a prosecutable crime may have taken place, they consult with the Attorney General of Nevada before they conduct compelled interviews. They indicated that they judge credibility of the involved individuals on a case-by-case basis and the things they take into account include their history and how they present themselves during the interview process. When questioned about their efforts, during an administrative investigation, to

determine whether staff actions or failure to act contributed to the sexual abuse, both investigators indicated they review the evidence to try and determine if staff did their job. At the conclusion of an administrative investigation, they complete a written report which includes all of the same items they include in a criminal investigation. They ensure they address who, what, where, when, why (if known), witness statements, and evidence collected. Both investigators indicated that they refer any substantiated case of sexual abuse for criminal prosecution and that they continue all investigations until completed, regardless of the employment status of the staff member who has been accused or incarceration status of the accused inmate. They may use the Major Crimes Division of the Nevada Department of Public Safety for a criminal investigation, and then they would act as a liaison between the facility and the other agency.

Corrective Action: None was required for this standard.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

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

AR 339, Employee Code of Conduct, and investigative case files were reviewed by the audit team. Policy mandates the agency impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

AR 421 and the PREA Manual states: The agency shall impose no standard higher than a preponderance of the evidence in determining if a PREA case is substantiated or not substantiated.

Per the PAQ, there were zero criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the facility in the past 12 months. This information was verified by reviewing the PREA incident tracking log.

Through interviews with two investigative staff, the auditor was told that the standard of evidence used by the NDOC in PREA investigations is a preponderance of evidence.

Corrective Action: None was required for this standard.

Standard 115.73: Reporting to inmates

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

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility; does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

OP 457 requires that following an investigation into an offender's allegation that he or she suffered sexual abuse or sexual harassment by another offender or staff in a department facility, the PCM shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Policy also requires that following an offender's allegation that a staff member has committed sexual abuse against the offender, unless the agency has determined that the allegation is unfounded, the agency informs the offender of the four bullets in this provision. Following an offender's allegation that he has been sexually abused by another offender in another agency facility, the agency subsequently informs the alleged victim whenever the agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility or convicted on a charge related to sexual abuse within the facility. All notifications or attempted notifications shall be documented. This documentation is done in NOTIS.

Through review of the PAQ, the auditor learned there was no administrative or criminal allegations of sexual abuse in the past 12 months. Review of the PCM and OIG's log showed no allegations from PCC.

The Warden stated that the PCM is responsible to make verbal notification to an inmate who makes an allegation of sexual abuse upon completion of the investigation.

The two investigators indicated, during their interviews, that policy requires that inmates who make allegations of sexual abuse be informed of the outcome of the investigation.

Corrective Action: None was required for this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

AR 339 states that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies and that termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. The policy does not differentiate between lesser and more significant levels of staff misconduct and states that staff is subject to

disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

OP 421 in the section entitled Disciplinary Sanctions for Staff, it states:

- Staff members who engage in sexual misconduct may be referred for prosecution under NRS 212.187 and are subject to internal disciplinary measures up to and including termination as defined in AR 339.
- Romantic relationships between a staff member and inmate are subject to internal disciplinary measures to include termination as defined in AR 339.
- Disciplinary sanctions for violations of agency policies governed by Administrative Regulation 339 relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
- Staff members who know of or are aware of another staff member(s) engaging in sexual misconduct or harassment, who fail to report the information, are subject to internal disciplinary measures up to and including termination as defined in AR 339.
- Staff who fail to report or covers up such conduct may also be criminally charged under NRS: Chapter 195 – Parties to Crimes, should they have knowledge of a staff member engaging in sexual misconduct with an inmate, and said staff member(s) fails to report or covers up such conduct are in violation of NRS 212.187 and said staff member(s) fails to report or covers up such conduct.
- All terminations for violations of Departmental sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, shall be reported to law enforcement agencies and to any relevant licensing bodies by the Inspector General's Office.
- PCC shall not enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted.

Per the PAQ, in the past 12 months, there was no staff that violated the sexual harassment or sexual abuse policies.

