

PREA AUDIT: AUDITOR'S FINAL REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



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

Name of facility: Three Lakes Valley Correction Center (TLVCC)

Physical address: 20825 Cold Creek Road, Indian Springs, Nevada 89070

Date report submitted:

Auditor Information Jillian Shane

Address: 615 First Street NW, Albuquerque, New Mexico 87102

Email: Jillianshane@state.nm.us

Telephone number: 505-383-2993

Date of facility visit: March 20-24, 2017

Facility Information

Facility mailing address: (if different from above) 20825 Cold Creek Road, Indian Springs, Nevada 89070

Telephone number: (775) 887-9310

The facility is:

<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		

Facility Type: Jail Prison

Name of PREA Compliance Manager: Monique Hubbard-Pickett

Title:

PREA Facility Coordinator

Email address: mhubbardpickett@doc.nv.gov

Telephone number:
702-879-1273

Agency Information

Name of agency: Nevada Department of Corrections

Governing authority or parent agency: (if applicable) Not Applicable

Physical address: 5500 Synder Ave., Stewart Complex Bldg. 17, Carson City, NV 89701

Mailing address: (if different from above)

Telephone number: 775-887-3285			
Agency Chief Executive Officer			
Name:	James Dzurenda	Title:	Director
Email address:	jedzurenda@doc.nv.gov	Telephone number:	702-486-9910
Agency-Wide PREA Coordinator			
Name:	Pamela Del Porto	Title:	Inspector General
Email address:	pdelporto@doc.nv.gov	Telephone number:	775-887-3395

AUDIT FINDINGS

NARRATIVE:

The PREA audit of Three Lakes Valley Correction Center (TLVCC), a facility within the Nevada Department of Corrections, was conducted on March 20-24, 2017.

On Monday, March 20, an entrance meeting was held where introductions were made. The following staff was in attendance:

Minor Adams, Associate Warden

Jo Gentry, Warden

Jillian Shane, Certified PREA Auditor

Willie Flores, Audit Staff

Robin Bruck, Audit Staff

Shakayla St. Mary, Lieutenant

Kyle Groover, Lieutenant

Deborah Striplin, PREA Program Officer, NDOC

Jeremy Byrnes, Sergeant

Loren Chanuelin, Lieutenant

Monique Hubbard-Pickett, CCSIII/PREA Compliance Monitor

Frank Defesen, Associate Warden

After the meeting, a thorough tour of the entire institution 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:

Southern Desert Correctional Center
(SDCC)
&
Three Lakes Conservation Camp
(TLVCC)

During March 20-24, 2017, 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 SDCC / TLVCC 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 facility on February 15. 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 no inmate letters.

In addition, the auditor received a secured, encrypted flash drive from the Office of the Inspector General the week of March 8, 2017. This had the PAQ and file information for the PREA Standards. While reviewing this documentation, prior to the on-site visit, it was seen that much of the paperwork required for the standards was not included. This made it extremely difficult for the auditor to prepare. The auditor sent numerous emails, prior to the on-site portion requesting documentation.

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 13 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. 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 two from each housing unit. Also, during the tour and subsequent visits, additional inmates were questioned and informally spoke to.

A debrief was held prior to the auditors leaving the on-site portion of the audit. This included:

