

# PREA AUDIT: AUDITOR'S FINAL REPORT

## ADULT PRISONS & JAILS

NATIONAL  
**PREA**  
RESOURCE  
CENTER



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

<b>Name of facility:</b>		Stewart Conservation Camp	
<b>Physical address:</b>		1721 Snyder Ave., Carson City, Nevada 89701	
<b>Date report submitted:</b>			
<b>Auditor Information</b>		<b>Jillian Shane</b>	
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<b>Telephone number:</b>		575-523-3303	
<b>Date of facility visit:</b>		October 16-21, 2016	
<b>Facility Information</b>			
<b>Facility mailing address: (if different from above)</b>		P.O. Box 5005, Carson City, Nevada 89702	
<b>Telephone number:</b>		(775) 887-9297	
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Name of PREA Compliance Manager:</b>		Shannon Moyle	<b>Title:</b> PREA Facility Coordinator
<b>Email address:</b>		<a href="mailto:smoyle@doc.nv.gov">smoyle@doc.nv.gov</a>	<b>Telephone number:</b> 775-887-9212
<b>Agency Information</b>			
<b>Name of agency:</b>		Nevada Department of Corrections	
<b>Governing authority or parent agency: (if applicable)</b>		Not Applicable	
<b>Physical address:</b>		5500 Snyder Ave., Stewart Complex Bldg. 17, Carson City, NV 89701	
<b>Mailing address: (if different from above)</b>			

<b>Telephone number:</b> 775-887-3285			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b>	James Dzurenda	<b>Title:</b>	Director
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<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b>	Pamela Del Porto	<b>Title:</b>	Inspector General
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## AUDIT FINDINGS

### NARRATIVE:

The PREA audit of Northern Stewart Conservation Camp, a facility within the Nevada Department of Corrections, was conducted on October 16-21, 2016.

On Monday, October 17, 2016, an entrance meeting was held where introductions were made. The following staff was in attendance:

- Isidro Baca, Warden
- Ron Schreckengost, Associate Warden of Operations
- Brian Ward, Associate Warden of Programs
- Shannon Moyle, PREA Compliance Manager
- Kathryn Reynolds, ASO
- Robert Hartman, LT
- Matthew Smith, LT
- Ron Hannah, CCS, Back-up PREA Compliance Manager
- Pam Del Porto, Inspector General
- Bernadette Deats, Support Staff for Certified Auditor
- Robin Bruck, Support Staff for Certified Auditor

After the meeting, a thorough tour of the entire camp was conducted. This included all areas of the grounds. While completing the tour, the audit team did see signage which announced that they were going to be onsite for the audit. These posters stated:

Northern Nevada Correctional Center  
(NNCC)  
&  
Stewart Conservation Camp  
(SCC)

**During October 17th – October 21st, 2016, a U.S. Department of Justice PREA Certified Auditor will conduct a PREA audit at this facility. If you want to provide information or talk with the PREA Auditor, you can do so by sending a letter directly to the PREA Auditor. Offenders or staff with information to provide may write to the PREA Auditor:**

Ms. Jillian Shane  
State of New Mexico  
New Mexico Corrections Department  
P.O. Box 639  
Las Cruces, NM 88004

***All Correspondence must include "For the NNCC / SCC PREA Audit" on the envelope; otherwise it will not be considered confidential.***

Prior to the onsite portion of the audit, the Agency PREA Program Officer forwarded this signage to the PREA Auditor and stated that it was posted all over the camp on September 5, 2016. These signs were viewed in the dayrooms/pods, program areas such as education, commissary, chow hall, and medical areas. It was also viewed in staff areas such as briefing rooms and break rooms. Prior to the audit, the auditor received a total of two (2) inmate letters.

In addition, the auditor received a secured, encrypted flash drive from the Office of the Inspector General the week of September 12<sup>th</sup>, 2016. This had the PAQ and file information for the PREA Standards.

Rosters were provided to the audit team that includes staff, volunteers, contract workers and inmates. From these lists, the audit team selected, at random, the staff from each of the categories that were to be interviewed.

In addition, the audit staff used these rosters to randomly select HR files to review for contract staff, State employees and volunteers. All selections were made by the audit team, at random.

During the course of the on-site portion, a total of 23 staff were interviewed, this includes random staff and specialized staff. Staff were interviewed and selected from each housing and program area and from each shift. The auditors spent one night at the facility, arriving at 2100 hours to each shift changes and speak to those working on graveyard shifts. In addition, a total of 14 inmates were

interviewed, this includes random and specialized inmates. The random selection of inmates is staff included at least one from each housing unit. Also, during the tour and subsequent visits, additional inmates were questioned and informally spoke to.

**FACILITY OVERVIEW**

Stewart Conservation Camp (SCC) was newly constructed in 1995 to double the size of the original camp which started operations in 1978 as the Carson Conservation Camp. SCC is located in Carson City, Nevada. SCC has a design capacity of 360 minimum/community security custody beds for general population inmates. The physical plant includes 5 housing units with an open dormitory style, a culinary/dining room, laundry, multi-purpose/gym and canteen. The main entrance building includes administrative offices for a total of 34,350 square feet. Other areas such as the Dairy Farm, utilizes 46,820 square feet. The facility is a total of 82,170 square feet on 11,000 acres of land.

SCC coordinates with the Nevada Division of Forestry (NDF) to train inmates to work with firefighting crews during fire season; they also participate in community work and cleanup. On a daily basis, crews muster in the gymnasium for count and when count clears they are released to their NDF supervisor. At times they are required to camp in the areas of duty if it calls for it. During camp, a correctional officer will stay with them. SCC not only works with NDF but also with Prison Industries with providing works for the Dairy, alfalfa crops and Horse Ranch. The inmates gain knowledge on how to care for and train in those areas. The Ranch generates funds through the programs offered at SCC by commercially selling beef, milk and alfalfa through the facility.

SCC;s mission, vision and philosophy are to protect and serve the public providing a safe and clean environment and accountability of the inmates. The facility pursues their missions with integrity and in a professional and ethical manner, raises the Department to the highest standards by creating a safer Nevada. SCC will ensure the nest use of the Departments resources and educate stakeholders and customers.

**Facility Demographics**

Rated Capacity:	360
Actual Population on first day of audit:	355
Security/Custody level:	minimum/community
Age range of offenders (yrs):	20-76 (yrs)
Gender	Males
Number of full time staff:	22
Number of Physical Plant Buildings:	8
Number of Segregation Cells:	0

**SUMMARY OF AUDIT FINDINGS:**

Number of standards exceeded:	3
Number of standards met:	40
Number of standards not met:	0
<b>Total</b>	<b>43</b>

**§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Operational Procedure 421 states that the Stewart Conservation Camp (SCC) - Nevada Department of Corrections has a zero tolerance policy regarding sexual misconduct to include sexual harassment, sexual assault, sexual abusive contact and consensual sex. Policy AR 421.18 also includes the definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

Operational Procedure 421.03 designates the Inspector General to oversee the Departments Compliance with all PREA Standards.