Per a memorandum, dated August 31, 2018, authored by the Warden, there were no substantiated allegations against PCC staff during this review period.

Corrective Action: None was required for this standard.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

AR 421 mandates any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. It further mandates the agency shall not enlist the services of any of those volunteers, interns, or contractors, who may have contact with offenders.

OP 421 in the section entitled Corrective Action for Contractors and Volunteers states:

- Any contractor or volunteer at PCC who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal.
- PCC shall take appropriate measures, and shall consider whether to prohibit further contact with inmates in the case of any other violation of Departmental sexual abuse or sexual harassment policies by a contractor or volunteer.

Per the PAQ, there have been no contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates, during the past 12 months.

Per a memorandum authored by the Warden, there were no PREA allegations against contractors or volunteers at PCC during the 12 month review period.

The Warden indicated that when a violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer is reported, he would prohibit the contractor or volunteer from coming inside the secure perimeter. He would question if the vetting was appropriate. He would also make notification to other facilities to ensure the individual could not enter any NDOC facility while the investigation is underway.

Corrective Action: None was required for this standard.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
 Yes No NA

Auditor Overall Compliance Determination

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

AR 707, Inmate Disciplinary Procedure, states offenders will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender on offender sexual abuse or following a criminal finding of guilt for offender on offender sexual abuse. It mandates that sanctions against offenders are to be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. Should the facility offer therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. Participation in this type of counseling is not made a condition of access to programming or other benefits. Policy states that the agency may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact and that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying even if an investigation does not establish evidence sufficient to substantiate the allegation. It states all sexual activity between offenders is prohibited and offenders may be disciplined for such activity.

OP 421 in the section entitled Disciplinary Sanctions for Inmates, it states: Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process outlined within AR 707 following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Additionally, inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process outlined within AR 707 for acts of sexual harassment and consensual sexual acts. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, in inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories. Upon findings of guilt during the disciplinary hearing, the hearing officer will submit a referral for the inmate to be seen by the mental health department. The mental health staff will offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. PCC prohibits all sexual activity between inmates and may discipline inmates for such activity. The Hearing Officer may

not, however, deem such activity to constitute sexual abuse if he/she determines that the activity is not coerced.

The number of administrative findings of inmate-on-inmate sexual abuse that have occurred at PCC within the past 12 months is zero. The number of criminal findings of guilt for inmate-on-inmate sexual abuse that occurred at PCC during the review period is zero.

Per memo signed by the Warden, PCC has not had any cases of sexual assault requiring any disciplinary sanctions of inmates. This was verified by reviewing the IG's PREA allegation tracking log.

The Warden stated that AR 707 addresses inmate discipline. That is the policy that would be followed in determining the sanctions to be imposed. He also indicated that mental disabilities and mental illness are considered in determining appropriate sanctions.

Per the PAQ, no inmate disciplinary reports were written as a result of PREA allegations.

Corrective Action: None was required for this standard.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes N/A

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

AR 643 states that all mental health services will be provided by qualified mental health providers. It further indicates that all inmates with mental illness, intellectual disabilities, developmental disabilities, a history of mental health treatment or intervention, or with current symptoms, should be identified, evaluated, and have information entered into the medical record and NOTIS. Arriving inmates who appear to be in need of any other mental health intervention will be referred to an institutional psychiatrist, psychologist or psychiatric nurse for appropriate housing placement and clinical follow-up. Inmates referred for non-emergency mental health care will be evaluated within 14 days after the date of referral. All incoming offenders should be evaluated by a mental health professional at intake units as part of the initial classification process. All newly arrived inmates should be evaluated by MH staff for, but not limited to, the following: suicide potential, symptoms of mental illness; level of intellectual functioning; level of aggression; potential for escape; deviant sexual behavior; and history of sexual abuse (aggressor and/or victim). Inmates may be referred to a mental health professional for further evaluation and treatment when indicated. Inmates referred for non-emergency evaluations must be seen by the appropriate provider within 14 days of referral. Inmates with a history of sexual abuse must be referred in a timely manner for mental health counseling and custody must be notified within 72 hours. Policy mandates Medical and Mental Health staff obtain consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. Offenders are made aware of this process and staff uses the NDOC Consent-Release of Medical Information form used to obtain the required consent.