Jo Gentry, Warden

Jillian Shane, Certified PREA Auditor

Willie Flores, Audit Staff

Robin Bruck, Audit Staff

Shakayla St. Mary, Lieutenant

Kyle Groover, Lieutenant

Deborah Striplin, PREA Program Officer, NDOC

Monique Hubbard-Pickett, CCSIII/PREA Compliance Monitor

Frank Defesen, Associate Warden

FACILITY OVERVIEW

The Three Lakes Valley Correction Center (TLVCC) is a minimum custody facility, located approximately forty miles north of Las Vegas and near Southern Desert Correctional Center (SDCC) and High Desert State Prison at Indian Springs. This institution initially opened in 1982 as Indian Springs Conservation Camp with the opening of SDCC. At that time, the facility housed a male inmate population in an open bay facility. The institution opened with a 108 capacity, but was expanded to 150 beds in 1990. In 1994, the camp layout was restructured for better security and the capacity was increased to 248 inmates. In 2008, the facility was renamed Three Lakes Valley Correction Center (TLVCC), and in 2010, the older structures at TLVCC were replaced with new and expanded facilities that increased its total capacity to 384 inmates. The inmates at TLVCC support the Nevada Division of Forestry (NDF) program for conservation and fire suppression with twelve-man crews. In addition to the NDF program, there is the Program of Regimental Discipline (commonly known as the "Boot Camp") which routinely accommodates about seventy-five offenders in a military style program that includes intensive instruction in discipline, respect, motivation, leadership, life skills, substance abuse counseling, and physical exercise as an alternative to standard incarceration.

Facility Demographics

Rated Capacity:	2241
Actual Population on first day of audit:	259
Security/Custody level:	Medium/Close
Age range of offenders (yrs):	18-80 (yrs)
Gender	Males

Number of full time staff:	332
Number of Physical Plant Buildings:	24
Number of Segregation Cells:	196

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	3
Number of standards met:	40
Number of standards not met:	0
Total	43

§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 TLVCC - Nevada Department of Corrections has a zero tolerance policy regarding sexual misconduct to include sexual harassment, sexual assault, sexual abusive contact and consensual sex.

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

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) 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 Administrator and the Facility PREA Compliance Manager. The Agency Level PREA Coordinator (PREA Administrator) is extremely versed with PREA. In addition, she currently serves as the Head of the Western States Consortium for cycle two 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 Administrator, as well, has a large knowledge base and is involved in numerous other trainings and certifications regarding the topics of advocacy and investigations. The approach she has taken is seen as exceeding the standard on many levels.

The institutional/facility PCM expressed during her interview that although she is designated as the PREA Compliance Manager for TLVCC and she is also the PCM for Southern Desert Correctional Center (SDCC). These duties are in addition to her role as the CCCS III for the facility. During the interview, she stated that she did not possess the time to complete all her PREA PCM associated duties as well as her duties as CCCS III. As evidenced through the documentation submitted prior to the audit, and then again on-site during the review and by her own admittance, she failed to complete numerous tasks such as completion of the inmate retaliation monitoring, the maintaining and the review of the PREA Case Log and follow up on the inmate intake screenings.

The Auditor discussed this finding with the Warden and the Agency PREA Coordinator. Corrective action was discussed to include and the facility assigned a lieutenant to oversee the PREA functions at this facility. The benefit of this, which the facility successful did, is that they will have a designated individual, on-site to oversee PREA functions at this facility.

SUPPORTING DOCUMENTATION LIST

- | | |
|-----------|---|
| 115.11 a. | OP 421 |
| 115.11 b. | TLVCC Organizational Chart
Interview with PREA Administrator
Position Description, PREA Administrator |
| 115.11 c. | OP 421
TLVCC Organizational Chart
Position Description, PREA Compliance Manager
Interview with PREA Compliance Manager |

§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 TLVCC is a State facility and does not contract with other entities for the confinement of offenders. At the time of the on-site portion of the audit, the State of Nevada did not contract, Agency wide, at any location for the confinement of the offenders. An RFP was in discussion for a possible contract.

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

TLVCC 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. Administrative Regulation 326 also states that Wardens/Facility managers are responsible to ensure there is sufficient staff on duty to safely operate their institutions and facilities.

The Facility PREA Compliance Manager provided departmental rosters for review, which illustrates compliance with required staffing. A memo was provided from the Warden which stated that during the twelve (12) month preceding the audit, there were no instances whereas TLVCC deviated from the staff plan.