Operational Procedure 421.05 designates NNCC's CCS III as the PREA Compliance Manager at the facility level

The State of Nevada has implemented a PREA Manual, which became effective on April 4, 2016. The manual outlines the agency's approach to preventing, detecting and responding to sexual abuse/sexual harassment

The State Level (agency) and the Facility (SCC) each had an organizational chart which illustrated this hierarchy and the positions. These also included job descriptions which detailed the duties related to the positions.

Interviews were conducted with both the Agency PREA Coordinator and the Facility PREA Compliance Manager. The Agency Level PREA Coordinator (Inspector General) is extremely versed with PREA. In addition, she currently serves as the Head of the Western States Consortium for cycle two, year one to ensure compliance with the auditing standards and as

well shares and works with other agencies to ensure an understanding of the standards and how they are applied. The PREA Coordinator, as well, has a large knowledge base and is involved in numerous other trainings and certifications regarding the topics of advocacy and investigations.

The facility level Compliance Manager and the support of the Warden and Management Team at SCC, allows the facility to far exceed all requirements of this standard. The Warden and PREA Compliance Manager selected a team which served as the PREA Team for this facility. Staff from all disciplines were selected and were trained and meet monthly, at a minimum to discuss trends, incidents, and compliance concerns. While conducting random staff interviews, the auditors were told numerous times that staff wanted to join this team and help with the process. This was evident through and through during walk throughs and interview: A positive culture of acceptance and working towards the mission of sexual safety for the inmates and staff, tolerance and education in regards to the LGBTI populations, accurate and correct responses to incidents and meaningful and rewarding after care for those involved in incidents both inside and outside the facility.

Other areas that exceed involved the completion of monthly drills related to sexual assault and harassment incidents at the facility and the creation of a painted 'shadow board' behind all PREA related posters and materials. This shadow allows staff to immediately know when signage needs replaced or has been destroyed by inmates or staff.

#### SUPPORTING DOCUMENTATION LIST

- |           |   |
|-----------|---|
| 115.11 a. | OP 421  |
| 115.11 b. | PREA COORDINATOR Organizational Chart<br>Interview with PREA Coordinator<br>NDOC Organizational Chart |
| 115.11 c. | OP 421<br>SCC Organizational Chart  |

## §115.12 - Contracting with other entities for the confinement of inmates

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

### **Auditor comments, including corrective actions needed if does not meet standard**

This standard is not applicable, as SCC is a State facility and does not contract with other entities for the confinement of offenders.

### SUPPORTING DOCUMENTATION LIST

115.12 a. Memo

115.12 b. Memo

## §115.13 – Supervision and Monitoring

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

### **Auditor comments, including corrective actions needed if does not meet standard**

SCC Staffing Plan and Review outlines the PREA staffing plan which includes consideration of PREA Incident Reviews, state and local laws, findings of inadequacy, and incidents of sexual abuse, whether substantiated or unsubstantiated. It also states that during the evaluation of staffing requirements, the Facility PREA Coordinator and PREA Coordinator will assess, determine and document the facility staffing plan.

Policy also states that in instances where a staffing plan is not complied with, the facility shall document and justify emergency/temporary deviations from the plan. The facility provided a sample incident reports whereas some operations were modified due to emergency transports, for example.

The Facility PREA Compliance Manager provided departmental rosters for review, which illustrates compliance with required staffing.

When conducting interviews with both staff and inmates, each stated announcements are regularly made by members of the opposite sex, when they enter the housing areas. Staff of the opposite gender do announce their presence when entering housing units. Daily Shift

Logs documenting unannounced supervisory rounds were provided and reviewed. This was also observed during all three shifts and tours of the facility. Staff and inmate interviews also indicated that this is occurring on a regular basis.

#### SUPPORTING DOCUMENTATION LIST

- 115.13 a. OP 421
  - Staffing Plan and Review
  - Administrative Regulation 301, Shift Bidding
  - Administrative Regulation 326, Posting of Shifts/Overtime
  - SCC Shift Roster
- 115.13 b. OP 421
  - Below Minimum Staff Reportable Incidents
  - Unannounced Supervisory Tour
- 115.13 c. Staffing Plan and Review
- 115.13 d. OP 421
  - SCC Shift Log
  - SCC Rounds

### **§115.14 – Youthful Inmates**

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

#### **Auditor comments, including corrective actions needed if does not meet standard**

Not Applicable- No offender/inmate under the age of 18 has entered this facility in te past twelve (12) months.

#### SUPPORTING DOCUMENTATION LIST

- 115.14 a. Memo
  - Age Report
  - Operational Procedure 502, Youthful Offender



115.14 b. Memo  
Age Report  
Operational Procedure 502, Youthful Offender

115.14 c. Memo  
Age Report  
Operational Procedure 502, Youthful Offender

### **§115.15 – Limits to Cross-Gender Viewing and Searches**

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

#### **Auditor comments, including corrective actions needed if does not meet standard**

To demonstrate compliance, the following information was provided and reviewed: Administrative Regulation 421 and Operational Procedure 422, Search and Seizure Standards, which each state that inmates cannot be searched for the sole purpose of identifying ones genital status. In addition, Policy outlines, in detail, pat search, strip search and cross gender search procedures.

During this review period, there was no cross gender strip searches or visual body cavity searches conducted, thus there was no log to review.

Lastly, Administrative Regulation 421, Prison Rape Elimination Procedures outlines the process to which staff of the opposite gender must be announced when entering a housing unit. While conducting rounds throughout the facility both on the tour and without management during the audit, staff was viewed announcing opposite gender staff. Further, during all staff and inmate interviews, staff and inmates alike admitted that this is a common practice.

During the tour and subsequent visits to the housing units and search areas, the auditing staff viewed shower curtains, walls and various barriers that allowed for privacy for the inmate population.

#### **SUPPORTING DOCUMENTATION LIST**

115.15 a. AR 421  
OP 422

	Photo
115.15 b.	OP 422
115.15 c.	AR 421
	OP 422
	Photo
115.15 d.	OP 422
115.15 e.	AR 421
	OP 422
	Photo
115.15 f.	OP 422
	Training Roster and Acknowledgment Sheets
	Lesson Plan/PowerPoint

### **§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient**

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

#### **Auditor comments, including corrective actions needed if does not meet standard**

Interviews with Staff of all levels indicated that translation related to PREA will be provided for, but not limited to, offender education, investigations, procedures, and medical/mental health services. The use of inmate interpreters will not be permitted absent exigent circumstances.