OP 609 states: If the PREA Risk Assessment screening done by the classification committee at intake indicates that an inmate has experienced prior sexual victimization and/or has previously perpetrated

sexual abuse, whether it occurred in an institutional or jail setting or in the community, staff shall ensure that inmate is offered follow-up medical and/or mental health meeting within 14 days of the intake screening. All medical and mental health practitioners shall obtain informed consent utilizing NDOC form 2548 from the victim before reporting any information about any prior victimization that did not occur in a confinement setting unless the victim is under the age of 18.

In a memorandum, dated August 31, 2018, authored by the Warden, the auditor was informed that although NDOC policies require them to obtain consent and then disseminate information for security and management decisions, they have not had a situation in which this has occurred at PCC during the 12 month audit cycle.

All medical and mental health evaluations would be performed at another facility, as there is no medical or mental health staff assigned at PCC.

A list of four inmates that disclosed past victimization that occurred outside of confinement was provided during the site tour and all four were interviewed. The inmates who reported past victimization prior to confinement stated they were offered a mental health referral. However, when the dates of arrival at PCC were compared to the dates the inmates were offered mental health 3 of the 4 were offered beyond 14 days.

The caseworker indicated that if an inmate revealed that he had experienced prior sexual victimization during the risk screening, he would be offered a follow up meeting with a medical and/or mental health practitioner. This is accomplished by contacting Ely State Prison medical and mental health staff, who would schedule an appointment for the inmate. The caseworker said a note is also made in NOTIS. The caseworker indicated the referral is made immediately and the inmate is usually seen within 14 days.

There are no logs to review at PCC. All medical and mental health processes are completed at Ely State Prison. Inmates are transported to Ely State Prison if they require any medical or mental health services.

Corrective Action Required:

A list of four inmates that disclosed past victimization that occurred outside of confinement was provided during the site tour and all four were interviewed. The inmates who reported past victimization prior to confinement stated they were offered a mental health referral. However, when the dates of arrival at PCC were compared to the dates the inmates were offered mental health 3 of the 4 were offered beyond 14 days.

To comply with this standard the auditor will monitor intake assessments for a minimum of 90 days to ensure that inmates that disclose past victimization or perpetration are offered a mental health referral within 14 days.

Additionally, PCC is to provide training to staff on the requirement of the provision.

Corrective Action taken by the Agency:

On March 16, 2019 signed on-the-job training forms were provided to the auditor showing staff were trained on the requirement of the provision.

During the corrective action period one inmate disclosed prior sexual victimization during intake that occurred outside of confinement and was offered mental health services within 14 days of disclosure. The

inmate declined the offer. The NOTIS case note was provided to the auditor showing the date the inmate was received at the institution and disclosed the past victimization, the date the mental health referral was offered, and the date the offer was declined.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

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

OP 609 states: All inmate victims of sexual abuse will receive timely unimpeded access to emergency medical/mental health treatment which will be determined by the health practitioners' professional

judgment. Victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency sexually transmitted infections, prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. All services provided for the above related treatments shall be free of charge regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

There are no medical and mental health staff assigned at PCC; therefore, the medical and mental health interview protocols were not utilized.

Per a memorandum dated February 15, 2018, signed by the acting PREA Coordinator, NDOC provides timely, unimpeded access to emergency medical treatment for inmate victims of sexual abuse. The nature and scope are determined by medical practitioners, should the inmate require more extensive treatment for trauma for anything beyond NDOC medical practitioner's scope of practice inmates will be transported to a hospital that can provide the emergent care needed. NDOC does not have a direct contract with any hospital and utilizes entities within their PPO networks. Hometown Health is utilized in Northern Nevada and Sierra Health Organization is utilized for Southern Nevada. All hospitals NDOC uses will take emergency inmate patients.

Per a memorandum, dated August 31, 2018, signed by the Warden, the auditor was informed that security staff takes steps necessary to protect the victim and immediately notify the appropriate medical and mental health staff. PCC notifies Ely State Prison who has medical staff on duty at all times and provides gatekeeper services for PCC inmates.