Operation Procedure 400 for TLVCC further states that all administrative tour officers will conduct and document unannounced rounds to identify and deter inmate and staff sexual abuse and sexual harassment. Tour shall be annotated in NOTIS for General PREA Entry. 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 does 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

TLVCC 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

OP 400

TLVCC Shift Log

TLVCC 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 the 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

§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. Some areas involved suggestions from the audit team to add additional curtains or raise privacy screens. The facility was prompt in making all suggested changes and provided the auditor with pictures and allowed the audit team to review prior to the departure of the on-site portion of the audit.

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, TLVCC 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

§115.18 – 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.

TLVCC has not had any camera upgrades in the past three years. During specialty staff interviews, number staff stated that when placing cameras at any time, however, sexual safety as well as the privacy of inmates would be taken into consideration.

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

SUPPORTING DOCUMENTATION LIST

115.18 a. AR 421

115.18 b. AR 421

Camera Installation Dates and Maps

Notice of Completion, Surveillance Cameras and Recording Devices

§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 TLVCC 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 9 allegations of sexual abuse and sexual harassment reported at TLVCC. Of those, according to the FAQ, nine (9) allegations resulted in an administrative investigation. None of these were referred for criminal investigation.

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

SUPPORTING DOCUMENTATION LIST

- 115.22 a. AR 421
 Memo
 AR 740
- 115.22 b. AR 421
 Incident Log
 Incident Reports
 NDOC Website
- 115.22 e. AR 421
 OP 421

§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 unknown and was unable to be produced. The PAQ that was provided indicated that 100 percent of the staff at TLVCC were trained. However, during the on-site portion of the audit, the audit team drove to the training academy to speak with Training Manager for the State/Agency and audit a randomly selected sample of staff. The team selected and pulled files at random and noted: some files were missing, security staff files seemed to be more thorough than non-security, files were not in order and difficult to navigate through as they were not in order or consistent, and they system for training staff is extremely confusing. An interview with the

EDM found that: he is responsible only for security staff and not non-security pre-service and annual training. For this reason, there is no way to show the auditor that 100 percent of staff are trained. Further, there is no system for tracking staff and whether or not they participate in the annual required training. Staff is on an honor system and can schedule and cancel as they wish and the EDM does not follow through with Warden's to ensure that all staff are trained annual. According to the EDM, the responsibility is not his, it is each Warden's. After this discussion, the audit team was unable to verify that all staff has been trained and it was clear that there is a break down at the agency level.

CORRECTIVE ACTION: The total number of staff trained on the topics above is unknown and was unable to be produced. The PAQ that was provided indicated that 100 percent of the staff at SDCC were trained. However, during the on-site portion of the audit, the audit team drove to the training academy to speak with Training Manager for the State/Agency and audit a randomly selected sample of staff. The team selected and pulled files at random and noted: some files were missing, security staff files seemed to be more thorough than non-security, files were not in order and difficult to navigate through as they were not in order or consistent, and they system for training staff is extremely confusing. An interview with the EDM found that: he is responsible only for security staff and not non-security pre-service and annual training. For this reason, there is no way to show the auditor that 100 percent of staff are trained. Further, there is no system for tracking staff and whether or not they participate in the annual required training. Staff is on an honor system and can schedule and cancel as they wish and the EDM does not follow through with Warden's to ensure that all staff are trained annual. According to the EDM, the responsibility is not his, it is each Warden's. After this discussion, the audit team was unable to verify that all staff has been trained and it was clear that there is a break down at the agency level.

For corrective action, documentation must be provided to the auditor to illustrate that 100 percent of staff are trained. Further, the Agency will address the process to ensure, moving forward that no staff is missed either upon hiring (pre-service) or annually for the requirement.

A complete audit was completed of all staff training files. Staff that was identified to be missed was re-trained, and all documentation was updated in the employee files. Verification and sign in sheets and staff acknowledgments for every staff member at the facility were sent to the auditor to illustrate compliance.

Nevada DOC has purchased and is in the process of implementing a computer software package that will provide for an online and real time tracking for all staff, to include custody and non-custody. Once it is being used, each class attendance can be tracked for participate as well as can generate reports for which staff members have or have not attended a particular class. The software, by Crown Pointe Technologies, has been used in law enforcement and public safety for years and is capable of tracking all classes required and certifications, not just PREA related.

