

PREA Facility Audit Report: Final

Name of Facility: Wells Conservation Camp

Facility Type: Prison / Jail

Date Interim Report Submitted: 05/26/2023

Date Final Report Submitted: 12/18/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Nancy L. Hardy	Date of Signature: 12/18/ 2023

AUDITOR INFORMATION	
Auditor name:	Hardy, Nancy
Email:	Nancy.Hardy@cdcr.ca.gov
Start Date of On-Site Audit:	04/12/2023
End Date of On-Site Audit:	04/13/2023

FACILITY INFORMATION	
Facility name:	Wells Conservation Camp
Facility physical address:	HC 67-50, Wells, Nevada - 89835
Facility mailing address:	

Primary Contact	
Name:	Robert Downey
Email Address:	rdowney@doc.nv.gov
Telephone Number:	(775) 478-5120

Warden/Jail Administrator/Sheriff/Director	
Name:	W.A. "Bill" Gittere Warden
Email Address:	wgittere@doc.nv.gov
Telephone Number:	775-977-5606

Facility PREA Compliance Manager

Facility Characteristics	
Designed facility capacity:	150
Current population of facility:	96
Average daily population for the past 12 months:	36
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	20 to 54
Facility security levels/inmate custody levels:	Minimum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	13
Number of individual contractors who have	0

contact with inmates, currently authorized to enter the facility:	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	2

AGENCY INFORMATION	
Name of agency:	Nevada Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	3955 W. Russell Road, Las Vegas, Nevada - 89118
Mailing Address:	
Telephone number:	725-216-6000

Agency Chief Executive Officer Information:	
Name:	Charles Daniels
Email Address:	cdaniels@doc.nv.gov
Telephone Number:	725-216-6010

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

Facility AUDIT FINDINGS
Summary of Audit Findings
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and</p>

include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

44

Number of standards not met:

1

- 115.71 - Criminal and administrative agency investigations

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-04-12
2. End date of the onsite portion of the audit:	2023-04-13

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Victim Advocate from Signs of Hope SANE from Renown Hospital, Reno, NV

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	150
15. Average daily population for the past 12 months:	54
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	98
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>This was a working fire camp until September 2022, at which time, the fire-fighting functions of the camp were discontinued. The camp now houses low level general population inmates. It is very remote and has very limited access to medical/mental health services.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>13</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>2</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>There was one vacant position while the audit team was on-site.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>20</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The auditor requested a list of all inmates assigned at the camp, to include their ethnicity. This list was used to randomly select inmates for interview/file reviews. She ensured that inmates of all races were selected for interview. She also ensured that inmates from all three wings of the housing unit were selected for interview. The time at the facility was a non-factor, as the entire population at the facility changed during September of 2022.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor handbook requires 8 random inmates and 8 targeted inmates. There were no inmates at the facility who met any of the targeted categories. A total of 20 random inmate interviews were conducted.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>0</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>While on-site, the audit team had brief interactions with several inmates and formally interviewed 20 inmates. We did not observe any inmates with a physical disability. The auditors were told that due to the remoteness of this camp, these types of inmates would generally not be assigned at WCC.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>While on-site, the audit team had brief interactions with several inmates and formally interviewed 20 inmates. We did not observe any who appeared to have a cognitive or functional disability. Through discussions with staff, the auditors learned that due to the remoteness of this camp, these types of inmates would generally not be assigned to WCC.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>While on-site, the audit team had brief interactions with several inmates and formally interviewed 20 inmates. We did not observe any inmates who appeared to have vision limitations or were blind. The auditors learned, through discussions with staff, due to the remoteness of this camp, these types of inmates would generally not be assigned to WCC.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>While on-site, the audit team had brief interactions with several inmates and formally interviewed 20 inmates. We did not observe any inmates who appeared to have hearing limitations or were deaf. Through discussion with staff, the auditors learned that due to the remoteness of this camp, these types of inmates would generally not be assigned to WCC.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>While on-site, the audit team had brief interactions with several inmates and formally interviewed 20 inmates. We did not observe any inmates who were limited English proficient. This was also discussed with staff.</p>

<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>While on-site, the audit team had brief interactions with several inmates and formally interviewed 20 inmates. We also spoke with staff and were told there were no inmates assigned at the camp who identified as gay or bisexual.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>While on-site, the audit team had brief interactions with several inmates and formally interviewed 20 inmates. We also spoke with staff and were told there were no inmates assigned at the camp who identified as transgender or intersex.</p>

<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There was one sexual abuse allegation during the audit period. The inmate was rehoused in a more secure facility after completing the forensic medical examination.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This information was verified via a conversation with the PREA Coordinator. She checked the records and confirmed.</p>

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not have a segregated housing section. It is all dormitory style housing.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>Since there were no target inmates to interview, the audit team conducted additional random interviews.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>9</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The facility had a total of 13 staff assigned and 1 vacant position during the on-site portion of the audit. The audit team interviewed every staff member who was on duty on all three watches on both days of the on-site visit. The Camp Commander completed several specialized interviews, and the auditor chose not to conduct a random interview with him. Based on this, 9 random staff interviews were completed. There were 3 staff who were away from the institution during our two-day visit.</p>
---	---

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>14</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	<p>The audit team did not complete interview protocols for staff who conduct unannounced rounds because all supervisors at the facility are assigned in the same building as where the living quarters are located. This was explained in the audit report.</p> <p>The audit team did not complete interview protocols for first responders because the question is similar to one asked on the random interview protocols, so it was not necessary to repeat a similar question.</p> <p>There are no medical or mental health staff assigned at this facility.</p> <p>The investigator interviewed could be responsible to complete administrative or criminal investigations.</p> <p>The volunteer that was interviewed provided NA/AA services at the facility.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

a. Explain which critical functions you were unable to test per the site review component of the audit instrument and why:

The auditor did not observe the intake process, as there were no transports scheduled during the on-site portion of the audit. The auditor did not test the translation services line because there were no non-English speaking inmates housed at the facility. The auditor observed the risk screening processes (initial and 30-day follow up). She tested the reporting hotline and emotional services line.

<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The auditor utilized the names of the inmates interviewed for the files to be reviewed. The auditor reviewed the records for all 13 of the staff assigned at the facility.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	0	1
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	0	0	1

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	1	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	0	0	0

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

1

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no allegations of sexual abuse during the audit period.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The one inmate on inmate sexual abuse investigation remains on-going at this time. The agency is waiting on results of DNA tests from the laboratory to determine the next steps to be taken. At this time, it is not known if this will be a criminal investigation or remain administrative.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:

1

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Identify your state/territory or county government employer by name:

California Department of Corrections and Rehabilitation

Was this audit conducted as part of a consortium or circular auditing arrangement?

Yes

No

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.11 - Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator.</p> <p><u>Policy:</u></p> <p>The policy outlining Zero Tolerance is found in Administrative Regulation (AR) 421, Prison Rape Elimination Act (PREA), updated on August 30, 2022. This policy outlines the agencies zero tolerance and includes sanctions for those who violate the zero tolerance policy. The policy further outlines implementation of the agency’s approach to prevent, detect, and respond to sexual abuse and sexual harassment. The 12-page policy provides definitions of prohibited behaviors and a description of agency strategy and response to reduce and prevent sexual abuse and harassment of offenders. In section 421.01, it states the Department has a zero tolerance policy for any form of sexual misconduct to include staff, contractor, or volunteer on offender or offender on offender sexual harassment, sexual assault, sexual abusive contact, and consensual sex. Any staff member/contractor/volunteer who engages in, fails to</p>

report, or knowingly condones sexual harassment or sexual contact with or between offenders shall be subject to disciplinary action and may 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. The Department prohibits retaliation against any person because of his/her involvement in reporting or investigation of a complaint.

In addition, Operational Procedure (OP) 421, Custodial Sexual Misconduct, Sexual Offenses and PREA, addresses the local responsibilities for managing this policy. It reads: The Warden will ensure this procedure is reviewed and updated at least annually. The Associate Wardens will ensure that their subordinate supervisors are trained to perform and enforce this procedure. Supervisors will ensure that their subordinate staff members are trained to perform and enforce this procedure. Staff members will know, comply with, and enforce this procedure. If, and where applicable, inmates will know and comply with this procedure.

NDOC Prohibitions and Penalties was provided. On pages 13 - 15, it addresses penalties related to staff misconduct for Sexual Misconduct with or Sexual Abuse or Harassment of Inmates.

115.11(a)

The facility reported, via the Pre-Audit Questionnaire (PAQ), that it has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, sanctions for those found to have participated in prohibited behaviors, and a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

The Agency Mission Statement is as follows: It is the mission of the Nevada Department of Corrections (NDOC) to protect society by maintaining offenders in safe and humane conditions while preparing them for successful reentry back into the community. We operate as one team, proud of our reputation as leaders in corrections. Our staff will utilize innovative programming that will focus on education, mental health, substance abuse treatment, and vocational training as the cornerstone to an offender's rehabilitation.

On the first day of the on-site visit, the auditor was provided with a schematic (layout) of facility. This document was utilized during the tour to ensure we visited all areas of the facility.

The auditor was provided with a list of staff in the facility, showing their assigned shift and classification, for selection of staff for interviews. There are a total of 14 positions at Wells Conservation Camp (WCC), one of the position was vacant at the time of our visit. The audit team interviewed every staff who was on shift during the two days we were at the facility, including graveyard shift.

The auditor was provided with a list of inmates by housing unit for selection of inmates for interviews. The count on the first day of the on-site portion of the audit was 98 inmates.

The auditor was provided with copies of the PREA English and Spanish posters which were last updated in March 2018. The poster provides the inmate population with information about the policy. It tells them how to report including sending the complaint to the third-party agency.

115.11(b)

Via the PAQ, the auditor learned that the agency employs an agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The position of the PREA Coordinator is in the Agency's organization structure, within the Office of the Inspector General (OIG).

The auditor was provided with a copy of the Agency Organizational Chart. The Organizational Chart provided was last updated in 2023. It shows the Inspector General reports directly to the Director of Corrections. A second org chart was provided specifically for the PREA function. It shows the PREA Coordinator reporting directly to the Inspector General. The auditor was also provided with an org chart for WCC.

The PREA Coordinator was interviewed via the telephone on Thursday, April 13, 2023 at 8:30 am. When asked if she had enough time to complete all of her PREA related responsibilities, she stated "Yes" and "No". She indicated that being the only certified auditor for the agency and being responsible to provide 4-6 audits a year in addition to working with her facilities to maintain compliance with PREA Standards has been very difficult. She indicated she has been short one staff member which really increased her workload, but that recently an additional staff member was hired. She feels like that will give some relief, when the new person is properly trained. She does not directly supervise the PREA Compliance Managers at any of the facilities.

She stated she interacts with PREA Compliance Manager's on a daily basis via the telephone and email. She is in the process of planning a video meeting with all of the PREA Compliance Managers and their back-ups, but believes it will probably be summer or fall before it actually happens. She stated that when an issue arises, she works with the facility or all facilities, depending on the nature of the issue, to address and correct the compliance issue.

The auditor was also provided with a copy of a memoranda issued by the Director of the NDOC dated January 14, 2021. It identifies the agency-wide PREA Coordinator and outlines her authority. It was distributed to all NDOC staff.

115.11(c)

The facility reported, via the PAQ, that it has designated a PREA Compliance Manager (PCM). The PCM has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The position of the PCM is in the facility's

	<p>organization structure and that person reports to the Associate Warden at the parent institution.</p> <p>The Organizational Chart provided is for the statewide level. The auditor requested and received an Organizational Chart for the camp, while on-site.</p> <p>The PREA Compliance Manager was interviewed on Wednesday, April 12, 2023 at 1:10 pm. He indicated that he has adequate time to manage his PREA related responsibilities.</p> <p><i>The auditor has determined through review of policies and documentation, as well as interviews with staff, that the facility has demonstrated substantial compliance with this Standard.</i></p>
--	--

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.12 - Contracting with Other Entities for the Confinement of Inmates.</p> <p><u>115.12(a)</u></p> <p>The facility reported, via the PAQ, that the agency has not entered into or renewed any contracts for the confinement of inmates since the last PREA audit.</p> <p>The auditor was provided with a memorandum authored by the Agency PREA Coordinator dated January 28, 2021 which states that NDOC inmates were previously housed in Eloy Arizona, but in November 2020 all of those inmate were returned to NDOC facilities. It states the contract has expired and there are no plans to renew it.</p> <p><u>115.12(b)</u></p> <p>The agency contract administrator was interviewed, via the telephone, on Friday, April 7, 2023 at 10:45 am. He indicated that they do not currently have any contracts for their inmates to be housed out of state. He stated that if they did, he would be responsible to conduct the contract monitoring. He stated he would work with the PREA Coordinator to identify the areas that would be addressed during monitoring.</p> <p><i>This standard is not applicable, as the agency does not currently contract with other facilities to house their inmate population.</i></p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.13 - Supervision and Monitoring.</p> <p><u>Policy:</u></p> <p>The policy on Supervision and Monitoring is found in AR 326, Posting of Shifts/ Overtime. In Section 326.04, Annual Staffing Review, it states that at least once every year the institutions and facilities in collaboration with the PREA Coordinator, will review the staffing plan to see whether adjustments are needed in the staffing plan, the deployment of monitoring technology, or the allocation of Agency/Institution or Facility resources to commit to the staffing plan to ensure PREA compliance. The Staffing Plan Review will be submitted to the Deputy Director of Operations who will provide a copy to the PREA Coordinator for review. This Staffing Plan Review will be submitted for all Institutions and Facilities in the manner described in AR 301, "Shift Bidding", Section 301.01.</p> <p>WCC OP 326, Minimum Staffing Requirements, states in Section 2 that the officer staffing level at WCC is 2 officers on Night Shift (2100-0500), 2 officers on Day Shift (0500-1300) and 2 officers on Swing Shift (1300-2100).</p> <p>The following is a list of shut down positions, the order they are to be used and who has the authority to shut down each of the positions. In the event of an extreme emergency, the Associate Warden, or Warden can authorize the Caseworker as a shutdown position.</p> <ul style="list-style-type: none"> · Correctional Casework Specialist Associate Warden or Warden · Camp Lieutenant Camp Lieutenant <p>It further indicates there are 13 staff positions at WCC. Twelve of which are security staff. It describes each job, the hours associated with the job and what relief or other duties it is responsible to cover.</p> <p>The PREA Manual states: The Warden/designee from each institution shall, on an annual basis, arrange for a discussion, review, and documentation involving the PREA Coordinator and the Deputy Director of Operations regarding the staffing plan for the institution and any designated satellite facility to the institution, to ensure that the plan provides for adequate levels of staffing. Where applicable, review and possibly revise video monitoring capability. The review should take into consideration all components outlined in 115.13(a).</p> <p>Each year the Deputy Director of Operations will submit the annual shift bid staffing plan for each institution and facility to the PREA Coordinator, who in turn will evaluate the plan and provide documentation of the review results to the institutional and/or facility Warden or designee and the Deputy Director of Operations.</p>

The policy outlining Unannounced Rounds is found in AR 400, General Security/ Supervision Guidelines. In section 400.01, General Security Supervision Guidelines, it states that the Warden will develop and maintain a local security and staff management plan that is available to all staff. The plan will include, at a minimum: Administrative Regulations; Operational Procedures; Memoranda and other instructional materials issued by the Warden and Associate Wardens to facilitate the implementation of the policies and procedures; All necessary staff assignment, roster and timekeeping records, in accordance with Department administrative regulations and policy; Post Orders that are current and which are readily available for employees assigned to posts; Emergency Response Manual.