Spanish versions of the video and various posters and handouts were viewed while in the facility. The video also offered the script as a means to obtain the educational information. Language Link is also available for translation services for limited English proficient offenders.

All PREA Related information to include transcripts of the video and the inmate handbook are available in Braille. Inmates or staff can complete a form and the documents can be checked out of the inmate library for review.

A contract was also reviewed with American Sign Language Communications should a hearing impaired inmate arrive at the facility.

Staff is all trained on this, as evidenced by the PowerPoint for their annual training.

A Spanish speaking inmate was interviewed with use of a staff translator. The staff translators, however, are not certified translators and did struggle with some interpretations and communications. While there were no PREA concerns of this inmate, the possibility of a miscommunication, a failure to report, or a misunderstanding is possible. It was recommended to management that they retrain staff on the use of the Language Link or look into educating the staff on those who are bi-lingual.

During the last twelve months, however, SCC has not had to utilize any interpreters.

#### SUPPORTING DOCUMENTATION LIST

- 115.16 a. AR 421
  - AR 421
  - Inmate Orientation packets
  - Staff Training Curriculum
  - Employee Training Roster
  - Purchase Order with CTS Language Link
  - Signage in English and Spanish
  - Inmate Posters
  - Braille Documentation and Sign out sheet
- 115.16 b. AR 421
  - AR 421
- 115.16 c. AR 421

## §115.17 – Hiring and Promotion Decisions

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

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy AR 300, Recruitment and Hiring, indicates that all incidents of sexual harassment are considered in determining hiring or promotions. In addition, Policy AR 300, outlines in detail the process to hire staff and contractors and the guidelines thereto. All promotional candidates shall be made aware by the appointing authority that promotions are contingent upon successful completion of a background investigation outlined by Federal mandate in PREA Standard 115.17. Before hiring new employees who may have contact with offender, NDOC shall perform a criminal background records check; and makes it best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or sexual assault or any resignation during a pending investigation of an allegation of sexual abuse or sexual assault.

A sample job description was attached as well, which listed conditions of employment to include that they will not hire any individual who has engaged in sexual abuse in a prison or other institution.

A review of a Background Investigation checklist was provided as well as sample background investigations for various levels of staff to include state employees, contract workers and volunteers. During the on-site portion of the audit, the auditors randomly selected various staff that were new-hires, promotions and transfers for these requirements. The questionnaire attached includes screening questions for both employees and non-employees. NCIC's are conducted on each employee in addition to searches of numerous available local and state law enforcement entities. Lastly, a PREA Questionnaire for Prior Institutional Employers is sent to any prior institution where a prospective employee may have worked. Integrity interviews also cover the topic. Samples were reviewed which illustrated both employees seeking employment with NDOC and those who were seeking employment in other agency's with which NDOC cooperated in sharing the information.

During the audit, volunteers and contract staff we interviewed. The facility also provided a roster which shows all volunteer staff with the hire date and training date. All volunteers were trained in PREA prior to contact with inmates. Sample files were pulled at random by the auditor and reviewed on-site.

Randomly selected files were provided to the audit team and the team reviewed the PREA Questionnaire for the staff that was selected.

## SUPPORTING DOCUMENTATION LIST

- 115.17 a. AR 421  
AR 300  
Job Application Samples  
Pre-Employment Waiver and Liability Release
- 115.17 b. AR 421
- 115.17 c. Memo  
List of staff and samples for past 12 months
- 115.17 d. Memo
- 115.17 e. Memo  
Staff Code of Conduct
- 115.17 g. AR 300

## §115.18 – Upgrades to Facilities and Technology

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

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy AR 42 outlines the process for the planning office to review when designing any new facility and in planning any substantial expansion or modification of existing facilities. The agency considers the effect of the design, acquisition, expansion or modification upon the agency's ability to protect inmates from sexual abuse. In addition, Policy AR 421, states that video monitoring technology upgrades will consider the ability to protect inmates from sexual abuse.

NNSCC has not had any expansion construction during the review period.

## SUPPORTING DOCUMENTATION LIST

- 115.18 a. AR 421
- 115.18 b. AR 421

## §115.21 – Evidence Protocol and Forensic Medical Examinations

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

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy AR 421 states that the IG Investigator shall follow a sexual assault uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative and criminal prosecutions. Also referenced are the Recommendations for Administrators of Prison, Jails and Community Confinement Facilities for Adapting the US Department of Justice’s National Protocol for Sexual Assault Medical Forensic Examinations.

Access to the SAFE or SANE Examinations will be free of charge to victims, regardless of whether or not the victim cooperates with the investigation. These are conducted by SANE or SAFE certified personnel.

During the twelve months preceding the audit, there were no SANE medical examinations conducted for SCC offenders.

A map and details of the nearest SANE testing center was attached and reviewed. All staff interviewed were aware of the location. The Shift Supervisors Incident Checklist has a detailed checklist of incidents which occur within 72 hours and those after 72 hours. Operation Procedure 631 review thoroughly the medical requirements for Inmate Sexual Assaults.

### SUPPORTING DOCUMENTATION LIST

- 115.21 a. AR 421  
Evidence Protocol
- 115.21 b. OP 613
- 115.21 c. AR 421  
OP 613  
MOU with Rape Crisis Center
- 115.21 d. AR 421  
OR 613  
MOU with Rape Crisis Center

Specialized Training for Medical and Mental Health Certificates

115.21 e. AR 421

Shift Supervisors Checklists

115.21 f. AR 421

**§115.22 – Policies to Ensure Referrals of Allegations for Investigations**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy AR 421, Prison Rape Elimination Procedure states that the OIG shall ensure that an investigation is completed for all allegations of sexual abuse, sexual assault and sexual harassment and will ensure that for all cases alleging criminal behavior, they are referred for investigation to an agency with the legal authority to conduct criminal investigations.

Policy AR 421 also states that except where otherwise provided in statutes and/or local law enforcement agreements, the OIG will conduct all investigation of sexual abuse, sexual assault/rape, sexual misconduct or sexual harassment that occur in DOC facilities.

During the past twelve (12) months there were no allegations of sexual abuse and sexual harassment reported at SCC.

The investigator who was interviewed was amazing in detailing the process. The fact that each investigator is certified law enforcement and has arrest powers, removes a step from the process seen by other agencies; these are their cases, start to finish, and they make decisions on what can/cannot move forward. In addition, the staff as well as the investigator all commented on the wonderful communication, cross training, and cooperation that exists between the OIG's office and NDOC staff. Two investigators were interviewed, one of whom was also a certified PREA Auditor thus bring a great deal of knowledge to the interview and the second investigator was new to the unit and had just went through all the specialized training.