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.
- 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. 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.

At the front desk, where ALL visitors and contractors must sign a sign in and out sheet. This sheet has a reminder of requirements of PREA on it and it is signed for each and every visit. It states on the top "ZERO TOLERANCE POLICY: The Department of Corrections 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 abuse 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 criminal prosecution. The Department shall take a proactive approach regarding the prevention, detection, response and punishment of any type of sexual contact. Signature or initialing below indicates acknowledgment of this policy.” This form is in addition to the training acknowledgment that is signed and far exceeds the requirements of this standard as a best practice.

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 inmate interviews at TLVCC, nearly all inmates indicated that when they arrived at the facility, they were asked if they previously watched the PREA comprehensive education video and if they did at High Desert, there were told just to sign a form of acknowledgment.

CORRECTIVE ACTION: To ensure all inmates receive education, as per all subsections of this standard, prior to the audit team leaving the facility, the PCM: Re-educated all inmates and had them sign acknowledgments. The staff obtained signatures from each inmate housed at TLVCC. Their signature acknowledged their receipt of the comprehensive education program and the supporting education materials

To ensure this does not occur again, the facility developed a process to ensure that all inmates are provided the required documentation and ensure that they view the video (or comprehensive education) as required by the standard. Each month, the auditor was sent a list of each month intakes and the supporting documentation to illustrate that they saw the video.

SUPPORTING DOCUMENTATION LIST

- 115.33 a. AR 421

 TLVCC 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

 TLVCC New Arrival Information

 TLVCC 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.

TLVCC have 20 assigned investigators. The training roster for each was provided which documented their completion of the course.

An interview was conducted with an investigator during the on-site visit. He was extremely knowledgeable of the processes required.

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.

As of the date of the audit, a total of thirty-five (35) medical and mental health staff were assigned and the training NIC certificates were reviewed for each.

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 where extremely well versed in the procedures and the training topics as they related to response and inmate care. There was confusion during the mental health interviews as the questions were asked regarding standard 115.81 (a corrective action will only be assessed on that specific standard).

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.

During the audit, based on the inmate rosters provided by the PCM, the auditors selected 25 inmates at random to review their inmate files to see their inmate intake date, their education acknowledgment, their 72 hour screening and their 30 day screenings. Of those selected, only half had the screenings completed as required by the standard.

In addition, during the inmate interviews, many inmates recalled being screened upon intake and at other facilities. Some stated they do not recall it within 30 days but it is sometimes done during the year.

CORRECTIVE ACTION: During the audit, based on the inmate rosters provided by the PCM, the auditors selected 75 inmates at random to review their inmate files to see their inmate intake date, their education acknowledgment, their 72 hour screening and their 30 day screenings. These were divided into 5 boxes of files. Two were reviewed and of the 2 (30 inmates total) on one met all of the requirements of this standard. It should be noted, however, that EVERY inmate was screened with in the 72 hour requirements (most the same day they were admitted and prior to being housed). The Case Manager who handles all intake screenings (72) was extremely knowledgeable about the requirements of this standard and her role.

In addition, during the inmate interviews, many inmates recalled being screened upon intake and at other facilities. Some stated they do not recall it within 30 days but it is sometimes done during the year.

For corrective action, the facility ran roster and reviewed each inmate to determine how many are not in compliance. They then re-screened all those who are out of compliance. The spreadsheet was forwarded to auditor which detailed every inmate in the institution, their original 72 hour screening and their 30 day/follow-up screening. Each inmate who was out of compliance was screened again and added to spread sheet. All re-screens were sent to the auditor to show that they were completed.

A training was conducted a training for all the Case Managers to ensure they are all aware of the requirements, sign in sheets were forwarded to the auditor for review. Each week during the corrective action period, the facility sent the auditor a weekly log of all new intakes and their screenings. As the thirty day marker approached, they began send those to auditor as well. The auditor reviewed each week and saw that the facility was and continues to be in full compliance with all provisions of this standard.