Daily Administrative Officer Inspection Tours; A high priority will be placed in all Department institutions/facilities to ensure the visibility of top staff in the facility, where they are available to inmates, line staff, and mid-level managers for communication. Such actions will include, but are not limited to: the Warden or Associate Wardens will visit all housing areas every 48 hours during the standard work week, including but not limited to PREA mandated unannounced rounds as designated by the PREA Manager guide, the Warden or Associate Wardens will visit all activity areas every 72 hours during the standard work week; and the Warden or Associate Wardens shall conduct a formal inspection of Prison Industries during each working day. Supervisory staff will tour the entire facility at least once each shift every day, including weekends and holidays, include but not limited to PREA mandated unannounced rounds as designated by the PREA Manager (Warden). Unoccupied areas may be toured once a week. An Associate Warden will receive a written report or logbook of all such tours will reflect any deficiencies observed and corrective actions taken; and correctional staff will conduct a visual inspection of all cells and other living quarters once each shift. A formalized report will be submitted to the Associate Warden for each inspection or noted on the local post log and shift report. Correctional Officers will conduct formal inspections/searches in accordance with the provisions of AR 422, Search and Shakedown Procedure, and the applicable Post Orders.

WCC OP 400, General Safety and Security also addresses unannounced rounds. In section 400.05, PREA Policy and Unannounced PREA Inspections, it states that the presence of female staff members shall be announced every time they enter an inmate housing unit or unit control room. This will be done by the on-duty officer utilizing the intercom system. If no intercom system is available, it will be announced by the custody staff present. The female staff member will only announce their presence when no custody staff is present. This notification is to be documented by entering a PREA-Female Entering a Male Housing Unit entry in the Daily Shift Log in NOTIS or visitor record log. The female staff member shall not enter the unit until announcement has been made. Supervisors will conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. The rounds shall be conducted on the night shift as well as the day shifts. Line staff are prohibited from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

Supervisors will document all their unannounced tours on the Daily DAO report and by entering a PREA-Unannounced Supervisor Tour in the Daily Shift log in NOTIS. It is not required and does not substitute the documentation in the Daily shift Log but if a supervisor chooses to make an entry into the unit log, they will do so in red ink only. Unit staff will document supervisory tours in the NOTIS unit shift logs and in the unit segregation log book in the control unit. Supervisors will randomly check all areas of the camp including but not limited to housing areas culinary, dining hall, staff offices, gymnasium, storage sheds, and NDF buildings. Supervisors shall require staff to announce anytime a staff member of the opposite gender enters a housing unit. Supervisory staff will make notations in the DAO report on an ongoing basis and make policy change suggestions in regards to the facility physical plant and layout to include areas where inmates as well as staff may become isolated within blind spots not previously identified. Any time this inspection is done, the DAO report will also be forwarded to the PREA Compliance Manager. All recommendation will be reviewed at the Warden's meeting and if appropriate, by the OP review committee.

115.13(a)

The facility reported, via the PAQ, that the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and video monitoring, to protect inmates against abuse. Since the last PREA audit, the average daily number of inmates housed at WCC was 36. The staffing plan was predicated on 150 inmates.

The auditor reviewed documentation of the staffing plan development process. The auditor was provided with the "Assessment of Shift Relief Requirements and Correctional Staff Needs at all Facilities within the NDOC" This was created by the Association of State Correctional Administrators and is dated September 30, 2014. It is 230 pages in length and provides an overview and summary of their findings, conclusions and recommendations. The report specifically addresses WCC on page 151-155 and makes several recommendations to changes in staffing levels, specifically at the supervisory level. The auditor asked if these recommendations were ever accepted and was told that one additional staff was added at WCC as a result of these recommendations.

The auditor was tasked to review the WCC staffing plans. There were none provided with the documentation prior to the on-site visit. On May 10, 2023, the auditor received the staffing reviews from the facility for the years 2020, 2021, and 2022. None of these had been reviewed or signed by the PREA Coordinator. This identified an issue of there not being a tracking or monitoring system in place to ensure timely submission of the required documents. The auditor will work with the agency and facility to address this concern during the corrective action period.

The Warden was interviewed, via the telephone, on Friday, April 7, 2023 at 1:00 pm. He indicated that WCC has a documented staffing plan which includes adequate staffing levels to protect against inmate sexual abuse and sexual harassment, and video monitoring technology. He stated that all of the components required for this standard were considered when developing the staffing plan. He monitors

compliance with the staffing plan on a daily basis. Each shift, he receives a message from staff letting him know if minimum staffing was attained or if not, what actions were taken to address the shortfall.

The PREA Compliance Manager at the Camp stated that the staffing plan is managed by his parent institution, Ely State Prison. I spoke with the back-up to the PCM at Ely State Prison who indicated that all of the components listed in the standard are taken into consideration when reviewing the staffing plan, on an annual basis.

115.13(b)

The facility reported, via the PAQ, that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. There were no deviations during the past 12 months, so there are no common reasons to be provided.

The auditor was tasked to review documentation of deviations from staffing plan and written justifications for all such deviations. The auditor was provided with a memorandum authored by the Warden, dated February 13, 2023, which indicated that WCC has not deviated from the staffing plan during the 12-month audit time frame.

The Warden indicated, during his interview, that non-compliance with the staffing plan requires creation of an incident report in Nevada Offender Tracking Information System (NOTIS). The Associate Warden of Operations reviews the prior days documentation to verify minimum staffing levels were met and provides the Warden a summary report.

115.13(c)

The facility reported, via the PAQ, that at least once each year the facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: a) the staffing plan; b) the deployment of monitoring technology; or c) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.

The auditor was tasked to review documentation of annual reviews. There were none provided with the documentation prior to the on-site visit. On May 10, the auditor received the staffing reviews from the facility for the years 2021 and 2022. None of these had been reviewed or signed by the PREA Coordinator. This indicates to the auditor that an annual review of the staffing plans has not been conducted since 2020. This identified an issue of a process not being in place or a tracking system not being monitored to ensure these annual reviews are completed timely. The auditor will review the documents once the internal review process within the NDOC has been completed. This concern will be addressed through corrective action.

The PREA Coordinator stated, that in most cases, she is consulted regarding any assessments of or adjustments to the staffing plan for this facility. She stated that the review is done at least annually. The auditor asked if she had been made aware

of the installation of additional camera's at the camp, since the last PREA audit, and she indicated she was not aware of these new cameras being installed.

The auditor was provided with the form utilized for the staffing plan review. It is entitled PREA Annual Staffing Plan Review.

115.13(d)

The facility stated, via the PAQ, that it requires intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds in the NOTIS. Over time the unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.

The auditor reviewed documentation of unannounced rounds, including rounds being conducted on all shifts. The auditor was provided with a printout from NOTIS displaying the Unannounced Supervisor Tours at WCC for the period February 1, 2022 through February 13, 2023. It is 41 pages in length and covers rounds on all shifts and all days of the week.

The auditor was tasked to interview intermediate or higher level facility staff regarding unannounced rounds. These questions are not applicable in this facility. There is one building with four wings, all four wings feed into a central rotunda area. Three of these wings are utilized for housing. When all beds are full, there are 50 inmates in each wing. The population was 98 while we were on-site, so approximately 32 inmates in each wing. The Officers and the Lieutenant's Office are in the center of the building in the rotunda area. The Officer's station has a view down all three wings, as it is open on all sides. The Sergeant's Office is in the hallway going to one of the wings. All staff are up and down these wings multiple times per day. The Sergeant and Lieutenant log rounds throughout the day, but are in the wings additional times throughout the day. There are two correctional officers and the Lieutenant on day shift, one correctional officer and a Sergeant on swing shift, and two correctional officers on graveyard shift. On graveyard shift, one of the staff is a Senior Correctional Officer.

The auditor toured the entire facility. See above for a description of her observations.

The auditor was tasked to review additional documentation of unannounced rounds, including rounds being conducted on all shifts. She received and reviewed a printout from NOTIS. Rounds were conducted on all days and during all shifts.

The auditor identified an issue with staffing plans not being submitted and/or reviewed annually, as required in this Standard. There does not appear to be a tracking or monitoring system in place to ensure timely submission of the required documents. The auditor worked with the agency and facility to address this concern during the corrective action period. These actions included:

For the first item of corrective action, the auditor discussed what would be needed

with the PREA Coordinator. The PREA Coordinator sent the blank PREA Annual Staffing Plan Review forms to the facility and requested they be completed for 2021 and 2022. The auditor contacted the facility and requested the PREA Annual Staffing Plan Review forms be completed and returned to PREA Coordinator by August 31, 2023. On August 22, the Camp Commander provided a copy of the completed PREA Annual Staffing Plan Review forms to the auditor, PREA Coordinator and the Warden. On August 28, the completed PREA Annual Staffing Plan Review forms for 2021 and 2022 were uploaded to the OAS. The auditor reviewed the PREA Annual Staffing Plan Review forms for 2021 and 2022. While the 2021 document was not timely, it contained all required components. The 2022 PREA Annual Staffing Plan Review form contained all required components. The first component of the corrective action was completed on August 30, 2023.

The auditor reviewed AR 421, 326 and 301, and the PREA Manual, in preparation for a discussion with the PREA Coordinator. The information the auditor found during this review was relayed, via email, to the PREA Coordinator. Based on the finding of this review, on August 7, 2023, the auditor requested an update to AR 326 to include specific timeframes when the completed PREA Annual Staffing Plan Review forms must be submitted and the timeframe for the Headquarters review to be completed. On October 23, 2023, the auditor was notified that the agency had developed a process with specific timelines related to submission of the annual PREA Staffing Plan Review forms. This language was incorporated into AR 326 and the PREA Manual. The PREA Manual was signed by the Director on November 9, 2023. This revised document was uploaded to the OAS. The revised AR is going through the review process before it can be signed.

The auditor verified the modified language, on page 8, in the PREA Manual, which she located on the agency’s website. On November 14, 2023, the PREA Coordinator notified the field of the due date for submission of the 2022 Annual Staffing Plan Review forms and of the changes to the process going forward. On November 20, 2023, a copy of the e-mail was provided to the auditor.

The auditor has determined through review of policies and documentation, interviews with staff, observation of facility operations, and modifications made during the corrective action period, that the facility has demonstrated substantial compliance with this Standard.

115.14 Youthful inmates	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility does not house offenders who are under the age of 18. <i>Based on this information, the auditor has determined the facility is in substantial compliance with</i>

the Standard.

115.15 Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.15 - Limits to Cross-Gender Viewing and Searches.

Policy:

The policy outlining cross-gender viewing and searches is found in a variety of documents. Each is outlined below.

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

OP 400, General Safety and Security, addresses these subjects in section 400.06, Inmate Movement. It states that staff shall not conduct cross-gender unclothed body searches or cross-gender visual body cavity searches (meaning searches of the anal opening) except in exigent circumstances or when performed by medical practitioners. Staff shall document all cross-gender unclothed body searches and cross-gender visual body cavity searches. Staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

AR 422, Search and Seizure Standards, addresses these subjects in section 422.01, General Guidelines. It states that searches are not to be conducted for arbitrary, capricious, oppressive, unreasonable reasons or harassment.

In section 422.04, Searches of Offenders, it states that pat down, frisk, strip and visual body cavity searches of inmates and their property will be conducted by staff trained in conducting searches. Intrusive body cavity searches will be conducted in private and only be performed by a licensed medical professional acting within the scope of his or her license, or one of the following health services personnel: physician, dentist, physician's assistant, registered nurse, or licensed practical nurse. Dentists may only perform intrusive searches of the oral cavity.

AR 494, Transgender and Intersex Inmates, states that the facility or institution shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is

unknown, it may be determined during conversations with the inmate, by reviewing medical records, or if necessary, by learning that information as a broader medical examination conducted in private by a medical practitioner.

115.15(a)

The facility reported, via the PAQ, that it does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. In the past 12 months, there were no cross-gender strip or cross-gender visual body cavity searches of inmates.

The auditor was tasked to interview non-medical staff who were involved in cross-gender strip or visual searches. There were none, so this interview protocol was not completed.

The auditor was tasked to review logs of cross-gender strip searches and cross-gender visual body cavity searches in the past 12 months. The auditor was provided with a report generated in NOTIS that showed there were no cross-gender strip searches or cross-gender visual body cavity searches conducted during the audit documentation period. To confirm this, the auditor requested and was provided with a memorandum authored by the Warden certifying there were no cross-gender searches during the audit documentation period.

115.15(b)

This substandard is not applicable, as the facility does not house female inmates. This was confirmed when the auditor received a memorandum authored by the Warden, dated February 13, 2023, which stated there were no female inmates housed at WCC during the prior 12 months. The auditor, during the facility tour, did not observe any female inmates on-site.

115.15(c)

The facility reported, via the PAQ, that policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented. The policy requires that all cross-gender pat down searches of female inmates be documented.

The auditor was tasked to review documentation of cross-gender strip searches and cross-gender visual body cavity searches of all inmates. She was provided with a report from NOTIS showing there were none. She also received a memorandum authored by the Warden, dated February 13, 2023, which certified there were no cross-gender strip or body cavity searches during the audit documentation period.

The auditor was also tasked to review documentation of all cross-gender pat down searches of female inmates. There are no female inmates housed at WCC.

115.15(d)

The facility reported, via the PAQ, that it has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia,

except in exigent circumstances or when such viewing is incidental to routine cell checks (including viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

The auditor was tasked to review logs of exigent circumstances that might require deviation from the standard. There were no exigent circumstances. A NOTIS log was provided documenting the announcement of female staff. It is 11 pages in length and covers the period February 1, 2022 through February 13, 2023. At the time of the on-site portion of the audit, the only female staff assigned at the facility was the Retail Storekeeper. She works during the day shift, five days a week. Through discussions with the inmate population, the auditor learned that she very rarely enters the living areas of the wings.

A total of 20 random inmate interview protocols were completed. All inmates indicated they hear the announcement every morning when the "canteen lady" comes on grounds. All also stated they can take a shower, use the toilet, and change their clothes without being viewed by female staff.