**SUPPORTING DOCUMENTATION LIST**

115.22 a. AR 421

Memo

115.22 b. AR 421

Incident Log

Incident Reports

NDOC Website

115.22 e. AR 421

OP 421

OP 740

### **§115.31 – Employee Training**

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

#### **Auditor comments, including corrective actions needed if does not meet standard**

Policy AR 421 outlines the need for training and which topics will be covered. A training catalog was reviewed which illustrated refresher course in PREA. The Refresher lesson plan was also reviewed, and it included all relevant topics and required areas of education. Sample rosters and sign in sheets were reviewed to illustrate that this is being completed. During the staff interviews, all staff mentioned the training that they received and recalled various required topics within the class.

As required by the standard, the PowerPoint's and Lessons plan cover topics such as:

- Policy on Zero Tolerance;
- How to fulfill your responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures;
- Inmates Rights to be free from Sexual Abuse and Sexual Harassment;
- The Dynamics of Sexual Abuse in Prison;
- Identifying Possible sexual abuse victims;
- The five phases of sexual assault;
- Sexual abuse prevention strategies;
- Reporting incidents of sexual abuse;
- The right of employees and inmates to be free from retaliation for reporting sexual abuse;
- Investigations of Incidents of sexual abuse;
- Preservation of evidence in Sexual abuse investigations; and
- Communicating with LGBTI inmates.
- Relevant mandatory reporting laws

The total number of staff trained on the topics above is 22.



## SUPPORTING DOCUMENTATION LIST

- 115.31 a. AR 421  
OP 421  
Introduction to PREA Training  
Lesson Plan
- 115.31 b. PREA Refresher Lesson Plan  
PREA Annual Refresher Training
- 115.31 c. List of Newly hired/trained employees  
Basic Training Schedule  
Annual PREA Training Completion Report
- 115.31 d. OP 421  
AR 421

### **§115.32– Volunteer and Contractor Training**

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

#### **Auditor comments, including corrective actions needed if does not meet standard**

Policy Regulation number 421, outlines all required topics to which are required to be instructed on. The PowerPoint was attached for each as well. It covers a review of the administrative regulation, zero tolerance, how to fulfill their requirements under the policies and procedures, information on reporting and responding to such incidents, recognition of warning signs of a victim, information related to the investigation of incidents and prosecution of perpetrators, common reactions of victims, sensitivity to offender allegations, offender rights to be free, how to communicate effectively with LGBTI and gender non-conforming, signs or predatory behavior, confidentiality, compliance with relevant laws to mandatory reporting and consequences for failure to report.

An updated list was provided to illustrate that all volunteers and contracted workers have completed their annual training, which includes a PREA instructional class. Each individual who completes this class documents it on an acknowledgment sheet. Samples were reviewed and illustrate compliance. As of the date of the audit, 100 percent of Volunteers

and contractors had been trained. Randomly selected volunteer Acknowledgment Forms were selected by the auditors and provided. All illustrated compliance.

#### SUPPORTING DOCUMENTATION LIST

- 115.32 a. AR 421
  - OP 421
  - Basic Volunteer and Contractor Training Curriculum
  - List of Volunteers and Contracted Staff
  - Training Documentation for all Volunteers and Contractors
- 115.32 b. AR 421
  - OP 421
  - Volunteer/Contractor Training Record
- 115.32 c. Volunteer Acknowledgment Form
  - AR 421

### **§115.33 – Inmate Education**

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

#### **Auditor comments, including corrective actions needed if does not meet standard**

Policy AR 421 states that inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report. In addition, Policy AR 421, outlines the process of offender education that needs completed within thirty (30) days of intake.

Videos were observed which outline reporting processes, the policies and zero tolerance of the NDOC and all definitions regarding PREA. In addition, all inmates that were interviewed recall seeing the video.

Inmates are also provided with an informational brochure. Information and educational facts are also in the inmate handbook. During inmate interviews, the vast majority of offenders recalled watching this video and receiving printed information.

During the past twelve months, a total of 750 inmates were admitted to SCC and received this information.

#### SUPPORTING DOCUMENTATION LIST

- 115.33 a. AR 421  
SCC New Arrival Information  
New Arrival orientation information and handbook
- 115.33b. AR 421  
Orientation Video and Script (English and Spanish)  
Case Manager Notes
- 115.33 c. New Arrival Orientation Acknowledgement  
AR 421  
SCC New Arrival Information  
SCC Orientation Verification Form  
PREA Offender Signs

### **§115.34 – Specialized Training: Investigations**

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

#### **Auditor comments, including corrective actions needed if does not meet standard**

AR 421 states that investigators shall be trained including investigations of sexual assault/rape, sexual abuse and sexual harassment in confinement settings; interview techniques; evidence collection in confinement settings; criteria required to substantiate a case for administration action or prosecution referral; and the proper use of Garrity and Miranda advisements.

The lesson and plan and PowerPoint for the class were provided and reviewed. They are extremely thorough and detailed in the topics required by the standards.

SCC have 19 assigned investigators. The training roster for each was provided which documented their completion of the course.

An interview was conducted with two investigators during the on-site visit. One was a PREA Auditor and he was extremely knowledgeable about the processes necessary and recalls the annual specialized training.

#### SUPPORTING DOCUMENTATION LIST

- 115.34 a. AR 421  
Nevada Prison Rape Elimination Act Manual  
Investigator Interview training lesson plan
- 115.34 c. AR 421  
Interview Investigator  
PREA Investigators Training Records

### **§115.35 – Specialized training: Medical and mental health care**

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

#### **Auditor comments, including corrective actions needed if does not meet standard**

Policy AR 421, states that medical and mental health staff shall be trained and that this training shall be documented. The training shall include: how to detect and assess signs of sexual assault/rape, sexual abuse and sexual harassment; how to preserve physical evidence; how to respond effectively and professionally to victims; and how to and who to report incidents to.

Sample training rosters were reviewed of a mental health worker and a medical worker. A first responder class roster was attached as well, which included several medical and mental health workers.

The PowerPoint Presentation and Lesson Plan were attached that is used for medical and mental health staff. All medical and mental health staff who are working currently have received the training.

Medical and mental health staff who was interviewed were extremely well versed in the procedures and the training topics.

#### SUPPORTING DOCUMENTATION LIST

- 115.35 a. AR 421

PREA Training Certificates

115.35 c. AR 521

PREA Annual Training

**§115.41 – Screening for Risk of Victimization and Abusiveness**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Offender screening and placement is completed within twenty-four hours of their arrival into a reception and diagnostic facility and again upon transfer between facilities, as per Policy AR 421 and Operational Procedure 573, PREA Screening and Classification. During the assessment, all offenders will be screened for risk of being sexually victimized or sexually aggressive. The facility intake screening shall ordinarily take place within 72 hours of arrival at the facility and will be conducted using the Assessment.