During the tour, the auditors verified there is no medical or mental health staff assigned at PCC. If the inmate required medical or mental health treatment as a result of making a sexual assault allegation, he would be transported to Ely State Prison for medical or mental health care.

Two security staff first responders were interviewed and they indicated that if they were first to arrive on the scene of a sexual abuse, they would separate the victim from the aggressor, secure the scene to ensure evidence wasn't destroyed, ask the victim to not wash up, change clothes or eat anything so evidence will not be lost, place the suspect in a holding cell and ensure he takes no actions that would destroy evidence, collect clothing from each involved inmate and bag individually in paper bags, notify the supervisor and the Inspector General. They also indicated they would contact Ely State Prison to find out about the medical evaluation.

Corrective Action: None required for this standard.

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

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

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

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

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

OP 609 indicates that abuse victims will be offered tests for sexually transmitted infections as deemed medically appropriate and that mental health staff shall attempt to conduct mental health evaluations of all known inmate on inmate abusers within 60 days of learning of the known abuse. It further indicates that PCC will work with Ely State Prison, who will offer medical and mental health follow-up services as appropriate to all inmates who have been victimized in any confinement facility. The follow-up treatment provided will be consistent with the standard community level of care.

No observations were made during the site-tour due to this function being done in conjunction with Ely State Prison. Also, there was no risk screening conducted during the on-site portion of the audit because there was no intake scheduled during those days.

Corrective Action: None was required for this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PCM? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

AR 421 states the each facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated unless the allegation has been determined to be unfounded. The PCM will track and notify the review team upon learning of the completion of any sexual abuse/harassment investigation. It further states that the review team shall document their findings on the Committee Review for Sexual Abuse form and shall consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; shall consider whether the incident or investigation was motivated by race, ethnicity, gender identity, or perceived sexual preference; to examine the area the incident allegedly occurred; adequacy of staffing levels; and the use of monitoring technology. Afterwards, a report will be documented stating if any changes were to be implemented.

OP 421, Sexual Abuse Incident Reviews, it states: PCC shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The PCM will track and notify the review team upon learning of the completion of any sexual abuse investigation. Such review shall ordinarily occur within 30 days of the conclusion of the investigation and will be documented using the Committee Review for Sexual Abuse Investigation form located in NOTIS. The review team shall be selected by the Warden and should include preferably the Associate Warden, CCSIII, Lieutenant and medical and/or mental health care practitioners as needed. The investigative staff member from the Inspector General's office will also participate in the incident review team. The review team shall document their findings on the Committee Review for Sexual Abuse Investigation form. The review team shall:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility.
- Examine the area in the facility where the alleged incident occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- Prepare a report of its findings, including but not limited to determinations made pursuant to the above paragraphs of this section, and any recommendations for improvement and submit such report to the facility head and PCM.

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

As reported in the PAQ, in the past 12 months, there were no criminal or administrative investigations of alleged sexual abuse or sexual harassment completed at PCC.

Per a memorandum authored by the Warden, PCC has not had any substantiated or unsubstantiated allegations of sexual abuse during this audit period.

The Warden indicated the facility has a sexual abuse incident review process. He stated the review process includes upper-level management officials and allows input from supervisors, investigators and medical/mental health staff. The review is conducted at Ely State Prison for incidents that occur at PCC. The Warden indicated they look at the facts of the case and discuss possible causes. They determine if changes to policy, staffing, and/or video monitoring technology are needed. He indicated they consider whether the incident was motivated by race; ethnicity; gender identity; LGBTI identification; gang affiliation; or was motivated by other group dynamics at the facility; they examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; they assess the adequacy of staffing levels in that area during different shifts; and they assess whether monitoring technology should be modified.

The PCM indicated that the facility prepares a written report at the conclusion of each sexual abuse incident review including information required per standard 115.86(d) and any recommendations for improvement. She indicated they also review trends. The PCM indicated that the Sexual Assault Incident Review considers whether the incident was motivated by race; ethnicity; gender identity; LGBTI identification; gang affiliation; or was motivated by other group dynamics at the facility; examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assesses the adequacy of staffing levels in that area during different shifts; and assesses whether monitoring technology should be modified.