A total of nine random staff interview protocols were completed. All nine staff interviewed indicated that when a female staff enters the building they announce over the intercom, so all inmates are aware. The only female staff currently assigned at WCC is the Retail Store Keeper. In her assignment, she does not have a need to traverse through the bunk areas of the building. Her storeroom and the room where she works and distributes canteen product are in one of the wings, before you get to the bed areas. All staff stated that the inmates are able to change their clothes, take a shower and use the toilet without being observed by female staff.

During the tour, the auditor noted that the announcement was made when she toured the living areas. It should be noted, when the audit team arrived on-site, each day, the announcement of females in the building was made over the loud speaker. There are two inmate bathrooms in each wing. In each bathroom, there are two sinks, one urinal, two toilet stalls and two shower stalls. The door going into the bathrooms was solid. After discussion with the PREA Compliance Manager, they determined to eliminate the blind spot created by the solid door, they would insert a small window, at about shoulder height, to allow staff to be able to observe the activities occurring in the open area of the bathrooms. These doors were modified while the auditor was on-site.

115.15(e)

The facility reported, via the PAQ, that it has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. There were no such searches in the past 12 months. The auditor received a memorandum, authored by the Warden, dated April 10, 2023, which stated there were no instances during the prior 12 months where a transgender or intersex inmate was searched for the sole purpose of determining their gender.

A total of nine random staff interview protocols were completed. All nine staff indicated that there was a policy that addressed this issue and it would never be appropriate for a staff member to search a transgender or intersex inmate for the sole purpose of learning their genital status.

The auditor was tasked to interview transgender and/or intersex inmates. There were no transgender or intersex inmates housed at WCC during the on-site portion of the audit; therefore, that interview protocol was not completed.

115.15(f)

The facility reported, via the PAQ, that 100% of all security staff received training on conducting cross-gender pat down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. The auditor was provided with training documentation showing all have received the training.

The auditor reviewed the training curricula. She was provided with a power point presentation entitled "Searches of Offenders (NAC 289.160, AR 422). It covered body searches, area/facility searches, and property searches. The training provides detailed instruction on how to conduct body searches. The auditor was also provided with a handout which addresses NDOC Standard Clothed Body Search.

The auditor reviewed training records. Acknowledgement Forms for Agency Universal Compliant Searches were provided for all of the security staff currently assigned at WCC.

A total of nine random staff interview protocols were completed. Of those, eight staff indicated they have received training on universal search procedures and one stated she is not responsible to complete searches as part of her duties. They indicated the training explained how to conduct a search on inmates of the opposite gender and that they should use the back of the hand on female inmates or those who identify as female. They are expected to be respectful, and should only do cross-gender searches in an emergency.

The auditor was provided with a memo authored by the PREA Coordinator, dated July 23, 2021, which states that all custody staff received training on the agency's Universal Pat Search Procedure. It indicates that the universal pat search is conducted in the same fashion for all inmates by utilizing back of the hand/blade of the hand around the breast/chest area.

The auditor was provided with a copy of the Training Acknowledgement Form (1955) for Agency Universal Compliant Searches.

The auditor has determined through review of policies and documentation, interviews with staff and inmates, and observation of facility operations, that the facility has demonstrated substantial compliance with this Standard.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.16 - Inmates with Disabilities and Inmates who are Limited English Proficient.</p> <p><u>Policy:</u></p> <p>The policy outlining Equal Opportunity for Disabled or LEP Inmates is found in AR 658 – Reasonable Accommodation for Inmates with Disabilities. The policy describes the process to be utilized to provide assistance to inmates with physical or mental disabilities. In section 658.02, Policy Objective, it states that it is the policy of NDOC to establish procedures that will provide an accommodation or allow inmates to request an accommodation for a qualified disability that affects a major life activity and to ensure that: every inmate, including those with a qualified disability, shall be housed in a manner that provides for his/her safety and security; Reasonable accommodations are made only if the accommodations pose no direct threat to the individual requesting the accommodation, or to others, or cause an undue hardship on facility security and orderly operations; reasonable accommodations shall be made to the physical structure of housing for an inmate with a qualified disability to accommodate for the physical limitations of the disabled inmate and facilitate the inmate's inclusion in facility life; the Facility ADA Coordinator may authorize housing unit furnishings within the cell/dorm to be rearranged to best accommodate an inmate with a qualified disability and shall identify specific criteria for bottom bunk priority. A visually or mobility impaired inmate shall be given bottom bunk status; reasonable accommodations shall be made to facility assignment assignments, programs, activities, and services to permit participation by a qualified inmate with a disability; and no qualified individual with a disability shall, solely by reason of such disability, be excluded from participation in or be denied the benefits of assignments, programs, activities, or services offered by the NDOC.</p> <p>Section 658.07, Access to Auxiliary Visual, hearing aids and services, states that for those inmates identified with a visual impairment or hearing impairment, the ADA Coordinator, with the assistance of the medical staff, will ensure that visually-impaired and hearing-impaired inmates are provided access to auxiliary aids and services when required for effective communication in accessing and participating in department programs, services and activities. Such programs, services and activities include but are not limited to the following: intake assessments and classification; institutional orientation; medical and mental health services; substance abuse and other treatment programs; inmate work and education programs; program, housing, classification, release and other status reviews; disciplinary hearings, grievances, discrimination complaint, and other administrative processes for review of decisions and actions by department staff affecting inmates; and PREA reporting and/or follow-up with any PREA concerns. Auxiliary aids and services for deaf and hearing-impaired</p>

inmates may include but are not limited to the following: handwritten or typed notes if the communication is short and simple; and qualified sign language interpreter, when available, if the communication is not short and simple (either in person or video interpretation) and for large meetings and events.

In WCC OP 421, Prison Rape Elimination Act, Section 7 - Offender Education, it states that WCC will provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled (reasonable accommodation will be made in accordance with AR 658 to ensure understanding), as well as to inmates who have limited reading skills.

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

The interpreting staff member will maintain confidentiality regarding all information that was interpreted.

WCC has contracted with Language Link to provide both spoken interpretation and written translation services. Information on how to access those services can be found in the Lieutenant's office, Sergeant's desk, Caseworker's office and custody staff area. If it appears that an offender is unable to comprehend the information being provided, staff will utilize effective communication (e.g., using simple language, requesting feedback confirming comprehension) to convey the PREA education to the offender in accordance with AR 658. WCC will document offender participation in these education sessions by a signed acknowledgment placed in the offender's I-File and by entering a case note in NOTIS. In addition to providing such education, WCC will ensure that key information is continuously and readily available or visible to offenders through posters, flyers, video, or other formats.

115.16(a)

The facility reported, via the PAQ, that it has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The auditor reviewed contracts with interpreters or other professionals hired to ensure effective communication with inmates who have disabilities. The auditor was provided with the most current version of the American Sign Language (ASL) Translation Services Contract and the Corporate Translation Services (CTS) Language Link contract (telephone based interpreters), good through September 30, 2023.

The auditor reviewed written materials used for effective communication about PREA with inmates who are disabled or have limited reading skills. The auditor was provided with a copy of the Spanish version of the poster which is maintained in

several areas at the facility. The auditor was provided with the WCC Inmate Rule Book. The section about PREA is provided in English and Spanish.

The auditor also reviewed documentation of staff training on PREA compliant practices for inmates with disabilities. This information is addressed in PREA training materials.

The Director stated, during his interview, that the agency has a contract in place with CTS to provide translation services to the NDOC. They are able to translate in approximately 240 languages. He stated that in addition to the shift supervisor having the information to contact these folks, staff in medical, mental health, and most supervisors have the information.

The auditor was tasked to interview inmates with disabilities or who are limited English proficient (LEP). There were no inmates with disabilities or who were LEP housed at WCC during the on-site portion of the audit; therefore, this audit protocol was not utilized.

During the tour, the auditor noted that the posters were in English and Spanish. The instructions for utilizing the language line were posted in the Lieutenant and Caseworker's Office.

The auditor did not test this critical function to ensure language line was available because there were no inmates to be interviewed that required an interpreter. The auditor asked if they have a staff interpreter list and was told they have one officer on staff who speaks Spanish. They do not have a formal list showing staff interpreters.

The auditor was provided with a blank copy of the Interpreter Request Form. She also was provided with a list of Languages that can be interpreted.

The WCC Inmate Handbook was provided to the auditor. It does not have any information about information on alternative languages being available. The PREA information included in the handbook is in both English and Spanish.

115.16(b)

The facility reported, via the PAQ, that the Agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

As discussed above, the auditor reviewed contracts with interpreters or other professionals hired to ensure effective communication with inmates who are limited English proficient and written materials used for effective communication about PREA with inmates with disabilities or limited reading skills.

The auditor was tasked to interview inmates with disabilities or who are LEP. There were no inmates with disabilities or who were LEP housed at the facility during the on-site portion of the audit; therefore, this audit protocol was not utilized.

115.16(c)

The facility reported, via the PAQ, that policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first response duties under 115.64, or the investigation of the inmate's allegation. The facility documents the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used. In the past 12 months, there were no instances where inmate interpreters, readers, or other types of inmate assistants were used. This was confirmed by a memorandum, authored by the Warden, dated February 14, 2023.

A total of nine random staff interview protocols were completed. Five staff indicated they would allow an inmate to interpret for another inmate but only when it was a life or death emergency and would only get the basic information. Then they would seek assistance from their supervisor. Four staff indicated they would not allow an inmate to interpret for another inmate, they would contact their supervisor and get direction on how to proceed. Two staff stated they were aware that inmates had been utilized in the past but did not provide any details. The remaining seven staff stated they were not aware of inmates being used as interpreters. The auditor noted that only one staff member knew of the language line. This was discussed with the Lieutenant.

The auditor was tasked to interview inmates with disabilities or who are LEP. There were no inmates with disabilities or who were LEP during the on-site portion of the audit; therefore, this interview protocol was not utilized.

The auditor reviewed documentation of circumstances when inmate interpreters, readers, or other inmate assistants were used. The NDOC PREA manual states: Staff shall not use and/or rely upon inmate interpreters, inmate readers, or other types of inmate assistants.

The auditor asked the Lieutenant to conduct documented training with all staff, so they are aware of the services available through the language line and how/when to access them. This was also discussed at the out-briefing. The PCM from Ely State Prison provided training materials to the camp and all staff were provided additional information about use of the language line. This training was documented on training acknowledgement forms, which were provided to the auditor. The auditor requested a copy of the materials utilized for the training and received copies on May 17, 2023. The materials included the 115.16 Standards in Focus and the instructions for utilizing the language line.

The auditor has determined through review of policies and documentation, interviews with staff and inmates, and observation of facility operations, that the facility has demonstrated substantial compliance with this Standard.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.17 - Hiring and Promotion Decisions.</p> <p><u>Policy:</u></p> <p>The policy addressing hiring and promotions is found in a number of documents. These are described below.</p> <p>AR 330, Employee Resignation and Reinstatement/Rehire. In Section 330.01 – Resignations, it states that a resignation during an ongoing internal investigation shall be noted in NOTIS and the investigation may be closed, depending on the investigation. A resignation during a PREA investigation will not result in a closed case. Any such investigation will remain active until closed by the Inspector General’s Office as mandated by PREA Standards.</p> <p>AR 212, Contracts, Section 212.03 Contract Approval Requirements and Signatures, states that mandatory background checks on contractors/vendors will be completed each year in compliance with PREA federal mandates. The purchasing Division is required to maintain background check files on contractors/vendors for audit purposes.</p> <p>AR 802, Community Volunteer Program, Section 802.01, states that recruitment and selection shall be made without regard for an individual’s race, color, creed, religious or ethnic background, gender, age, or sexual orientation. All persons selected to volunteer within the Department must pass the mandatory PREA related background check, as defined under PREA Standard 115.17 and conducted by staff of the Office of the Inspector General.</p> <p>AR 126, Interagency Cooperation, states that any outside contractor, vendor, employee or volunteer associated or working in conjunction with a community group who have direct contact or control of inmates are responsible to be notified of and acknowledge the HDOC PREA zero tolerance policy and may require a background check and training as appropriate.</p> <p>AR 421, PREA Policy, states in section 421.04, Hiring and Promotion Decisions, that the Department shall not hire or promote anyone who may have contact with offenders, and shall not enlist the services of any contractor who may have contact with offenders who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility; juvenile facility, or other confinement facilities; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described in the above paragraph.</p> <p>The Department shall consider any incidents of sexual harassment when determining</p>

whether to hire, promote or enlist the services of any employee. Before hiring new employees who may have contact with offenders the Department will perform a criminal background records check; and make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. When requested by other institutional employers, the Department will provide information on substantiated allegations of sexual abuse. The Department shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with offenders. The Department shall conduct criminal background records checks at least every five (5) years of current employees and contractors who may have contact with offenders. The Department shall ask all applicants and employees who may have contact with offenders directly about previous misconduct described above in paragraph (1) of this section in written applications or interviews for hiring or promotions. Applicants who fail to disclose such information shall be ineligible for hire for the current vacancy and, if applicable, may be grounds for termination. Neither the NDOC nor any other governmental entity responsible for collective bargaining on the NDOC's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the NDOC's ability to remove staff alleged to be sexual abusers from contact with any offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

NDOC PREA Manual: All departmental divisions shall implement policies and procedures to insure the Department does not hire or promote anyone, or utilize the services of any contractor or volunteer, who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;

Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. All departmental divisions shall consider any incidents of sexual harassment in determining whether to hire or promote anyone or enlist the services of any contractor, who may have contact with inmates.

115.17(a)

The facility reported, via the PAQ, that policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: 1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described above.

The auditor requested a list of persons hired or promoted in the past 12 months to

determine whether proper criminal record background checks have been conducted and questions regarding past conduct were asked and answered. The auditor received a memorandum authored by the PREA Coordinator, dated February 15, 2023 which listed all employees assigned at WCC. She also received a report which showed they have had three employees transfer to WCC and two new hires during the audit documentation period. Records were requested for all of the staff and received. All employees had answered the required questions, as required in policy and this Standard.

The auditor was provided with blank forms utilized to document information related to PREA in the hiring process. These included the NDOC Form 1952 which is utilized to ask the required PREA questions to volunteers and contractors. She received the NDOC 1953, PREA Zero Tolerance Policy. This is the information sheet that is given to contractors or volunteers which outline the PREA policy. She was also provided with the NDOC 1957, New Hire & Promotional Candidate PREA Questionnaire. This is the document used by new applicants and promotions to respond to the questions required in 115.17(a).

Screen shots from the NDOC website were provided which addressed the background clearance process for Contractors. It outlined DOC 047, DOC 1952, DOC 560, and DOC 1953 being required.