Currently, and of all screenings randomly selected, the initial assessment was completed within twenty-four hours of arrival.

Within 30 days from the offender’s arrival at the facility, case managers will reassess the inmate’s risk of sexual victimization or sexual aggressiveness assessment. All the files that were randomly selected were in compliance.

**SUPPORTING DOCUMENTATION LIST**

- 115.41 a. AR 421  
OR 573
- 115.41 b. AR 421  
MH Screening
- 115.41 c. Assessment Instrument  
Assessment Instrument
- 115.41 f. Memo with number of inmates entering the facility  
AR 421  
OR 573

## Case Notes Roster

115.41 g      AR 421  
OR 573  
30 day assessment  
115.41 h      AR 421

### **§115.42 – Use of Screening Information**

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

#### **Auditor comments, including corrective actions needed if does not meet standard**

Information obtained from the assessments will be used to inform housing, work, bed and education/programming assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being aggressive, as per Operating Procedure 573. In addition, the OP indicates that assessment levels will be considered when considering assignments. The Procedure outlines the Possible Victim factors (mental or physical disability, age, physical build, previous incarceration, criminal history, previous sex offense convictions, disclosed or perceived LGBTI or gender nonconforming, previous sexual victimization, inmates own perception of vulnerability or safety considerations) and possible aggressor factors (history of institutional violence, history of sexual abuse, convictions for violent offenses, history of facility correctional sex abuse).

In addition, Operational Procedure 570, Inmate Internal Movement Documentation details the process for bed moves and one of the numerous pieces of documentation that is reviewed and considered is the PREA Risk Assessment forms.

The facility has designated two case managers who complete to the placement and movement of the inmate population. While interviewing these staff members it was remarkable the system that is in place for the housing and work assignments of inmates and the ability of this staff to recall inmates and where they were housed and who is screened high for victimization probability or prone to be a perpetrator. The auditor was walked through the computer program and tracking system and it was evident that this information is always considered, utilized and reviewed for the safety of the inmates in the facility.

#### **SUPPORTING DOCUMENTATION LIST**

115.42 a.      AR 421

OP 573

Assessment Instrument

115.42 b. AR 421

OP 573

OP 570

115.42 c. Offender Placement Section

### **§115.43 – Protective Custody**

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

#### **Auditor comments, including corrective actions needed if does not meet standard**

Offenders identified as high risk for sexual victimization shall not be placed in involuntary segregation unless an assessment of all available alternatives has been made, as per policy AR 473. Further, should that be the only alternative, inmates placed in this type of housing shall be afforded programs, privileges, education, and work opportunities to the best extent possible. Lastly, this shall only be done, for a limited time until alternative means of separation can be completed, ordinarily not to exceed thirty days.

Policy states that offenders that are at a high risk for sexual victimization or an offender who is alleged to have suffered sexual abuse or sexual assault shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in involuntary segregated housing for less than 24 hours while completing the assessment.

As per the file review, the facility demonstrated that during the year prior to this audit, there were no instances when an offender was identified as being high risk for victimization and as a result, no offenders were involuntarily segregated.

#### **SUPPORTING DOCUMENTATION LIST**

115.43 a. AR 421

OP 573

Case Notes

115.43 c. AR 421

115.43 e. OP 573

Case Notes

**§115.51 – Inmate Reporting**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy AR 421, Prison Rape Elimination Procedure outlines reporting procedures for inmates

Staff are to take verbal reports, third party reports, and anonymous reports seriously. All staff interviewed were aware of this requirement. A sample incident report was attached with which a staff member found an anonymous kite and reported this information in a timely manner.

All inmates interviewed were aware of the posters which have the phone numbers attached. However, many offenders stated that they do not believe that there is such a thing as an unrecorded line.

A third party telephone answering service is available 24 hours per day for inmates. The contract was provided and reviewed.

**SUPPORTING DOCUMENTATION LIST**

115.51 a. OP 421

PREA Pamphlet, English and Spanish

Inmate Handbook, English and Spanish

Reporting Posters

115.51 b. OP 421

MOU with Rape Crisis Center

Purchase Order with Answering Service

New Mexico Corrections Department Contract

Memo



115.51 c. OP 421  
Incident Report

115.51 d. OP 421  
Annual Staff Training Outline

## **§115.52 – Exhaustion of Administrative Remedies**

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

### **Auditor comments, including corrective actions needed if does not meet standard**

The grievance procedure policy, OP 740, states that time frames for allegations of sexual abuse, regardless of when the incident is alleged to have occurred. Inmates are not required to use an informal grievance process, or to otherwise attempt to resolve with staff an alleged incident of sexual abuse.

In addition, AR 740 states that allegations of sexual abuse will not be referred to a staff member who is the subject of the accusation of sexual abuse.

In the twelve months prior to this audit, there were zero emergency grievances filed relating to sexual abuse or sexual assault.

Copies of all grievances referencing PREA allegations are to be forwarded to the Facility PREA Coordinator and the Office of the Inspector General.

Inmates are provided 'New Arrival Information' at intake which details this process.

SCC has not processed any grievances alleging sexual abuse that involved extensions because a final decision was not reached with ninety days, nor were there any cases where SCC requested an extension.

SCC received no grievances alleging sexual abuse filed by inmates in the past twelve months in which the inmate declined third-party assistance or containing documentation of the inmate's decision to decline.

SCC received no emergency grievances nor non-emergency grievances alleged substantial risk of imminent sexual abuse filed in the past twelve months. In addition, since no grievances were filed, no disciplinary action was issued due to an inmate filing in bad faith.

### **SUPPORTING DOCUMENTATION LIST**

115.52 a. AR 740  
OP 740

115.52 b. AR 740

115.52 c. OP 740

115.52 d. AR 740

Grievance Log

115.52 e. AR 740

115.52 f. AR 740

115.52 g. OP 740

Extension of Time Request

### **§115.53 – Inmate Access to Outside Confidential Support Services**

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

#### **Auditor comments, including corrective actions needed if does not meet standard**

Inside the inmate handbook there is a PREA information that details the reporting process as well as access to internal and external resources. This was reviewed in advance of the audit and seen on display during the tour. This number is displayed on posters, pamphlets, the inmate's handbook, policy, staff informational handouts, and in policy. Test calls were made to this number inside the pods. The individual who answered confirmed that these calls were not recorded.

Policy AR/OP 421, outlines the reporting process to include two phone numbers for offenders to call. These phone numbers are likewise posted in all housing units, in the dayrooms and in various other places throughout the complex.