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 one staff member to the placement and movement of the inmate population. While interviewing this staff member 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 PREA Resource Guide is available in the library. This book details reporting information, internal and external contacts that they may call or write at both local and national levels,

and has excellent information for offenders who are victims. It is available in both English and Spanish.

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

Test calls were made by the audit team from three different inmates areas, and all were returned. In addition, the internet email address that allows for inmates families and friends to report on their behalf, was tested by the audit team and responded to.

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.

TLVCC has processed one grievance alleging sexual abuse.

TLVCC has had zero grievances that involved extensions because a final decision was not reached with ninety days, nor were there any cases where TLVCC requested an extension.

TLVCC 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.

TLVCC 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
 - TLVCC 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 procedure.

A test email from the third party email address available online, was successfully and timely responded to.

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 four instances at TLVCC where there was allegations that an inmate was sexually abused.

SUPPORTING DOCUMENTATION LIST

- 115.64 a. AR 421
- OP 458
- TLVCC 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 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 should maintain a log of all those who report and tracks each on scheduled basis to ensure that the offender victims are not retaliated against. The required form allows for her to monitor 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. When asked to provide samples, the PCM told the auditor that she was not completing this due to not having enough time.

CORRECTIVE ACTION: To ensure this facility would come into compliance with this standard, they conducted re-training for the PCM and the new PCM and the Agency staff ensured they are aware of these requirements. The auditor was sent all new cases during the CA and the retaliation monitoring with supporting documents to ensure it is being completed. In addition, to ensure no past retaliation was missed, the facility completed all monitoring for all cases that have been on-going or closed in the past year to ensure the inmates have not been retaliated against. All of these reviews were sent to the auditor with supporting documentation.

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 TLVCC there were no substantiated allegations 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 TLVCC are conducted by NDOC Investigators, from the Office of the Inspector General. Findings will then be submitted to the District Attorney, 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 learn 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
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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.

During the specialized staff interviews, with Mental health staff (2 of the 4), each of the staff interviewed stated that they DO NOT obtain informed consent nor is there a form for such a thing for this information. They told the auditor that they share ALL sex related topics with the case managers and PCM. In addition, they mentioned a book log that they maintain in the Mental Health area where they log all these visits. The Auditor went to this areas to review the log. The log book was on a cabinet as soon as you walk in office and simply labeled 'PREA'. In the book, were forms that covered ALL sexual abuse and victimization histories, whether or not it occurred in an institutional setting and whether or not it was disclosed during a PREA Screening. Some inmates disclosed during the Psych Medicine reviews a prior history and these were documented and forwarded without the required informed consent.

When asked who had access to this room due to the sensitive information in this binder it was stated that mostly MH staff and Maintenance. In addition, sometimes if staff needed space they may use it.

CORRECTIVE ACTION: The following was determined by the facility and auditor to be necessary for corrective actions and to gain compliance with this standard: Re-educate the staff assigned as to the PREA Standard and Policy requirements on informed consent and provide the auditor with copies of acknowledgment; Immediately cease the practice of the use of the log book and forwarding of matters not disclosed during a screening; Develop a clear process of

communication between case managers and MH staff as required in (a-c) of this standard. The documentation of the new processes were sent to the auditor as well as acknowledgment of this training .

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 |
| 115.81 e. | AR 643 |
| | PREA Assessment Worksheet |

§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, TLVCC has not conducted any assessments for victims of sexual assault. There was one instance in the reporting period where an inmate was offered to be sent off site for an exam. The inmate refused and this documentation was reviewed by the auditor.

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 was 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. TLVCC 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 prior to the review period since no incidents required a review during the proceeding twelve months. 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

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|-----------|----------------------------------|
| 115.88 a. | AR 421 |
| | 2015 and 2016 PREA Annual Report |
| 115.88 b. | AR 421 |
| | 2015 and 2016 PREA Annual Report |
| 115.88 c. | Website |
| | 2015 and 2016 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