Per a memorandum, dated November 8, 2017 from the PREA Coordinator, the auditor learned the following information: A Cooperative Agreement Statewide Conservation Camp Program between the State of Nevada Department of Conservation and Natural Resources and the Nevada Department of Corrections meets compliance with this standard. Nevada Division of Forestry (NDF) requires new hire staff to complete the following forms prior to contact and before taking temporary custody of inmates. The contract is valid for 4 years and was renewed September 12, 2017. The PREA Coordinator stated that the agency has already begun negotiations with the conservation camp program to update the agreement.

The auditor was provided with the Statement of Work (SOW) for the statewide conservation camp program. It is between the Department of Conservation and Natural Resources and the NDOC. She also received the Interlocal Contract Between Public Agencies which expires September 30, 2025. It should be noted, that the auditor was told that the NDF program at the camp has been shut down and there were no contract staff working at the camp during the on-site portion of the audit. This was verified while on-site.

The auditor was provided with the WCC Shift Schedule for the week beginning February 6, 2023.

115.17(b)

The facility reported, via the PAQ, that policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

The auditor interviewed a staff member from Human Resources on Friday, April 7 at 2:15 pm via the telephone. During the interview, she stated the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

The NDOC Form 1952 was provided with the PAQ. It is used to ask the required questions to contractors and volunteers. The auditor was also provided with a blank copy of the NDOC 1957, Agency Applicants & Current Employee Questionnaire. This is the document used by new applicants and promotions to address the questions in Standard 115.17(a) and (b).

A copy of the PREA Manual was provided which requires the agency to consider any incidents of sexual harassment when determining whether to hire or promote any, or to enlist the services of any contractor, who may have contact with inmates.

115.17(c)

The facility reported, via the PAQ, that policy requires before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. In the past 12 months, there were five people hired who may have contact with inmates who have had criminal background record checks. Two of these were new hires and three were transfers from other facilities.

The staff member from Human Resources stated, during her interview, that they perform a criminal background records check and make their best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. This is done for newly hired employees, all employees being considered for promotion, and any contractor who may have contact with inmates.

The auditor reviewed files of personnel hired in the past 12 months to determine that the agency has completed checks consistent with this standard. The auditor received a report of hires in the past 12 months. It contained two new hires and three transfers. The auditor requested and received documentation for all newly hired staff at WCC.

The auditor was provided with a copy of the DOC 1956, Prior Confinement PREA Background Check form. This document is utilized to complete the checks when prior institutional employment is identified. The DOC 1019, Employment Applicant Fingerprint Receipt was also provided. This form is completed by the potential employee to be utilized in running the background checks. A sample response from an outside agency was provided.

115.17(d)

The facility reported, via the PAQ, that policy requires a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. In the past 12 months, there have been no contracts for services where criminal background record checks were conducted on staff covered in the contract who might have contact with inmates.

The staff member from Human Resources stated, during her interview, that they perform a criminal background records check and make their best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. This is done for newly hired employees, all employees being considered for promotion, and any contractor who may have contact with inmates.

The auditor reviewed documentation of background records checks of contractors. Two examples were provided with the PAQ. Blank copies of the DOC 047-Security Regulations Acknowledgement form was also provided. It includes the questions required in 115.17(a). It also explains that a background check will be completed and will be renewed annually. There are currently no contractors assigned at WCC. The NDF operation that was there previously has been closed down.

The Background Clearance Application Procedure for Contractors/Service Personnel (SS-0063) was provided. This document describes the process to be followed when processing background clearances for contractors. The auditor was also provided with the DOC 560, Contractor Background Check Application. She was also provided with the DOC 047-Security Regulations for Contractors.

115.17(e)

The staff member from Human Resources indicated, during her interview, that they utilize NCIC to conduct criminal record background checks as well as submitting fingerprint cards to the FBI. She stated that backgrounds are updated at least every five years. This is done by the Inspector General's Office. She will get a request for a list of employees and the staff in the Inspector General's Office actually run the background clearances.

The auditor reviewed documentation of background records checks of current employees and contractors at five-year intervals. The auditor was provided with the background check tracking for WCC staff. There are currently no NDF staff assigned at WCC. All five-year background checks were current.

Background clearances are updated once each 3 years, consistent with the audit cycle. They are completed monthly for all staff who were hired during that month.

Within the first year of the audit cycle, all employees' background clearances should be updated.

The auditor was provided with a blank copy of DOC 1021, Consent for Release of Criminal History Records (Job Applicants & Contractors).

115.17(f)

The staff member from Human Resources indicated, during her interview, that the agency asks all potential employees, those being considered for promotion, and any contractor who may have contact with inmates if they have: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. She also stated that the policy imposes upon employees a continuing affirmative duty to report any such previous misconduct.

115.17(g)

The facility reported, via the PAQ, that the policy requires material omissions regarding such misconduct, or the provision of materially false information, be grounds for termination.

The auditor was provided with a memorandum from the Chief of Human Resources, dated October 23, 2020, stating the process for prior institutional employment. She states it is not in policy or administrative regulation, but describes their current process.

The auditor was provided with a document “Prohibitions and Penalties – A guide for Classified Employees of the Department of Corrections. On pages 13 – 15 is speaks to the penalties which may be enforced for violations of PREA policy.

115.17(h)

The staff member from Human Resources stated, during her interview, that they provide information about substantiated allegations of sexual abuse or sexual harassment involving former employees when they receive a request from another correctional agency.

The auditor has determined through review of policies and documentation, as well as interviews with staff, that the facility has demonstrated substantial compliance with this Standard.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.18 - Upgrades to Facilities and Technologies.

115.18(a)

The facility reported, via the PAQ, that the agency has not acquired a new facility or made a substantial expansion or modification to the existing facilities since the last PREA audit.

The Director of the Nevada Department of Corrections was interviewed, via the telephone, on Monday, April 10, 2023 at 11:30 am. During this interview, he stated that the agency considers how modifications or substantial expansions might change the agency's ability to protect inmates from sexual abuse. This is done by looking at areas that have been identified as blind spots, monitoring PREA Incident Reports, and reviewing the information contained on the annual report.

The Warden indicated, during his interview, that there have been no significant expansion or modifications at the camp since the last PREA audit.

During the facility tour, the auditor did not identify any areas where modifications or substantial expansions had occurred since the last PREA audit.

The auditor was tasked to review documentation of facility design, renovation, modification, or expansion. Per a memorandum from the Warden, dated February 16, 2023, there have been no renovations, modifications, or expansions at the facility.

115.18(b)

The facility reported, via the PAQ, that the agency has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

The Director stated, during his interview, that the agency utilizes monitoring technology to enhance the protection of inmates from sexual abuse. He indicated that not all of their facilities have monitoring technology, but that should be changing. They have submitted a request for funding through their budget process in the current year. The request is for all facilities.

The Warden indicated that there have been some camera upgrades and modifications since the last PREA audit. He stated some of the changes were simply upgrading existing cameras and some new cameras were installed. This was done to address blind spots that were identified.

During the facility tour, the auditor noted cameras in many of the rooms that we visited. She was told that there are currently 56 cameras installed at the facility and three were non-operational at the time of the visit. The cameras are viewed from the officer's station, the caseworker's office, the sergeant's office and the Lieutenant's Office. There were no camera views identified which created a cross-gender viewing concern.

Per a memorandum authored by Warden, there have been 11 cameras added since August 2020.

The auditor was tasked to review minutes referencing installing or updating monitoring technology. No documentation was provided. The auditor reviewed the prior audit report in which the on-site portion of the audit was conducted on August 27 and 28, 2018. In this report, the facility had 16 active cameras. The auditor stated that all cameras provide surveillance for areas around the facility that would be otherwise difficult to monitor. The auditor notes that since August of 2018, 34 additional cameras have been added. The auditor requested and received the 2018, 2019, and 2020 PREA Annual Staffing Plan Review forms for WCC. She reviewed both and noted there was no mention of additional cameras being added at the facility. In reviewing the un-signed staffing plan reviews for 2021 and 2022, the auditor also did not find any discussion about cameras being added at WCC. In addition, the PREA Coordinator was not aware of additional cameras being added at WCC.

The auditor reviewed Standard 115.18, the Frequently Asked Question for this Standard, and the PREA Standards in Focus. The purpose of this Standard is to ensure that agencies take sexual safety into consideration when making decisions about upgrades to facilities and technologies. When implementing or maintaining compliance with this Standard, the agency must think through how any new or updated video monitoring technology or electronic surveillance systems can be deployed to enhance prevention and detection of sexual abuse. In other words, if the agency decided to upgrade the video monitoring systems used in its facilities, it should undertake a process to determine how the new systems can be used to enhance sexual safety (e.g., positioning cameras to monitor blind spots, ensuring that areas where a single staff person may be alone with an inmate has video monitoring when at all possible). The agency should also consider any accommodations that need to be made to ensure compliance with Standard 115.15's limitations on cross-gender viewing when using video monitoring technology.

In the PREA Standards in Focus, Best Practices, it states that when making decisions about upgrades to facilities and technologies, include the PREA Coordinator and/or PREA Compliance Managers in the planning and decision-making process. PREA Coordinators and/or PREA Compliance Managers will be able to assess potential upgrades for whether they enhance or hinder the agency's ability to protect inmates from sexual abuse. PREA staff should be considered subject matter experts just as security staff would be on other security-related decision. This is equally important during the design of any new facility or facility space, because staff with expertise in PREA implementation will have insight into the sexual safety issues that arise in a new design that planners, designers, and architects will not.

The auditor identified the need for corrective action because a significant number of cameras were added, the facility had not provided written documentation from meetings or other discussions about adding new surveillance technology, and the PREA Coordinator was not aware of the additional surveillance equipment being installed. The auditor was not able to determine that they considered how such technology may enhance the facility's ability to protect inmates from sexual abuse.

	<p>Corrective action required the facility to address the installation of upgraded and new monitoring technology (since 2018) in the 2022 PREA Annual Staffing Plan Review process. The auditor felt this would provide a starting point moving forward, to encourage documentation of meetings or discussions when enhancing the monitoring systems.</p> <p>On August 28, 2023, the auditor was provided with the completed PREA Annual Staffing Plan Reviews forms for 2021 and 2022. In these documents, it explained that additional cameras had been added around the facility in 2019. The report indicated that the purpose of the additional cameras was to increase supervision levels by staff and enhance the overall safety of the inmate population.</p> <p><i>The auditor has determined, through review of policies and documentation, interviews with staff, observation of facility operations, and completion of corrective action, that the facility has demonstrated substantial compliance with this Standard.</i></p> <p><i>The auditor recommends, as a best practice, that the facility/agency include the PCM and/or PREA Coordinator in discussions regarding upgrades to existing monitoring technology or installation of new monitoring technology. These staff are the subject matter experts in this area and will be able to provide valuable input regarding PREA. In addition, documentation should be maintained showing that PREA was considered when determining placement of any additional monitoring equipment.</i></p>
--	---

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.21 - Evidence Protocol and Forensic Medical Examinations.</p> <p><u>Policy:</u></p> <p>The policy outlining evidence protocols and forensic medical examinations is found in AR 421, PREA Policy. It states that the agency is responsible to conduct both administrative and criminal sexual abuse investigations for incidents of offender on offender and staff sexual misconduct. Policy provides uniform evidence protocol for sexual abuse. This will maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Section 421.15 addresses access to emergency medical and mental health services.</p> <p>AR 457, Investigations, states in the Responsibilities Section, that the Inspector General is responsible for conducting or assigning investigations related to PREA, criminal activity by or on behalf of inmates, other incidents, and staff misconduct accusations.</p>

In Section 457.02, Reporting, it states that the IG or designee shall be immediately notified of PREA related or serious incidents involving suspected criminal activity by inmates, staff, or outside parties; or serious violations of Department policy. The IG will determine the need for an investigation; the type/methodology of the investigation; the staff responsible for the investigation; and the priority of the investigation.

In Section 457.04, Evidence, it states that the Deputy Directors, in cooperation with the Inspector General shall develop an Operational Procedure (OP) for all institutions and facilities for the preservation of evidence. The OP will include procedures for: marking evidence; storing evidence; documenting evidence with logs; securing; transferring evidence; and disposal of evidence. Each institution and facility will establish a secure and restricted access location for the maintenance of evidence. Evidence should be handled so as to preserve trace and fingerprint evidence. The chain of evidence should be kept to as few persons as possible.

WCC OP 457, Investigations, states under Responsibility, that the Camp Manager is responsible for the overall operation of this procedure. The sergeant is to ensure that all staff are trained in and adhere to this procedure. Direct supervision of this regulation is the responsibility of the Shift Supervisor. All staff involved is responsible to have knowledge of and comply with this procedure. Section 6 addresses Investigations related to PREA. It provides a very detailed description of the process to be followed.

WCC OP 670, Medical Standards for PREA, states under responsibility, that the ESP Warden and Camp Lieutenant have the responsibility to review or cause to be reviewed, the information as outlined below. The Director of Nursing Services at Ely State Prison will assure quality and availability of medical and mental health services, and will be responsible for developing and maintaining a written plan for delivery of health services to all inmates.

In Section 4, Access to Emergency Medical and Mental Health Services, it states: All inmate victims of sexual abuse will receive timely unimpeded access to emergency medical/mental health treatment which will be determined by the health practitioners' professional judgment. When an incident is of an Emergent Nature, medical staff will be notified. WCC staff will perform a cursory, visual exam for any signs of injury, without manipulating any of the victims' body parts. The offender will then be transported to Ely State Prison where ESP medical staff will assume the care of the offender. Injuries will be documented by camera and by utilizing NDOC Form 2514 (Unusual Occurrence). Victims will be offered immediate medical attention for any injuries that require treatment. A SANE exam will be offered. Medical treatment can be deferred if it appears it will affect evidence, and the injuries are not life threatening. The inmate will be provided with a Advocacy Request Form a DOC 1919 to review and sign. The completed form will be returned to the facility PREA compliance Manager. If an inmate declines the SANE exam and/or medical treatment, they will be provided a Release of Liability for refusal of Health Care Treatment DOC 2523. Medical staff may assist in the collection of evidence, except for obtaining specimens.

When an incident is of an emergent nature, mental health staff will, during normal working hours, provide an immediate consultation with the victim if requested. After hours, in the absence of mental health personnel, medical staff can provide basic counseling and support until the victim can be seen by mental health personnel. Victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency sexually transmitted infections, prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. All services provided for the above related treatments shall be free of charge regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Medical Directive 117, Sexual Assault, states that Sexual Assault examinations shall be performed by a Sexual Assault Forensic Examiner or Sexual Assault Nurse Examiner without financial cost to the inmate. If the inmate agrees to have a sexual assault forensic exam, referral to an outside medical facility for the examination, treatment, or gathering of evidence is indicated. An exam performed by a SANE specialist is to be offered to alleged sexual assault victims. Upon return from the outside medical facility, medical personnel are to review the results of the evaluation by the hospital and continue medical treatment as recommended. This includes specific attention to the prevention and treatment of sexually transmitted diseases.