A contract was provided that exists between NDOC and Emotional Support Services Provider. The Contractor provides case management, advocacy, counseling, crisis support and can make a report for the inmate. This information is available in English and Spanish.

#### **SUPPORTING DOCUMENTATION LIST**

115.53 a. AR 421

PREA Pamphlet, English and Spanish

SCC New Arrival information

Posters for Rape Crisis Hotline

115.53 b. AR 421

115.53 c. Crisis Line Contract

### **§115.54 – Third-Party Reporting**

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

#### **Auditor comments, including corrective actions needed if does not meet standard**

Administrative Regulation 421, states that reports of sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment can be made by a third-party on behalf of an offender by calling Just Detention International, the Inspector General, or the Nevada Attorney General. Inmates can also write a letter to the PREA Management Team or call the PREA Reporting line. All of this information is provided to the inmate via multiple educational materials and to inmate families via the public website.

During interviews, nearly all inmates were clear about this line and various reporting procedures.

#### **SUPPORTING DOCUMENTATION LIST**

115.54 a. AR 421

Inmate Pamphlet, English and Spanish

Visiting Room PREA Posters

NDOC Public Website

### **§115.61 – Staff and Agency Reporting Duties**

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

**Auditor comments, including corrective actions needed if does not meet standard**

DOC employees, contract workers and volunteers, according to policy AR 421 and OP 332, shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports and shall immediately and confidentially report to their shift commander or supervisor: Any knowledge or suspicion or information (including third party and anonymous kites, letters and reports) regarding incidents of sexual assault and rape, sexual abuse, sexual harassment and sexual misconduct in a correctional setting; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Sample incident reports from inmate reporting methods were provided and reviewed. Each illustrated compliance.

While conducting interviews with staff, all were aware of the reporting requirements.

**SUPPORTING DOCUMENTATION LIST**

115.61 a. AR 421

OP 332

115.61 b. AR 421

OP 332

**§115.62 – Agency Protection Duties**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Policy AR 421 and Operating Procedure 32, states that any employee, contract worker or volunteer who learns that an offender is subject to a substantial risk of imminent sexual abuse or sexual assault/rape, that person shall take immediate action to protect the offender.

There were no instances in the past twelve months whereas the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

Staff, volunteers and contractors are trained in this standard, as evidence by the training rosters and lesson plans. Likewise, staff who were interviewed at all levels knew of this requirement.

## SUPPORTING DOCUMENTATION LIST

115.62 a. AR 421

OP 332

Memo

### **§115.63 – Reporting to Other Confinement Facilities**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

#### **Auditor comments, including corrective actions needed if does not meet standard**

Policy 421 Procedure states that all facilities will have a policy and procedure in place that upon receipt of an allegation that an inmate was sexually abused while confined at another institution/facility, detention center, jail or juvenile detention facility, the shift supervisors of the institutions that received the allegation shall notify the PREA Management Team immediately and initiate an incident report. This will occur within seventy-two (72) hours of receipt of the information.

The PREA coordinator will notify the institution/facility in which the inmate alleged this incident occurred.

A sample of an incident referral was attached and illustrated compliance.

## SUPPORTING DOCUMENTATION LIST

115.63 a. AR 421

Memo

115.63 b. AR 421

115.63 c. AR 421

115.63 d. AR 421

Memo

## §115.64 – Staff First Responder Duties

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

Policy AR 458, provides staff with a PREA Process Flowchart and Response Plan Guideline for Sexual Assault and Sexual Abuse to develop a written PREA facility response. The process includes, as required by the standard: Separation of the perpetrator and the victim; preserving and protecting the crime scene; forensic evidence preservation (when within time frames) for both the victim and the perpetrator; and other agency required reporting and documentation steps.

The facility provided several samples of PREA reports whereas the documentation illustrates that offenders and victims were separated and the first responder duties were adhered to. A memo from the PREA Facility Coordinator as well was reviewed which indicated that there were no instances at SCC where there was allegations that an inmate was sexually abused.

### SUPPORTING DOCUMENTATION LIST

- 115.64 a. AR 421
- OP 458
- SCC Response Plan Checklists
- Response Sample Reports
- AR 740
- 115.64 b. AR 740

## §115.65 – Coordinated Response

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

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy Medical Directive 117, Sexual Assaults outlines the 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.

## SUPPORTING DOCUMENTATION LIST

- 115.65 a. AR 421  
OP 421  
Medical Directive 117

### **§115.66 – Preservation of ability to protect inmates from contact with abusers**

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

#### **Auditor comments, including corrective actions needed if does not meet standard**

A memorandum was provided from the Office of the Inspector General which indicated that the NDOC does not engage in collective bargaining.

## SUPPORTING DOCUMENTATION LIST

- 115.66 a. Memo

### **§115.67 – Agency protection against retaliation**

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

#### **Auditor comments, including corrective actions needed if does not meet standard**

Policy AR 421 Procedure details the zero tolerance policy they have for acts of retaliation or intimidation. Offenders, staff, volunteers or contract workers have the right to be free from retaliation for reporting sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment and for cooperating with investigations

The Facility PREA Coordinator maintains a log of all those who report and tracks each on scheduled basis to ensure that the offender victims are not retaliated against. He monitors their work, education and housing assignments as well as their disciplinary history to ensure that they are not being sanctioned or reassigned as retaliatory practices. If retaliation has occurred, she will report these suspicions and/or observations to the Office of the Inspector

General. This monitoring is completed for at least 90 days following a report of sexual abuse or sexual assault.

The NDOC employs several protection measures such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with the victim, and emotional support services for offender victims or staff who fear retaliation for reporting sexual abuse, sexual assault, or sexual harassment or for cooperating with investigations.

A retaliation monitoring log was provided and reviewed. Also, a memo was provided indicating that there were no incidents of retaliation found.

#### SUPPORTING DOCUMENTATION LIST

115.67 a. AR 421

115.67c. AR 421

Retaliation Monitoring Log

Interview with PREA Facility Compliance Manager

### **§115.68 – Post-Allegation Protective Custody**

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

#### **Auditor comments, including corrective actions needed if does not meet standard**

Policy OP 573 Procedure states that any employee, contract worker or volunteer who learns that an offender is subject to a substantial risk of imminent sexual abuse or sexual assault/rape, that person shall take immediate action to protect the offender.

The facility may move such offenders with involuntary removal from population housing until an alternative means of separation from likely abuses can be arranged, and such assignment shall not ordinarily exceed a period of thirty (30) days.

Staff that was interviewed was well aware of the requirements surrounding this standard and policy. There were no instances with which this was required during the review period.