Corrective Action: None was required for this standard.

Standard 115.87: Data collection

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

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

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

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

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

AR 421, the NDOC PREA Manual, dated April 4, 2016, and the Survey of Sexual Violence documents were reviewed by the audit team. Policy mandates the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization-II (SSV-II) conducted by the

Department of Justice. All data is aggregated annually and displayed on the agencies website. The policy requires the facility to maintain, review, and collect data for all allegations.

NDOC utilizes the SSV-II to collect and report data to the federal Department of Justice. The process utilized to collect the data is outlined in the PREA Manual – Data Collection section. A copy was provided to the auditor with the PAQ.

Data for 2016 was reviewed, as 2017 data had not been published at the time of this report.

The inmates who are in private facilities were moved there in October 2017; therefore, the data that has been reported through 2016 did not reflect any inmates being housed in private facilities.

Corrective Action: None was required for this standard.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

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

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

OP 421, Data Review for Corrective Action states: PCC shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training, including by: Data will be compiled by the PCM pertaining to PREA incident and reports.

The data will be used to:

- Identify problem areas.
- Document corrective action taken on an ongoing basis for those areas identified as problematic.
- All data collected and compiled will be forwarded to the agency PREA Coordinator for inclusion in the annual report.

The auditor reviewed the annual reports. The agency head indicated they use incident based sexual abuse data to assess and improve sexual abuse prevention policies and training by reviewing the information at both the local and statewide levels. They look at the data annually and compare with previous data to identify possible trends. He stated he reviews and signs the annual report before forwarding it to the Chief of Staff, in the Governor's Office. The annual report is posted on the agency website once the review is completed.

The PREA Coordinator indicated the agency reviews data collected and aggregated pursuant to standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention policies. Data is retained within the Inspector General's Office, where access is controlled by locking the file cabinets where it is stored and password protecting the electronic information. The agency takes corrective action to address physical structure and staffing deficiencies, when identified. The agency prepares an annual report, which is signed by the Director and posted on the NDOC website. She indicated that inmate and/or staff names and any personal identifying information are typically redacted from the annual report. She further indicated they indicate the types of material which has been redacted.

The PCM indicated they use incident based sexual abuse data to assess and make recommendations for improvement of sexual abuse prevention policies and training. They look at the data and compare with previous data to identify possible trends.

Corrective Action: None was required for this standard.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

AR 421 requires the agency to ensure that data collected pursuant to standard 115.87 are securely retained and to make all aggregated sexual abuse data from facilities under its direct control readily available to the public at least annually through its public website. It requires the department to remove all personal identifiers from aggregated sexual abuse data before making said data publicly available.

OP 421, Data Storage, Publication and Destruction states: PCC shall ensure that data collected are securely retained by:

- All collected data will be considered "Confidential" in nature; and
- Only the PCM or the facility Warden's may disseminate any PREA related data.

The PREA Coordinator indicated data is retained within the Inspector General's Office, where access is controlled by locking the file cabinets where it is stored and password protecting the electronic information.

A review of the website demonstrates aggregated sexual abuse data from facilities under its control to the public is posted, as required. Information displayed on the agency website, contains no personal identifiers.

No federal, state or local law was provided by the agency to indicate there was a law in place to require a data maintenance procedure which would supersede standard provision 115.89(d).

Corrective Action: None was required for this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

During the prior three-year audit period, the agency ensured that each facility was audited at least once. This is the third year of the current audit cycle and the agency ensured that at least one-third of each facility type was audited during the first and second year of the current audit cycle.

The auditor had access to and the ability to observe, all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor was permitted to conduct private interviews with staff and inmates. Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not

excuse noncompliance with this provision. (N/A if there has been no Final Audit Reports issued in the past three years or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The agency has published on its agency website all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years preceding this agency audit.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Shannon Stark

Auditor Signature

November 26, 2018

Date

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

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