115.21(a)

The facility reported, via the PAQ, that the agency is responsible for conducting administrative and criminal sexual abuse investigations. When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.

The uniform evidence protocol was provided. The National Protocol for Sexual Assault Medical Forensic Examinations – Adults/Adolescents was provided with the PAQ. In addition, a copy of the USDOJ Recommendations for Administrators of Prisons, Jails, and Community Confinement Facility for Adapting the USDOJ SAFE was also provided.

A total of nine random staff interview protocols were completed. When asked about the process they would use to protect evidence at a potential crime scene, staff provided the following responses: separate the inmates, don't allow the suspect to wash up, discourage the victim from washing up, collect clothing and give them a jumpsuit, put clothing in bags, control the area where it happened, assign a correctional officer to each inmate and to the area where it happened. Evidence must be logged and put in an evidence locker.

The PREA Coordinator provided a memorandum which explains that forensic medical examinations are provided in two locations in Nevada, one is Reno for facilities in northern Nevada and one is in Las Vegas for facilities in southern Nevada. For WCC it would be Renown Hospital in Reno. The Sexual Assault Nurse Examiner (SANE) was interviewed, via the telephone on Monday, April 10, 2023.

115.21(b)

The facility reported, via the PAQ, that the protocol is developmentally appropriate for

youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

The auditor reviewed documentation of the Uniform Evidence Protocol, as discussed above.

115.21(c)

The facility reported, via the PAQ, that it offers all inmates who experience sexual abuse access to forensic medical examinations through an outside facility. Forensic medical examinations are offered without financial cost to the victim and where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFE) or SANE. The facility documents efforts to provide SANEs or SAFEs. In the past 12 months, there was one forensic medical exams conducted which was performed by a SANE.

The auditor reviewed documentation of efforts to provide SANEs/SAFEs. A draft copy of the agreement with the RCC was provided. The agreement is currently being reviewed for approval and signature. Contact information was also provided.

Documentation that forensic medical examinations are offered for free is found in the agency's policy.

The SANE from Renown Hospital was interviewed via the telephone on Monday, April 10, 2023 at 1:00 pm. She stated that the group that she works with would be responsible for conducting forensic medical examinations for WCC. She stated it is a small group, but they are available 24 hours a day, 7 days a week. She stated, there is no other group in the area who could provide the services and that they will always be available to provide the needed services, their response might just be delayed.

The auditor spoke with a staff member from Signs of Hope, on Monday, April 10, 2023 at 10:00 am via the telephone. During her interview, she stated that she would be the person contacted by the facility if a victim advocate were needed to support a victim during a forensic medical examination or an investigative interview. She stated at the present time, they would not be able to meet with the person face to face if the incident was from a northern facility. They would have the discussion with the inmate via the telephone.

The auditor reviewed documentation to corroborate that all inmate victims of sexual abuse have access to forensic medical examinations. This is addressed in policy.

The auditor reviewed documentation to delineate responsibilities of outside medical and mental health practitioners. The auditor was provided with the draft agreement with Signs of Hope. The responsibilities of both agencies are defined in the agreement. On June 13, 2023, the auditor received a fully executed copy of the agreement with Signs of Hope.

115.21(d)

The facility reported, via the PAQ, that it attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. These efforts are documented. The rape crisis center has staff available 24 hours a day to respond, as needed, so there should not be a need for a qualified staff member to respond.

The auditor reviewed the agreement with rape crisis center for services. A draft copy of the MOU with Signs of Hope was provided. They are in the process of getting it finalized and approved. It indicates a victim advocate will be available 24 hours a day. On June 13, 2023, the auditor received a fully executed copy of the agreement with Signs of Hope.

The PREA Compliance Manager indicated, during his interview, that if they had a situation which required the victim advocate to provide support during a forensic examination and/or an investigative interview, he would call as soon as he was aware of the need. He stated that his call was more to give them a "heads up" that they would be needed, but that the hospital staff would make the call when it was time to report to the hospital. He indicated the facility has an agreement, which is managed by the agency, to provide a victim advocate, if the inmate requests their services.

The victim advocate stated that the agreement is informal at this point, they have completed a MOU, but it is in the process of being reviewed and approved. She provided the contact information she would use to reach out to WCC, if needed and stated that her contact with the camps is infrequent. She has more contact with the institutions.

The auditor was tasked to interview inmates who reported sexual abuse. There were no inmates housed at the facility while the auditor was on-site who had reported sexual abuse; therefore, this interview protocol was not completed.

The auditor was provided with a copy of the PREA Victim Advocacy and Emotional Support Services poster that is utilized in the facility to notify inmates about these services. English and Spanish versions were provided.

The auditor was provided with a copy of the DOC 1919, Advocacy Request Form, in English and Spanish. This form explains how the advocacy works, the services provided and that this agency is not part of the DOC. She was also provided with the memorandum that was sent to PREA Compliance Managers, notifying them of the requirement to use this form.

Training certificates for several staff were provided. The NIC courses completed included: PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting, PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting. A total of 12 certificates for 6 staff.

115.21(e)

The facility reported, via the PAQ, that if requested by the victim, a victim advocate or other qualified individual accompanies and supports the victim through the forensic

	<p>medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.</p> <p>The auditor reviewed the Signs of Hope draft agreement that was provided. On June 13, 2023, the auditor received a fully executed copy of the agreement with Signs of Hope.</p> <p>The PREA Compliance Manager stated that the qualifications of those providing victim advocacy are verified by the agency PREA Coordinator. He would not be involved in that process.</p> <p>The victim advocate stated that she would provide in-person services if the inmate were brought to the hospital in the southern part of the state and she would only be able to provide telephone services to an inmate in the northern part of the state. She indicated that the inmate must request the services and then she would provide emotional support services and be there as support during the forensic medical examination and interviews with law enforcement. She indicated that once the inmate returned to the facility, he would be offered extended emotional support services.</p> <p>The auditor was tasked to interview inmates who reported sexual abuse. There were no inmates housed at the facility while the auditor was on-site who had reported sexual abuse; therefore, this interview protocol was not completed.</p> <p><i>The auditor has determined through review of policies and documentation, and interview with staff and specialized staff in the community, that the facility has demonstrated substantial compliance with this Standard.</i></p>
--	--

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.22 - Policies to Ensure Referrals of Allegations for Investigations.</p> <p><u>Policy:</u></p> <p>The policy outlining investigation of allegations of sexual abuse and sexual harassment is found in a variety of different documents.</p> <p>AR 457, Investigations, states that the Inspector General is responsible for conducting or assigning investigations related to PREA, criminal activity by or on behalf of inmates, other incidents, and staff misconduct accusations. Section 457.02, Reporting, states that all incidents shall be reported to the IG per the requirements of AR 332; the IG or designee shall be immediately notified of PREA related or serious</p>

incidents involving suspected criminal activity by inmates, staff, or outside parties; or serious violations of Department policy; the IG or designee, and designated Equal Employment Opportunity (EEO) official shall be immediately notified of serious incidents involving sexual harassment; and the IG will determine the need for an investigation; the type/methodology of the investigation; the staff responsible for the investigation; and the priority of the investigation.

AR 421, PREA, section 421.11, Criminal and Administrative Investigations, states that the Office of the Inspector General, Criminal Investigators, is responsible for investigating all allegations of staff on offender sexual abuse and sexual harassment and offender on offender sexual abuse.

A. Investigators assigned to investigate allegations of sexual abuse or sexual assault shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

WCC OP 421, Custodial Sexual Misconduct, Sexual Offenses and PREA, states that WCC staff will ensure that all allegations of sexual abuse and sexual harassment are reported to the Inspector General's Office for the completing of an administrative or criminal investigation.

WCC OP 457, Investigations, provides detailed instructions for completing an investigation related to a PREA allegation.

115.22(a)

The facility reported, via the PAQ, that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. In the past 12 months, there were two allegations of sexual abuse and sexual harassment that were received. The question about the number of allegations resulting in an administrative investigation was left blank, while the number of allegations referred for criminal investigation was noted as two. The PAQ indicated that none of the investigations into the allegations received in the past 12 months were completed. There was no explanation provided, as to why.

The auditor learned through discussions with staff and the PREA Coordinator, that one of these two allegations was placed on the wrong facility's log. It was a sexual harassment allegation and belonged to another camp. There was actually one allegation of sexual abuse against multiple inmate assailants, made during the twelve-month period. It has not been finalized because the agency is waiting DNA test results from the laboratory.

The Director stated, during his interview, that an investigations is completed on all allegations of sexual abuse and sexual harassment. He described the process as follows: The Inspector General's Office will receive the allegation and it will be reviewed to determine if it meets the definition of PREA. One of the supervising Criminal Investigators will assign it to an investigator and the PREA Coordinator will be notified. In the law, there are specific timeframes within which all investigations must be completed. He stated that investigations are completed thoroughly and the

finding is established as substantiated, unsubstantiated or unfounded, as required in the PREA Standards. He also indicated that before an investigator can conduct a PREA investigation, they must have completed the specialized training.

The auditor was tasked to review documentation of reports of sexual abuse and harassment and documentation of investigations, including full investigative reports with findings. The master tracking log that is maintained by the OIG was provided with the PAQ. This report contains one allegation that was received in December 2022. The investigation is alleging sexual abuse by several other inmates and is currently on-going. The auditor was provided with copies of the documents completed as part of the investigation, to date, which included staff reports, the draft investigative report, and some reports from the laboratory. The agency is waiting on results from the laboratory for the DNA evidence that was submitted. A summary of the concerns following the auditor's review of the on-going investigation were provided to the PREA Coordinator during the week of April 24. These concerns were addressed in detail in Standard 115.71.

115.22(b)

The facility reported, via the PAQ, that it has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. Agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

The investigator stated, during his interview, that their department policy requires that all allegations related to sexual abuse or sexual harassment be referred for investigation.

The auditor verified that policy is on the website. She reviewed documentation of referrals of allegations of sexual abuse/harassment. There was one allegation during the documentation review period. After review of the original document provided, it was noted that the second allegation listed on the report was there in error. It should have been posted for a different facility. The one allegation for WCC was an allegation of sexual abuse by several other inmates. It occurred in December 2022 and the investigation remains on-going. The allegation was referred to the Inspector General's Office and assigned to an investigator. They are waiting on the results of the DNA evidence from the lab.

115.22(c)

This substandard is not applicable, as the NDOC conducts investigations for all criminal and administrative allegations received.

	<p><i>The auditor has reviewed policies and documentation, as well as conducted interviews with staff, but at this time is unable to confirm compliance with this Standard. During the corrective action period, once the sexual abuse investigation has been finalized, the auditor will review pertinent documentation to determine compliance with this Standard.</i></p> <p>The auditor monitored the status of the investigation through the corrective action period. At the conclusion of the corrective action period, the investigation at the facility remains on-going. The agency is waiting on DNA test results from the laboratory. The auditor has reviewed draft copies of the investigation and had discussions with the Inspector General and the PREA Coordinator. Based on this, she is confident the investigation will be finalized once all evidence is received from the laboratory. Continuing issues related to the quality and timeliness of the investigation will be addressed in Standard 115.71.</p> <p><i>The auditor has reviewed policies and documentation, as well as conducted interviews with staff, and determined the facility has demonstrated substantial compliance with this Standard.</i></p>
--	--

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.31 - Employee Training.</p> <p><u>Policy:</u></p> <p>The policy outlining training curriculum and procedures is found in AR 360, Correctional Employee/Officer Basic Pre-Service Training. It states that the Department will provide a Correctional Employee/Officer Basic Pre-Service Training (PST) program which includes a minimum of 80 hours for non-custody and a minimum of 160 hours for custody staff. The PST course curriculum, at a minimum, will comply with Chapter 289 of the Nevada Revised Statutes and Nevada Administrative Code for Category III Peace Officers and the Department’s Administrative Regulations and Directives. All staff are required to attend the Department’s PST</p> <p>In addition, training is addressed in AR 421, Prison Rape Elimination Act. In section 421.05, Training, it describes the subjects to be addressed in the training, who is required to complete the training, training frequency, and that the staff are required to acknowledge their understanding of the training received through signed or electronic verification. It also addresses some components of the specialized training for medical/mental health staff.</p>

PREA Manual states in the Section on Training and Education, that the Employee Development Division (EDD) in conjunction with the PREA Management Team will develop and provide a block of instruction to all Department staff on the requirements and responsibilities related to PREA. The instruction will include, at a minimum: a) the Department's zero-tolerance policy for sexual abuse and sexual harassment; b) identify the responsibilities and how to fulfill them for all staff related to the Department's sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; c) inmates' right to be free from sexual abuse and sexual harassment; d) the right of inmates and employees to be free from retaliation for reporting or cooperating in an investigation involving sexual abuse or sexual harassment; e) the dynamics surrounding the issues of sexual abuse and sexual harassment in confinement; f) the common reactions of sexual abuse and sexual harassment victims; g) how to detect, respond to signs and report threatened and actual sexual abuse; h) how to avoid inappropriate relationships with inmates; i) how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming; and j) how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities and who has what responsibility.

The block of instruction will be tailored so that all staff will have the necessary and required skills, knowledge and abilities to respond to the gender of the inmates at their assigned duty post. If necessary, additional training and education will be made available to any staff member upon transfer to a new duty station. All staff will have a refresher block of instruction at a minimum every two years. During the year that refresher on the PREA block of instruction is not provided, all staff should be provided information on the Department's current sexual abuse and sexual harassment policies. EDD will maintain the signatures or electronic verification of all staff members having attended the blocks of instruction. Signature or electronic verification is an affirmative acknowledgement of each staff members' understanding of the training they have received.

115.31(a)

The facility reported, via the PAQ, that it trains all employees who may have contact with inmates on all required components.

The auditor reviewed the training curriculum. New employees receive full PREA training before having contact with inmates and again in their academy training. In 2020, the staff training was on-line PREA training. In 2021, the PREA refresher training addressed communicating effectively and professionally with Lesbian, Gay, Bi-Sexual, Transgender, or Intersex (LGBTI) Offenders, which was created by the National Institute of Corrections. In 2022, the staff training was on-line PREA training. The power point presentation dated April 3, 2021 was provided to the auditor. All required subjects are addressed in the training. The quiz taken by the staff was provided.

A total of nine random staff interview protocols were completed. All staff indicated they had completed PREA training within the past 12 months.

The auditor reviewed training records for all staff assigned at WCC. Training information was documented on the Document Review forms. All staff have completed initial PREA training and the 2022 refresher training.