#### SUPPORTING DOCUMENTATION LIST

115.68 a. OP 573

OP 421



### §115.71 – Criminal and Administrative Agency Investigations

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

**Auditor comments, including corrective actions needed if does not meet standard**

A copy of the PowerPoint training for Investigators was reviewed with the file. In addition, a training roster for the NDOC was included which showed which staff has been trained, including the two investigators interviewed for the facility.

The Administrative Regulation 421 in detail outlines the investigative process; this includes timeliness, documentation, and use of interpreters, contracted/volunteers employees, victim rights, credibility, preponderance of evidence, retaliation, and discipline/departure of staff.

At SCC there was one substantiated allegation of conduct that appeared to be criminal and which was referred for prosecution.

**SUPPORTING DOCUMENTATION LIST**

- 115.71 a. AR 421  
Training Documents  
NDOC Administrative Investigations Guide
- 115.71 i. AR 421  
Case Log and Information

### §115.72 – Evidentiary Standard for Administrative Investigations

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

**Auditor comments, including corrective actions needed if does not meet standard**

The NDOC Administrative Investigations Guide states that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual assault, sexual abuse or sexual harassment are substantiated.-

Policy AR 421 was reviewed which provides a thorough definition of the preponderance of evidence which is utilized. In addition, a hearing format sheet is attached which also outlines the disciplinary process which requires the establishment of guilt based on a preponderance of the evidence.

Copies of all investigations that occurred at this facility were attached and reviewed. These referenced the preponderance of evidence in its conclusion and based on the documents provides, it appears that this was followed. .

#### SUPPORTING DOCUMENTATION LIST

115.72 a. AR 421

NDOC Administrative Investigations Guide

### **§115.73 – Reporting to Inmates**

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

#### **Auditor comments, including corrective actions needed if does not meet standard**

Operating Procedure 740 states that upon completion of an investigation into sexual abuse the inmate shall be informed of the outcome of the investigation by the Inspector General's Office.

Investigations at SCC are conducted by NDOC Investigators, from the Office of the Inspector General. Findings will then be submitted to the Attorney General, when appropriate.

Further, policy states that if the allegation is against another offender the offender victim shall be notified if the PREA Management Team, Office of the Inspector General learns that the alleged abuser has been charged or convicted on a charge related to sexual abuse or sexual assault within the facility. It also states that if the allegation is against a staff member, the offender victim shall be informed unless it has been determined that the allegation is unfounded, whenever:

- a. the staff member is no longer posted within the offender victims unit;
- b. the staff member is no longer employed at the facility;
- c. And/or the staff member has been charged or convicted on a charge related to sexual abuse or sexual assault within the facility.

During the review period, there has not been a substantiated complaint of sexual abuse by a staff member against an offender.

#### SUPPORTING DOCUMENTATION LIST

- 115.73 a. AR 421  
OP 740  
Victim Notification and Case Management Notes  
Preliminary Incident Report
- 115.73 b. Prison Rape Elimination Act Manual  
AR 421
- 115.73 c. Prison Rape Elimination Act Manual  
AR 421
- 115.73 d. Prison Rape Elimination Act Manual  
AR 421
- 115.73 e. Prison Rape Elimination Act Manual  
AR 421

### **§115.76 – Disciplinary sanctions for staff**

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

#### **Auditor comments, including corrective actions needed if does not meet standard**

Policy AR 421 and Administrative Regulation 339 outline in detail the staff discipline process and categories of reporting. All cases involving sexual assault/rape, sexual abuse and sexual harassment will be referred to the Office of the Inspector general. When appropriate, the OIG will refer such cases to the district attorney for prosecution.

During the twelve months prior to the audit, there was one staff member from the facility who has been terminated for violating agency sexual abuse or sexual harassment policies.

After review of the standard and the documentation provided as well as speaking with staff of all levels, it is the belief of the auditor that the facility is exceeding in the standard. While no manager nor this auditor wants to see any staff member ever be disciplined or

terminated, it is evident that the Warden and management staff take PREA seriously and have taken an approach of zero-tolerance for all violations of reporting, misconduct or non-compliance of the policy and PREA standards.

#### SUPPORTING DOCUMENTATION LIST

- |           |                 |
|-----------|-----------------|
| 115.76 a. | AR 421          |
|           | OP 421          |
|           | AR 339          |
| 115.76 b. | OP 421          |
|           | OIG Spreadsheet |
| 115.76 c. | AR 421          |
|           | OP 421          |
| 115.76 d. | AR 339          |

### **§115.77 – Corrective action for contractors and volunteers**

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

#### **Auditor comments, including corrective actions needed if does not meet standard**

Policy AR and OP 421 indicate that all cases will be referred to the OIG and if appropriate will be referred to the District Attorney for prosecution. In addition, they also state that any contract worker or volunteer who engages in sexual assault/rape, sexual abuse or sexual harassment or retaliates against an offender who reports sexual assault/rape, sexual misconduct and sexual harassment or cooperates with the investigation where such behavior rises to the level of criminal behavior, shall be prohibited from contact with offenders and reported to the OIG or local law enforcement and to relevant licensing bodies.

A memorandum was provided indicating that in the twelve months prior to this audit, there was no contractor or volunteer acts of sexual abuse or sexual harassment at the facility.

#### SUPPORTING DOCUMENTATION LIST

- |           |        |
|-----------|--------|
| 115.77 a. | OP 421 |
|-----------|--------|

AR 421

115.77 b. OP 421

### **§115.78 – Disciplinary sanctions for inmates**

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

#### **Auditor comments, including corrective actions needed if does not meet standard**

Policy indicates that sexual activity between offenders is prohibited and will be disciplined. The definition of sexual assault is that an offender commits this offense when he/she has active or passive contact or fondling which is coerced or forced between his genitals, hands, out, buttocks, or breast or with the use of animate or inanimate objects and the genitals, hands mouth, buttocks, anus or breast of another person. Contact can be with or without clothing being worn by one or both parties.

During the prior twelve months, no incidents occurred whereas there was a criminal finding of guilty and the offender has not been through the Discipline Process.

#### **SUPPORTING DOCUMENTATION LIST**

115.78 a. AR 421

AR 707

OP 421

115.78 d. AR 421

115.78 e. AR 421

AR 707

115.78 f. AR 707

115.78 g. AR 421

## §115.81 – Medical and mental health screenings; history of sexual abuse

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

### **Auditor comments, including corrective actions needed if does not meet standard**

Policy states that there is a Mandatory Disclosure and Information for Behavioral Health Clients. It states that the staff will obtain informed consent from the offender before reporting incidents that did not occur in an institutional setting.

Policy states that initial intake assessments will be completed and should the offender state that he has experienced prior victimization, either inside or outside of an institutional setting, that the offender will be offered follow up within fourteen days.

This information is confidential and strictly limited to medical and mental health clinicians 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 law.