The auditor was provided with a blank NDOC 1954, PREA Employee Training Acknowledgement form. The form outlines the training that was given and at the bottom of the form, before the employee signature, it states:

“I understand my rights and responsibilities as a mandatory reporter, and the agency’s “Zero Tolerance” policy toward all forms of sexual abuse and sexual harassment. I also understand failure to abide by the “Zero Tolerance” policy, regulations, and division/facility operational procedures could result in disciplinary action and/or possible referral for criminal charges.”

The auditor was informed by the PREA Coordinator that all new hires receive full PREA training on their first day of employment, prior to contact with inmates. Additionally, staff will receive full PREA training again during the agency Peace Officer and Non-Custody Basic Academy training. All staff receive mandated PREA during even number years. During odd number years, all staff receive refresher information on current sexual abuse and sexual harassment policies.

115.31(b)

The facility reported, via the PAQ, that training is tailored to the gender of the inmates at the facility. Employees who are reassigned from facilities housing the opposite gender inmates are given additional training.

The auditor reviewed the training curriculum, as discussed above. The auditor also reviewed documentation of employee signatures or electronic verification signifying comprehension of the training for staff.

115.31(c)

The facility reported, via the PAQ, that between trainings, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. Training is provided every two years, with refresher in the off years. The frequency with which employees, who may have contact with inmates, receive refresher training on PREA requirements is every other year.

As discussed above, the auditor reviewed the PREA training curriculum and the training records for all staff assigned at WCC. All had completed the required training.

115.31(d)

The facility reported, via the PAQ, that the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification.

	<p>The auditor reviewed documentation of employee signatures or electronic verification signifying comprehension of the training. Information was recorded on Documentation Review Sheets. All staff have completed the required PREA training for 2022.</p> <p><i>The auditor has determined through review of policies and documentation, and interview with staff, that the facility has demonstrated substantial compliance with this Standard.</i></p>
--	---

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.32 - Volunteer and Contractor Training.</p> <p><u>Policy:</u></p> <p>There are multiple policies which address this subject matter. Each is outlined below.</p> <p>AR 802, Community Volunteer Program, states that an approved volunteer must complete the Department's initial Volunteer Training before entry to any institution/ facility. According to PREA standard 115.32 all volunteers that have contact with inmates will receive training on PREA and NOOC Zero Tolerance policy. Documentation confirming volunteers understand the NDOC PREA policy and training will be maintained. Refresher Volunteer Training is required every three years. Failure to attend will result in the revocation of volunteer status. All volunteers enter the Department at their own risk and must acknowledge in writing that by the act of volunteering, the volunteer assumes the risks inherent in any prison environment and understands the policy that the Department does not negotiate with hostage-takers in the event of an incident. A volunteer must agree, as an adjunct employee, to abide, by all NDOC policies, rules, regulations and procedures. A volunteer may not engage in sexual abuse or harassment with an inmate, to include romantic relationships.</p> <p>In section 802.02, Dual Status Forbidden, it states that if circumstances suggest that a volunteer has been compromised into a personal relationship with an inmate, or through any other situation or event, that volunteer will be excluded from the institution/facility pending an investigation into the situation. A volunteer who is found to have been compromised will be permanently barred from participating as a volunteer for the Department in any capacity. PREA related incidents will be reported to the JG and investigated.</p> <p>AR 421, PREA Policy, Section 421.05, Training, states that all volunteers and</p>

contractors who have contact with offenders shall be trained, in accordance with the type of service and level of contact they have with offenders, on the DOC's Zero-Tolerance policy as it relates to sexual abuse and sexual harassment. They shall, additionally, be trained on their responsibilities under the NDOC's sexual abuse and sexual harassment prevention, detection and response policies, and procedures. Each volunteer or contractor shall acknowledge and certify to the NDOC, through signature or electronic verification that they understand the training they received.

WCC OP 421, Custodial Sexual Misconduct, Sexual Offenses, and PREA, states that WCC will ensure all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. All volunteers and contractors who have contact with offenders will receive training on their responsibilities under the department's zero tolerance policy and procedures. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with offenders. WCC will ensure that the volunteers and contractors who have contact with offenders have received PREA training prior to entering the facility. WCC will utilize the spreadsheet provided by the Department to verify this information.

AR 212, Contracts, Section 212.03, Contract Approval Requirements and Signatures, states that the level and type of training provided to contractors shall be based on the services they provide and the level of contact they have within inmates. All contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

AR126, Interagency Cooperation, in the Responsibility Section, it states that any outside contractor, vendor, employee, or volunteer associated or working in conjunction with a community group who have direct contact or control of inmates are responsible to be notified of and acknowledge the NDOC PREA zero tolerance policy and may require a background check and training as appropriate.

115.32(a)

The facility reported, via the PAQ, that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. There are two volunteers and zero individual contractors, who have contact with inmates, who have been trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The NDF program was shut down, so there are currently no contract staff working at the Camp.

The auditor reviewed the training curriculum. Volunteer and Contractor Training PREA was revised in June 2021. It is a power point presentation which is 62 pages in length. It establishes the training goal as ensuring all volunteers and contractors have an understanding of the PREA law, PREA standard definitions, employee training requirements and the NDOC agency policy. The objectives of the training are identified as follows: 1) What is PREA and who does it apply to; 2) The agency's zero

tolerance policy and PREA definitions; 3) How employees fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies; 4) The inmates' rights to be free from sexual abuse and sexual harassment; 5) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; 6) how to avoid inappropriate relationships with inmates; and 7) how to communicate professionally with all inmates and those who identify as LGBTI or gender non-conforming. The information is good and all required information is present.

One of the two volunteers was interviewed via the telephone on Thursday, April 13, 2023 at 9:20 am. He indicated he has received PREA training and gets updates or refresher information every year before he signs the PREA acknowledgement form.

The auditor reviewed training records of the volunteers who have contact with inmates. Training documents were provided for one volunteer. The auditor requested and received training records for other volunteer. The auditor was provided with a memorandum, authored by the Warden, dated April 10, 2023, which stated that there have been no NDF staff assigned at WCC during the previous 12 months.

The auditor was provided with the blank DOC 1953 - PREA Zero Tolerance Policy and Reporting.

115.32(b)

The facility reported, via the PAQ, that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. All volunteers and contractors have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The auditor reviewed training curriculum, as discussed above.

The volunteer that was interviewed, via the telephone, stated he understands the policy that sexual abuse or sexual harassment is zero-tolerance. He indicated that if he became aware of a situation, he would report it to the lieutenant or the sergeant.

The auditor reviewed training records for both volunteers.

The auditor was provided with a blank NDOC 1953, PREA Zero Tolerance Policy. The acknowledgment statement read: I acknowledge I have read and understand NDOC has a zero tolerance policy, I was given an opportunity to ask questions and that I am required to report. I also understand failure to abide by the zero tolerance policy could result in removal as a NDOC volunteer/contractor.

The auditor was provided with a screen shot of the DOC Volunteer Information Page. It outlines the required reading and forms to complete. It provides guidance on how the procedure works to attain access into an NDOC facility as a volunteer.

115.32(c)

The facility reported, via the PAQ, that the agency maintains documentation confirming that volunteers/contractors understand the training they have received.

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

She also received the NDOC 051, Volunteer Training/Orientation Acknowledgement Form. Above the signature of the volunteer, he/she certifies:

I attended the Volunteer Training and was given the opportunity to ask questions and discuss the subject matter taught. I am aware of my responsibilities as a Volunteer, Educational staff member, or contractor and understand that failure to follow NDOC Policies and Procedures can result in removal from the Volunteer Program and/or Gatehouse List.

I understand the training given on the above subject of PREA and have a good understanding of this topic within the guidelines of the Nevada Department of Corrections. I understand the NDOC has a "Zero Tolerance" Policy regarding volunteers/staff/contractors on inmate sexual abuse and harassment as well as inmate on inmate sexual abuse and harassment.

The auditor has determined through review of policies and documentation, and an interview with a volunteer, that the facility has demonstrated substantial compliance with this Standard.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.33 - Inmate Education.</p> <p><u>Policy:</u></p> <p>Information related to inmate education is found in a variety of policies and other documentation. These are shown below.</p> <p>AR 511, Inmate Orientation Program, states that the orientation process will ensure that inmates receive the following: (K) Information regarding PREA.</p> <p>WCC OP 421, Custodial Sexual Misconduct, Sexual Offenses and PREA, states that WCC will implement the following to prevent, detect, and respond to allegations of sexual abuse by providing offender education. This will include the Zero Tolerance</p>

Policy, ways to report, access to medical and mental health services, right to be free from retaliation for reporting such incidents, disciplinary sanctions pursuant to AR 707 in consensual sexual activity, and informing offenders, prior to giving them access, of the extent to which such communication will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

In the section on Offender Education, it states that during initial intake/reception and orientation, WCC will ensure all offenders receive information explaining the Department's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment during the intake process. Within 21 days of reception, WCC will provide comprehensive education to offenders either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and regarding Departmental policies and procedures for responding to such incidents.

It states that WCC will provide offender education in formats accessible to all offenders, including those who are Limited English proficient, deaf, visually impaired, or otherwise disabled (reasonable accommodations will be made in accordance with AR 658 to ensure understanding), as well as to offenders who have limited reading skills.

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

115.33(a)

The facility reported, via the PAQ, that inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicion of sexual abuse or harassment. Of the inmates admitted during the past 12 months, there were 166 out of 168 inmates who were given this information at intake.

One staff member, who is involved in the intake process was interviewed. He indicated that he provides inmates with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Inmates are provided with the WCC Rule Book. In the book, it has PREA information. The lieutenant or the caseworker have the inmate sign a form indicating that they received the rule book and they understand the materials.

A total of 20 random inmate interview protocols were completed. All inmates indicated they either received written information about PREA or watched the PREA video. Eighteen of the inmates stated it was on the first day, one indicated it was a week or so after arrival, and one was not sure of the timeframe.

The auditor tested this critical function. She asked how inmates receive the PREA information. She was not able to observe this process, but it was explained as follows: When the transport vehicle arrives at the facility, all inmates are off-loaded. They are moved into the dining room. Once all have been seated, the staff gives a brief orientation, shows the PREA video and hands out the WCC Rule Book. At the end of the video, the staff give an overview of PREA and ask if the inmates have any questions. When the caseworker see's the inmate to complete the initial risk screening, they have the inmate sign a form indicating they received the Inmate Rule Book, which contains PREA information, and that they saw the video.

The auditor reviewed intake records of inmates entering the facility in the past 12 months. She selected 10 names (from the inmates who were interviewed) and requested records showing those inmates received information at intake. She reviewed all PREA education materials to ensure that relevant information is covered.

On page 36 of the 2023 ESP Handbook, it explains the no-tolerance policy and provides information about PREA including how to report. The FAQ's address the inmate's rights, reporting, reporting outside NDOC, retaliation, outside support services, cross-gender announcements, and fees for medical or mental health services after an assault. It is in English and Spanish. The script for the video that is shown is also provided in the back of the handbook, in English and Spanish. There is a WCC Rule Book which is handed out during intake. The auditor was provided with a copy.

The auditor was provided with the Inmate Education and Information Sheet in English and Spanish. It explains the policy and answers a few questions including the inmate's right to not be sexually abuse/harassment, reporting, reporting outside of the NDOC, access to outside resources, cross gender announcements, and that there is no fee for forensic medical examinations, should one become necessary.

The auditor was also provided with a copy of the English and Spanish PREA posters.

115.33(b)

The facility reported, via the PAQ, that of inmates admitted during the past 12 months, whose length of stay in the facility was for 30 days or more, 141 or 100% of them received the comprehensive education within 30 days of intake.

The staff member who completes intake stated that every inmate who arrives at WCC receives the WCC Rule Book and watches the 15-minute PREA video on the day they arrive. All inmates are brought into the dining hall, immediately after exiting the bus, and they are shown the video. Staff go over the information and ask if they have any questions.

A total of 20 random inmate interview protocols were completed. All inmates indicated that the information they received included information about the zero-tolerance policy, how to make a report, and that they should not be retaliated against for making a report. Eighteen of the inmates indicated they were provided this information on the day they arrived, one inmate stated he received the information about a week later, and one inmate was not sure about the timeframe.

The auditor tested this critical function by asking how the inmates receive the comprehensive education. The auditor was not able to observe this process, but it was explained as follows: When the transport vehicle arrives at the facility, all inmates are off-loaded. They are moved into the dining room. Once all have been seated, the staff gives a brief orientation, shows the PREA video and hands out the WCC Rule Book. At the end of the video, the staff give an overview of PREA and ask if the inmates have any questions. When the caseworker see's the inmate to complete the risk screening, they have the inmate sign a form indicating they received the Inmate Rule Book, which contains PREA information, and that they saw the video.

The auditor reviewed records corroborating that those inmates received comprehensive PREA education within 30 days of intake. The auditor requested and received this documentation for 10 of the inmates who were interviewed. All were shown the PREA video within 30 days of arrival at WCC.

115.33(c)

The facility reported, via the PAQ, that of those who were not educated within 30 days of intake, all inmates have been educated subsequently. All inmates watch the 15 minute PREA education video upon arrival at WCC. Agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.

One of the staff involved in the intake process, explained during his interview, that all inmates are given the WCC Rule Book and shown the video as soon as they get off the bus. The Lieutenant or Caseworker have the inmate sign a form which states they have received the information and understand it.

The auditor reviewed inmate education materials She was provided with a copy of the ESP Inmate Handbook, WCC Rule Book, and the Inmate Education and Information Sheet. These materials contain information about PREA.

The auditor was tasked to review records corroborating that current inmates received comprehensive PREA education within one year of the effective date of the PREA standards. The auditor was told that this camp experienced a change in the type of inmates housed there. The population was moved out and on September 8, 2022, the intake process for the new population was initiated. Because of this change, there were no inmates who had been at the facility since implementation of the PREA standards.

115.33(d)

The facility reported, via the PAQ, that inmate PREA education is available in accessible formats for all inmates including those who are outlined in the standard.

The auditor reviewed inmate education materials to ensure they are in a format

accessible to all inmates. Informational sheets provided to the auditor were in English and Spanish.

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

115.33(e)

The facility reported, via the PAQ, that the agency maintains documentation of inmate participation in PREA education sessions.

The auditor reviewed a sample of documentation of inmate participation in education sessions. An unsigned example of the PREA Comprehensive Education form was provided to the auditor. It was last updated in January 2014. The auditor requested and received signed documentation for 10 of the inmates who were interviewed.

115.33(f)

The facility reported, via the PAQ, that it ensures that key information about the PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats.

During the tour of the facility, the auditor observed PREA posters and posters about emotional support services in multiple areas around the facility. All were in places where inmates would have access to them. These included the living units, dining hall/visiting room, gym, and library.

The auditor reviewed education and informational materials in compliance with the standard. PREA posters in English and Spanish were provided along with the most current version of the WCC Rule Book.

The auditor has determined through review of policies and documentation, as well as interviews with staff and inmates, that the facility has demonstrated substantial compliance with this Standard.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.34 - Specialized Training: Investigations.

Policy:

The policy outlining agency training is found in AR 421, PREA Policy. It states that staff who investigate incidents of sexual abuse and sexual harassment shall receive specialized training on techniques for interviewing sexual abuse victims, proper use of Miranda, Garrity warning, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecutorial referral. The NDOC maintains documentation of training completion.

In the Confidential PREA Manual, it states that all staff of the Department who conduct investigations related to PREA sexual abuse and/or sexual harassment of inmates are required to receive and successfully complete training focused on sexual abuse or sexual harassment in the confinement setting. The training will include techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and criteria and the evidence required to substantiate a case for administrative, penal code of discipline or prosecution referral. It states that an on line course specifically developed for specialized training for investigations of sexual abuse and sexual harassment in confinement is available on the PREA Resource Center web site under Training and Technical Assistance. A certificate of completion is available once the participant successfully completes the examination at the end of the block of instruction. The PMT and EDD will maintain documentation that staff who conduct PREA investigations have completed the required training related to the confinement setting. Only investigative staff assigned to the I G's office will conduct investigations into allegations or reports of sexual abuse or suspected sexual abuse of an inmate by a staff member.

115.34(a)

The facility reported, via the PAQ, that policy requires investigators to be trained in conducting sexual abuse investigations in confinement settings.

The auditor reviewed the training curriculum, which were power point presentations from the National Institute of Corrections (NIC) entitled "Advanced Specialized Training", and "Investigator Specialized Training". These power point presentations included all required components.

The auditor interviewed an Inspector General Investigator assigned at Ely State Prison on Wednesday, April 5, 2023 at 10:00 am via the telephone. The investigator indicated that he had completed specialized training through the National Institute of Corrections. He completed on-line courses related to Sexual Abuse Investigations in a Confinement Setting and the advanced class of the same course. He indicated he has also taken a few classes at the local college. He stated he had completed the NIC courses in 2022. He stated that the subject matter that he recalled from the classes included interview techniques - how to speak with the victim, not being accusatory, making them feel comfortable, proper use of Garrity, evidence collection, discussion with the attorney general before conducting compelled interviews and the level of evidence needed to substantiate a case.

The auditor reviewed training records of the investigative staff member who was interviewed. The auditor was provided with training certificates for all IG investigators.

In a July 23, 2021 memorandum to the DOJ auditor from PREA Coordinator, the auditor was informed that the Office of the Inspector General criminal investigators and designed facility supervisory staff take the NIC on-line Specialized Investigator training which can be found at <https://nic.learn.com/learncenter>. These same individuals also complete an advanced specialized training: This course provides case studies that allow investigators to apply and practice their investigative skills to conduct appropriate investigations in accordance with PREA standards. Attached to the memo were copies of course outlines for the two classes these identified individuals are required to complete.

115.34(b)

The auditor reviewed the training curriculum and found it addressed all required topics.

The investigator indicated, during his interview, that the specialized training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Training records of investigative staff were reviewed by the auditor.

115.34(c)

The facility reported, via the PAQ, that the agency maintains documentation showing that investigators have completed the required training. There are 19 investigators from the Office of the Inspector General who are currently employed and have completed the required training. None of the supervisors assigned at WCC have received the specialized training.

The auditor was tasked to review documentation that investigators have completed training. Training certificates were provided for all investigators in the Office of the Inspector General.

115.34(d)

This substandard is not applicable, as the NDOC conducts all criminal and administrative investigations.

The auditor has determined through review of policies and documentation, and interviews with staff, that the facility has demonstrated substantial compliance with this Standard.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.35 - Specialized Training: Medical and Mental Health Care.</p> <p><u>Policy:</u></p> <p>The policy outlining Specialized Medical/Mental Health Training is found in AR 421, PREA Policy. It states, in the training section, that all full and part time medical and mental health care practitioners shall be trained on the subparts below. The NDOC shall maintain documentation that such training has been received. A. How to detect and assess signs of sexual abuse and sexual harassment. B. How to preserve physical evidence of sexual abuse. C. How to respond effectively and professionally to victims of sexual abuse and sexual harassment. D. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>WCC OP 670, Medical Standards for PREA, states that WCC does not supervise any medical or mental health personnel. All services are provided at Ely State Prison.</p> <p><u>115.35(a)</u></p> <p>The facility reported, via the PAQ, that it has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. There are no medical and mental health care practitioners who work regularly at this facility who received the specialized training. There are eight medical or mental health staff assigned at Ely State Prison who have completed the specialized training. If an inmate requires medical or mental health care, an appointment is scheduled and the inmate is transported from WCC to Ely State Prison for the appointment.</p> <p>There are no medical or mental health staff who work at WCC, so this interview protocol was not completed.</p> <p>The power point presentations for the medical and mental health specialized training were provided to the auditor. She reviewed both and found all required topics were addressed.</p> <p>Per a memo dated July 23, 2021, signed by the PREA Coordinator, the training that is provided to all health care and mental health staff assigned to work at a correctional facility in Nevada are provided courses through the NIC. They are on-line courses. One is entitled: Medical Health Care for Sexual Assault Victims in Confinement Setting, and the other is Behavioral Health Care for Sexual Assault Victims in a Confinement Setting.</p> <p><u>115.35(b)</u></p> <p>The facility reported, via the PAQ, that NDOC medical staff do not conduct forensic medical examination. These are done at an outside hospital.</p>

	<p><u>115.35(c)</u></p> <p>The facility reported, via the PAQ, that the agency maintains documentation showing that medical and mental health practitioners have completed the required training.</p> <p>The auditor was tasked to review documentation that medical and mental health practitioners have completed training. As stated above, there are no medical or mental health staff assigned at WCC.</p> <p><u>115.35(d)</u></p> <p>The auditor was tasked to review training logs of medical and mental health care practitioners to ensure they received the training for employees and contractor/ volunteers (depending on their status) in the referenced standards. There are no medical or mental health staff assigned at WCC.</p> <p><i>The auditor has determined through review of policies and documentation, as well as discussions with staff, that the facility has demonstrated substantial compliance with this Standard.</i></p>
--	---

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.41 - Screening for Risk of Victimization and Abusiveness.</p> <p><u>Policy:</u></p> <p>The policy outlining screening procedures is found in AR 573, PREA Screening and Classification. In Section 573.01, PREA Screening and Classification, it states the following:</p> <ol style="list-style-type: none"> 1. All inmates shall be assessed for their risk of being sexually abused by other inmates or sexually abusive toward other inmates in accordance with Federal PREA standards. <ol style="list-style-type: none"> A. Initial screening should take place as soon as possible, but shall be completed within 72 hours of arrival at an institution or facility, excluding holidays. Whenever possible, and consistent with the safety and security needs of the institution or facility, inmates are not to be housed together in two-man cells prior to PREA screening. B. Within a set period of time, not to exceed 30 days from the inmate’s arrival at the facility, a Correctional Caseworker will reassess the inmate’s risk of victimization or potential for abusiveness toward other inmates based upon any additional,

relevant information which may have been received since the initial screening.

C. Transgender/Intersex inmates will be reassessed every 6 months for placement and programming needs.

D. Inmates will be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of being sexually victimized or being sexually abusive.

2. The PREA Risk Assessment will be used for all screenings and assessments and pursuant to 115.41 of the federal PREA standard, will include the following factors:

Potential Victim Factors include: whether the inmate has a mental, physical or developmental disability; age and physical build of the inmate; whether the inmate has previously been incarcerated; whether the inmate's criminal history is exclusively nonviolent; whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability.

Potential Aggressor Factors include: history of institutional violent behavior; any history of sexual abuse, as either a victim or perpetrator; history of convictions for violent offenses; and history of correctional facility sexual abuse, which may include violations contained in AR 707 that are of a sexual nature.

C. PREA Designations

The results of the NDOC approved PREA Risk Assessment will determine the PREA designation and will be considered in classification and placement decisions. The PREA Designations are as follows: Known victim, potential victim, non-victim, known aggressor, potential aggressor or non-aggressor.

D. Overrides from potential victim to non-victim or non-victim to potential victim must be based on documented, specific evidence. The same applies for overrides of potential aggressor or non-aggressor status. In no instance may a known aggressor or known victim designation be overridden. The source of information is to be noted on the Risk Assessment form accordingly (self-reported, Pre Sentence Investigation, Offense in Custody, Incident Report, jail report, etc.)

E. Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked during PREA or intake assessments identified in paragraphs (1)(7), (8), (9).

3. Completion of the Risk Assessment will be noted in a chronological entry in the NOTIS along with a reference to an alert when applicable.

WCC OP 573, PREA Screening and Classification, also addresses the screening process and provides the detailed process. It states that all inmates shall be assessed for their risk of being sexually abused by other inmates or sexually abusive toward other inmates in accordance with Federal PREA standards. Initial Screening

should take place as soon as possible, but shall be completed within 72 hours of arrival at the facility excluding holidays. Whenever possible, and consistent with the safety and security needs of the facility, inmates are not to be housed together in two-man cells prior to PREA screening. A casenote (PREA-Intake Assessment) will be generated to document said action. A corresponding NOTIS Alert will be entered on all known victims (PREA-High Risk of Sexual Victimization) and all known predators (PREA-High Risk of Sexual Abusiveness).

Within 21 days from the inmate's arrival at the facility, a Correctional Caseworker will reassess the inmate's risk of victimization or potential for abusiveness towards other inmates based upon any additional, relevant information which may have been received since the initial screening. A case note (PREA-30 Day Follow Up) will be generated to document said action. A corresponding NOTIS Alert will be entered on all known victims (PREA-High Risk of Sexual Victimization) and all known predators (PREA-High Risk of Sexual Abusiveness). Inmates who identify as transgender or intersex will be reassessed at each 6 month regular review and a casenote (PREA-Special Referral Assessment) will be entered to document said action. Placement and programming assignments will be discussed at this time to review any threats to safety experienced by the inmate. In deciding whether to assign a transgender or intersex inmate to a facility for male inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether the placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. Inmates will be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of being sexually victimized or being sexually abusive. A casenote (PREA-Special Referral Assessment) will be generated reflecting this assessment. If an inmate reports that he was sexually abused while confined at another institution/facility, the PREA Compliance Manager or Associate Warden must be notified immediately. The PREA Compliance Manager/Associate Warden will initiate an incident report and provide notification to the PREA Coordinator (Inspector General) as soon as possible, but no later than 72 hours after receiving the allegation. If during a PREA Risk Assessment it is learned that an inmate has been found guilty of a MJ19 - Sexual Assault and/or is a known inmate-on-inmate abuser, the PREA Compliance Manager or Associate Warden must be notified immediately. If this is the first instance where an inmate's guilty MJ19 and/or known inmate-on-inmate abuse is being reported, the PREA Compliance Manager will refer the inmate to mental health within 60 days for purposes of obtaining a mental health evaluation and treatment when deemed appropriate by mental health practitioners.

Confidentiality and Documents:

Only medical, mental health and classification staff will have access to PREA documentation, unless a security incident dictates custody staff may need the information for safety and security of involved inmates or staff. Classification may share PREA information on a case-by-case, need to know, basis to ensure safety and security of the institution and inmates. All PREA Risk Assessments will be completed by classification and placed in the I-file upon completion. PREA Risk assessments are

considered confidential and may not be viewed by inmates.

115.41(a)

The facility reported, via the PAQ, that it has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates.

The staff member who completes the risk screening was interviewed on Thursday, April 13, 2023. He stated he is responsible, temporarily, to complete the risk screening on all inmates who arrive at WCC. He indicated he is performing these duties because the position of Correctional Caseworker is currently vacant. He is a Correctional Officer and once the position is filled, he will return to his usual duties.

A total of 20 random inmate interview protocols were completed. Of those, 19 inmates indicated they had met with staff and completed the PREA Risk Screening and one inmate stated he did not. Eleven inmates indicated it was on the day they arrived, three inmates stated it was the next day, four inmates indicated it was within 72 hours and one inmate stated it was about a week after arrival.

The auditor tested this critical function. She asked when and how the initial risk screening is completed? The auditor observed the initial risk screening being completed for five new arrivals. These inmates had arrived at the facility the prior day, during swing shift. The acting caseworker called each inmate into his office and explained he was completing the PREA questionnaire. He went through the questions with them and wrote their responses on a paper version of the screening form. He asked if they would like to speak with someone from Mental Health. All declined. He asked if they had seen the PREA video and had received the WCC Rule Book. All said they had and he had them sign the acknowledgement form. He asked if they had any question and told them that he would be speaking with them again in 21-30 days to review the PREA questions again. The caseworker position at the camp had been vacant since November 2022.

During the tour, the auditor noted the caseworker's office to be down one of the wings before getting to the inmate living area. The caseworker's office is the place where the PREA risk screenings are completed. They are completed behind a closed door.

The auditor was provided with an Assessment Flow Chart that addresses completion of risk assessments.

115.41(b)

The facility reported, via the PAQ, that policy requires inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. In the past 12 months, there were 165 inmates entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

The staff member who is temporarily assigned to complete the risk screening, due to a vacancy in the caseworker position, stated that he completes the risk screening within 72 hours of arrival. He tries to complete them on the day the inmate arrives.

A total of 20 random inmate interview protocols were completed. Of those, 19 inmates indicated they had met with staff and completed the PREA Risk Screening and one inmate stated he did not. Eleven inmates indicated it was on the day they arrived, three inmates stated it was the next day, four inmates indicated it was within 72 hours and one inmate stated it was about a week after arrival.

The auditor reviewed records for inmates admitted to the facility within the past 12 months for evidence of appropriate screening within 72 hours. The auditor received a list of new arrivals over the past 12 months. She selected 20 names of inmates who were currently housed at WCC to review documents for. In reviewing the documentation, the auditor noted that 11 out of the 20 received their initial screening within 72 hours of arrival. Of the nine remaining, four were not timely and five did not contain an entry reflecting it had been completed. This equates to 55% compliance. This was addressed during the corrective action period.

115.41(c)

The facility reported, via the PAQ, that the risk assessment is conducted using an objective screening instrument.

The auditor was provided with the NDOC form 2097, PREA Risk Assessment (paper version) which was reviewed. It contained all required components. The PREA risk screening tool is maintained in NOTIS.

115.41(d)

The auditor was provided with the NDOC form 2097, PREA Risk Assessment (paper version) which was reviewed. It contained all required components.

The auditor asked the person who completes the risk screening, what the screening tool considers. He stated that he asks about vulnerability, prior victimization (both inside prison and in the community), if they are new to prison, physical build, age, sexual orientation, violence in their history, and if they have ever sexually assaulted an adult or child. He stated that when inmates arrive at the facility, once they have seen the video and been given their rule book, they are called into his office. He goes through the questions with them and asks if they have any questions. He has them sign a form which states they received the rule book, have seen the video, and were able to ask questions. He offers mental health to every inmate.