A sample of an offender intake form was reviewed in which the inmate had indicated such prior victimization. The inmate was seen for follow-up by Behavioral Health Staff.

### **SUPPORTING DOCUMENTATION LIST**

- 115.81 c. AR 421
  - OP 613
  - PREA Assessment Worksheet
  - Memo
- 115.81 b. AR 421
  - Mental Health Follow Up Tracker
  - PREA Risk Assessment
  - Medical Directive 316
- 115.81 d. Memo
  - AR 421
  - PREA Report

**§115.82 – Access to emergency medical and mental health services**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy states that clinical services will conduct a cursory assessment of any victim of sexual assault. Urgent and emergent medical care is provided at the facility as needed. Additional medical care is provided during or after the forensic exam. Victims shall receive timely, impeded access to emergency medical treatment and crisis intervention services.

Policy also indicates that treatment services provided to victims shall be without financial cost and shall be regardless if the victim names the abuser or cooperates.

During the review period, SCC has not conducted any assessments for victims of sexual assault.

During two separate interviews with members of medical staff, each was extremely well versed in all areas of this standard. In addition, medical staff interviewed were aware of their roles.

**SUPPORTING DOCUMENTATION LIST**

115.82 a.	OP 613
	Memo
115.82 c.	OP 613
	Memo
115.82 d.	OP 613

## **§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers**

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

### **Auditor comments, including corrective actions needed if does not meet standard**

According to Policy OP 613, acute trauma care will be provided to victims of sexual assault including but not limited to, treatment of injuries, HIV/Aids and testing for STD's. During the time period under review, there was no acute measures necessary due to their being no occurrences. SCC does not house female offenders so section (d) of this standard is not applicable. Medical staffs, as well as management and security supervisors, who were interviewed, were all aware of these requirements.

In addition, OP 613 outlines the medical department's involvement with victims. This type of care will be consistent with the community level of care. In addition, OP 613 states that the evaluation and treatment will include, as appropriate, follow-up service, treatment plans, and when necessary, referral for continued care following transfer to other facilities or their release from custody.

### **SUPPORTING DOCUMENTATION LIST**

115.83 c.	OP 613
115.83 d.	OP 613
115.83 e.	OP 613
115.83 f.	OP 613
115.83 h.	613

## **§115.86 – Sexual abuse incident reviews**

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



### **Auditor comments, including corrective actions needed if does not meet standard**

Policy, states that the facility will conduct a PREA Audit at the conclusion of any investigation, even if it has not been substantiated. If an allegation is unfounded, the PREA incident audit does not need to be completed. The policy continues to outline the review process. A facility incident review computer generated sheet is utilized. This form contains prompts for all pertinent information required as per the standard but, in addition, includes all information necessary for data collect and the Survey of Sexual Violence. The review also reviewed all required areas relating to the incident, cameras, staff response, investigation, demographics, and the facility operations as a whole. This exceeds the standard and provides for a clear summary, overview and demographically analysis of the cases.

A sample Facility Incident review was attached to illustrate compliance. Said Review was relating to an incident that occurred during the review period. No corrective action was identified from any incident reviews that were conducted. All staff involved signed a confidentiality agreement. The review included all necessary reviews as required by the standard.

Ordinarily, these reviews will be within 30 days of the incident. Involved in the reviews are upper management officials, with input from supervisors, investigators, medical or mental health professionals, case management supervisors and intelligence officers. Interviews with the aforementioned specialized staff corroborated that these occur and the process.

#### **SUPPORTING DOCUMENTATION LIST**

115.86 c.	AR 421
	OR 421
115.86 b.	AR 421
115.86 c.	AR 421
115.86 d.	AR 421
115.86 e.	OR 421

### **§115.87 – Data Collection**

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

**Auditor comments, including corrective actions needed if does not meet standard**

A matrix was provided and reviewed which shows all the crime types, definition, and elements, as well as BJS Reporting relating to each type of PREA related incident/occurrence.

The 2015 SSV was provided to show that the facility has reported the incident to the Department of Justice. The DOC website has previous years SSV Reports.

Policy AR 421, Prison Rape Elimination Procedures outlines the aggregating and reporting requirements for the agency relating to incident-based sexual assault/rape, sexual abuse and sexual harassment at least annually. The reports are completed in part, at the facility level and compiled, reviewed and maintained at the agency level for the entire State.

The Agency PREA Coordinator thoroughly outlined this process during her interview and clearly was extremely knowledgeable in the process.

**SUPPORTING DOCUMENTATION LIST**

- 115.87 c. SSV Data Collection  
Survey of Sexual Violence, 2014 and 2015
- 115.87 b. AR 421
- 115.87 d. AR 421
- 115.87 e. AR 421
- 115.87 f. AR 421
- NDOC PREA incidents

**§115.88 – Data Review for Corrective Action**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Policy AR 421, outlines the process by which the PREA Coordinator will collect and aggregate data, identify problem areas, recommend corrective action, and prepare an annual report. It states that the PREA Coordinator will prepare an annual report of findings and corrective actions for each facility as well as for the agency as a whole. It shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual assault/rape, sexual abuse, and

sexual harassment. It will be approved by the Director and made public through the agency's website.

The 2013 and 2014 annual report was provided and reviewed. All required elements as per the standard and the policy are present. This report contained the corrective actions that NDOC and the facilities took during the review period.

#### SUPPORTING DOCUMENTATION LIST

- |           |                                  |
|-----------|----------------------------------|
| 115.88 a. | AR 421                           |
|           | 2013 and 2014 PREA Annual Report |
| 115.88 b. | AR 421                           |
|           | 2013 and 2014 PREA Annual Report |
| 115.88 c. | Website                          |
|           | 2013 and 2014 PREA Annual Report |
| 115.88 d. | AR 421                           |

### **§115.89 – Data Storage, Publication, and Destruction**

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

#### **Auditor comments, including corrective actions needed if does not meet standard**

Policy AR 421, states that personal identifying information will be removed prior to information being placed on the public website. Also, all claims of sexual assault, rape, sexual abuse, sexual misconduct and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation finds, and recommendations for post-release treatment and/or counseling are retained by the Officer of the Inspector General or NDOC forever. The records Retention Matrix further illustrated this. Lastly, the Annual Reports from 2012 and 2013 were provided and reviewed. This information is also available on the DOC Website and after review it was seen that all personal identifiers have been removed.

#### SUPPORTING DOCUMENTATION LIST

- |           |        |
|-----------|--------|
| 115.89 b. | AR 421 |
|-----------|--------|

NDOC PREA website instructions

Website

115.89 c.

AR 421

PREA Incidents DOC 2013 and 2014

PREA Manual

**AUDITOR CERTIFICATION:**

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.



Jillian Shane

Auditor Signature



Date