The auditor noted while reviewing AR 573, that it outlines all of the factors for potential victims and potential aggressors. They are detailed on page 2 of the policy. In addition, WCC OP 573 also identifies all of the factors for potential victims and potential aggressors.

115.41(e)

The auditor was provided with the NDOC form 2097, PREA Risk Assessment (paper version) which was reviewed. It contained all required components.

The auditor asked the person who completes the risk screening, what the screening tool considers. He stated that he asks about vulnerability, prior victimization (both inside prison and in the community), if they are new to prison, physical build, age, sexual orientation, violence in their history, and if they have ever sexually assaulted an adult or child. He stated that when inmates arrive at the facility, once they have seen the video and been given their rule book, they are called into his office. He goes through the questions with them and asks if they have any questions. He has them sign a form which states they received the rule book, have seen the video, and were able to ask questions. He offers mental health to every inmate.

115.41(f)

The facility reported, via the PAQ, that the policy requires the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. In the past 12 months, there were 141 inmates entering the facility (either through intake or transfer) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.

The person who completes the risk screening stated that he would complete a new risk assessment if he received a referral, if an inmate requested, when there is an allegation of sexual abuse, or if he receives additional information. He stated that the inmates are seen for their follow-up risk screening between 21 - 30 days of arrival.

A total of 20 random inmate interview protocols were completed. Of those, 15 of the inmates indicated they had been called into the office a second time and the risk screening was completed again, four inmates indicated they had not been asked the questions a second time, and one inmate stated he was not due to be asked for a couple more days. Of the 15 inmates who had be re-assessed, one stated it was the next day, two indicated it was about a week later, five indicated it was about 2 weeks later, one indicated it was about three weeks later, and six stated it was about 30 days later.

The auditor tested this critical functions by asking and then observing the follow-up risk screening being completed by the acting caseworker. The auditor asked how the inmates are notified to have it done? The acting caseworker is tracking when the follow-up risk screening needs to be done by putting the date on a post-it note on the front of the inmate paperwork. He keeps them in a pile and the day they need to be done, he calls the inmate into the office.

The auditor observed the follow-up risk screening being completed for one inmate. The acting caseworker called this inmate into his office and explained he was completing the follow-up PREA questionnaire. He went through the questions with the inmate and wrote their responses on a paper version of the screening form. He

asked if the inmate would like to speak with someone from Mental Health. He asked if they had any questions and told them they could contact him if anything came up.

The auditor reviewed records of reassessment for risk of sexual victimization or abusiveness. The auditor received a list of new arrivals over the past 12 months.

She selected 20 names of inmates who were currently housed at WCC to review documents for. In reviewing the documentation, the auditor noted that 19 out of the 20 received their follow-up risk screening within 30 days of arrival.

115.41(g)

The facility reported, via the PAQ, that policy requires an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

The person who completes the risk screening stated that he would complete a new risk assessment if he received a referral, if an inmate requested, when there is an allegation of sexual abuse, or if he receives additional information.

The auditor was tasked to review records of inmates who were reassessed for risk of sexual victimization or abusiveness. There were none completed at WCC during the audit documentation period.

The auditor reviewed one record of an inmate who had alleged sexual abuse for confirmation of reassessment. There was one allegation of sexual abuse during the documentation review period. This inmate was transported for a forensic examination and then relinquished to a different NDOC prison. Upon his arrival at this new institution, he was given a special assessment to update his PREA risk screening information. The auditor was provided a copy of this special assessment.

115.41(h)

The facility reported, via the PAQ, that policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding: whether or not the inmate has a mental, physical, or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; whether or not the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability.

The person who completes the risk screening process indicated, during his interview, that the inmates would not be disciplined for refusing to respond or not fully disclosing information about whether the inmate has a mental, physical, or developmental disability; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the inmate has previously experienced sexual victimization; or the inmate's own perception of vulnerability.

115.41(i)

	<p>The PREA Coordinator indicated, during her interview, that access to the information from the risk screening is granted based on the duties/classification of the person. She indicated that access is typically granted to the caseworkers, but at the camps it is also granted to supervisory staff, staff in the Inspector General’s PREA Management Office, and the facility management team.</p> <p>The PREA Compliance Manager indicated at the camp, it is the Lieutenant and the Caseworker.</p> <p>The person who completes the risk screening process stated that at WCC only supervisors and the caseworker have access to the information from the risk screening. He was given access temporarily because he is covering the duties of the caseworker until one can be hired.</p> <p><i>The auditor received a list of new arrivals over the previous 12 months. She selected 20 inmates for review of the records and noted only 11 of those had been completed within the required 72 hours. This concern was addressed through corrective action. The corrective action consisted of:</i></p> <p>The auditor requested a monthly list of new arrivals and randomly selected inmates to review the records associated with the initial PREA Risk Screening, to determine if they were completed timely. On June 7, 2023, the auditor requested a list of inmates who arrived at WCC during the month of May. She received the list, selected five inmates, and requested documentation of the initial risk screening. On June 13, the auditor received the requested documentation. All five of the inmates reviewed were screened within 72 hours of their arrival. She followed this same process for the months of June and July. In total, 13 records were reviewed and all were completed timely.</p> <p><i>The auditor has determined through review of policies and documentation, interviews with staff and inmates, observation of facility operations, and completion of corrective action, that the facility has demonstrated substantial compliance with this Standard.</i></p>
--	---

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.42 - Use of Screening Information.</p> <p><u>Policy:</u></p>

Information related to the use of screening information is found in AR 573, PREA Screening and Classification. It states that all inmates shall be assessed, during intake and upon transfer to another facility, for their risk of being sexually abused by other inmates or sexually abusive toward other inmates in accordance with Federal PREA Standards.

In the section entitled PREA Designations, it states that the results of the NDOC approved PREA Risk Assessment will determine the PREA designations and will be considered in classification and placement decisions. In the section on housing and placement based on PREA classification, it states that staff shall use information from the risk assessment to make informed housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Staff shall make individualized determinations about how to ensure the safety of each inmate. At no time will a known victim and a known aggressor be housed together in a two man cell. A potential victim and a potential aggressor shall not be housed together. Non-victims and non-aggressors may be housed with any other category, subject to individual case factors.

In the section entitled Institutional Placement based on Gender Identity, the policy states that in deciding whether to assign a transgender or intersex inmate to a facility/institution for male or female inmates, and in making other housing and programming assignments, the agency shall consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security risks. Reference should also be made to Administrative Regulation 494. The following factors will be taken into account for housing and programming: a transgender or intersex inmate's own views with respect to his or her own safety; transgender and intersex inmates shall be given the opportunity to shower separately from other inmates; and lesbian, gay, bisexual, transgender, or intersex inmates will not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status.

A classification review committee consisting of a certified medical/mental health practitioner, Inspector General's Office, PREA management team member, and a designated staff member from Offender Management will determine appropriate institutional placement of a transgender or intersex inmate based on the review. The classification review committee will conduct an individual assessment based upon their specific area of expertise, knowledge, and control. All documentation, information, and recommendations of the review committee are confidential and will be maintained in a secure location.

WCC OP 573, PREA Screening and Classification mirrors the language found in the AR. In addition, it directs that all program, education, and work assignments be monitored and supervised by custody or free staff at all times to ensure safety and security of all inmates. It also states that inmates who identify as transgender or intersex will be reassessed at each 6 month regular review and a case note (PREA-Special Referral Assessment) will be entered to document said action. Placement and programming assignments will be discussed at this time to review any threats to

safety experienced by the inmate.

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

115.42(a)

The facility reported, via the PAQ, that it uses information from the risk screening required by 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

The auditor reviewed documentation of use of screening information for these purposes. The auditor requested a report that showed any inmate who had been identified to be at high risk for sexual victimization or at high risk for being sexually predatory toward other inmates. The report that was run did not identify any inmates at WCC who met this criteria.

The auditor was provided with a "Beds Report" which is a new report, recently made available to facility staff. It was organized by wing and cube within the dormitory style housing unit. The auditor noted that there were two cubes in Wing A which housed inmates who were possible predators in the same cube as those who have been identified as possible victims. In Wing B, all bed assignments were appropriate and in Wing C, one cube had a possible predator and possible victim housed in the same cube. From the report, the auditor was not able to determine if they are in the same bunk - upper and lower. The facility was made aware of this concern on Wednesday, May 3, 2023 and moved all of the possible victims into cube 1 in each of the wings. They provided an updated report, so the auditor was able to confirm these changes. The auditor questioned what process had been put in place to ensure this doesn't happen again? On May 15, 2023, Ely State Prison's PREA Compliance Manager provided direction to the camp, as follows: In order to adhere to OP 573 PREA Screening and Classification as well as the PREA standard 115.42, the caseworker will be required to review the "Beds Report" each week, after completing the intake process for the new arrivals. The Lieutenant is required to run the "Beds Report" on the first day of each month and verify there are no deviations from the required housing protocols. If a bed move is made, the individual completing the bed move will review the offenders PREA risk assessment before completing the bed move. Again, all possible victims should be housed in the first cube closest to the officers' station with the possible aggressors being housed in the furthest cubes away from the officers' station. This will ensure we are able to provide safe housing for inmates who are identified as possible or known victims. This corrected the identified problem, but the auditor will monitor for a period of time to ensure it is being managed by the camp.

The auditor reviewed documentation of how decisions are made. PREA Risk Screening Assessment Guide was provided to the auditor. It guides staff on the requirements of when an assessment needs to be completed.

The PREA Compliance Manager stated, during his interview, that he utilizes

information from the risk screening to determine safe housing and appropriate work assignments for inmates. If he had an inmate who was identified to be a known victim or a potential victim, he would not house them in a wing with a person who is identified to be a known aggressor or a potential aggressor. After observing the inmates for a brief period of time, if he felt there were any potential issues, he might request the aggressor be moved to a different facility.

The staff member who completes the risk screening process stated that he believes the Lieutenant would not have the potential victim in the same area as the potential aggressor.

The auditor reviewed documentation of risk-based housing decisions. The auditor was provided with the Assessment Flowchart. Attached was a chart entitled "Using the Assessment in Housing Decisions". It guides staff on things to be considered when making a housing decision including their status based on the PREA risk assessment.

The PREA Specialty Tracking Master list was provided to the auditor. It is the method utilized to identify specialized inmates. This document did not contain any inmates who had been identified to meet the criteria for any of the targeted groups.

115.42(b)

The facility reported, via the PAQ, that it makes individualized determinations about how to ensure the safety of each inmate.

The staff member who completes the risk screening process stated that he believes the Lieutenant would not have the potential victim in the same area as the potential aggressor.

The auditor was provided with a blank copy of the DOC 1918, Transgender Intersex Questionnaire. There was no information on when this is completed or by whom? The auditor questioned the PREA Coordinator about this and received information via e-mail. On October 19, 2022, the below information was disseminated to staff in the institutions. The DOC 1918-Transgender Intersex Questionnaire, must be completed for all Transgender or Intersex offenders during intake/reception, 6-month Transgender wellness checks, and based upon new information. The form was amended and redistributed to the field on March 15, 2023. The language for this process is in the recently revised and approved PREA Manual. It was distributed to the field in November 2023, during the corrective action period.

The auditor questioned if every inmate who identifies as transgender or intersex is brought to the Transgender or Intersex Review Committee when they first arrive at NDOC or are they only brought to the committee if the inmate requests to be housed based on their gender identity? She stated they review all for housing and programming/work upon intake and during six-month reviews. They only conduct a Transgender Intersex Committee Review upon request to be assigned at a facility for the gender with which they identify.

115.42(c)

The facility reported, via the PAQ, that it makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis.

The PREA Compliance Manager indicated that when a transgender or intersex inmate requests to live at a facility based on their gender identity, they are seen by a committee who completes a thorough review of all of the inmate's case factors. The committee documents the review that was completed and the inmate is notified of the outcome of the review.

The auditor was tasked to interview transgender or intersex inmates. There were no transgender or intersex inmates housed at the facility during the on-site visit; therefore, this interview protocol was not completed.

115.42(d)

The PREA Compliance Manager indicated, during his interview, that housing and programming assignments for transgender or intersex inmates would be reviewed every six months, if he had these inmates assigned at the camp.

The person who completes the risk screening stated, during his interview, that housing and program reviews could be done at each 6 month review. He indicated that all inmates at the camp are seen once every six months.

The auditor was tasked to review documentation of reassessment of programming assignments for each transgender or intersex inmate in compliance with the standard. The camp has not had a transgender or intersex inmate assigned to the facility, so there was no documentation to review.

115.42(e)

The PREA Compliance Manager indicated, during his interview, that a transgender or intersex inmate's own view with respect to his or her own safety would be given serious consideration in determining housing and programming assignments.

The person who completes the risk screening process stated, during his interview, that a transgender or intersex inmate's own view with respect to their own safety would be given serious consideration in determining housing and programming assignments.

The auditor was tasked to interview transgender or intersex inmates. There were no transgender or intersex inmates assigned at WCC during the on-site visit; therefore, this interview protocol was not completed.

115.42(f)

The PREA Compliance Manager stated, during his interview, that if they had a transgender or intersex inmate assigned at the camp and that inmate requested to shower separately, they would work out a schedule to make it happen.

The person who completes the risk screening stated, during his interview, that if a transgender or intersex inmate requested to shower separately from other inmates, they would be allowed. He indicated that all of the showers are individual stalls and each has a shower curtain on the front of it.

The auditor was tasked to interview transgender or intersex Inmates. There were no transgender or intersex inmates assigned at WCC during the on-site visit; therefore, this interview protocol was not completed.

The auditor toured the entire facility and noted that in each of the housing wings, there are two inmate restrooms. Each has two individual shower stalls with a shower curtain on the front of each one. The facility has not had a transgender inmate assigned, so has no written procedures on how this would work. This was discussed with the Lieutenant and he indicated they would speak with the transgender inmate to find out what would work best for showers before writing procedures.

115.42(g)

The PREA Coordinator stated, during her interview, that the agency is not under any consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, transgender or intersex inmates. She stated they determine housing based on custody level and all of the inmate's specific case factors.

The PREA Compliance Manger stated, during his interview, that he is not aware of any consent decree, legal settlement, or legal judgment requiring such inmates to be housed separately from other inmates.

The auditor was tasked to interview transgender, intersex, or gay inmates. There were no inmates, who identified as transgender, intersex or gay, assigned at WCC during the on-site visit; therefore, this interview protocol was not completed.

The auditor was tasked to review any title, status, and findings of any consent decree, legal settlement, or legal judgement requiring a facility to establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmates. There were none. She was also tasked to review documentation of housing assignments of inmates identified to be gay, bisexual, transgender, or intersex for compliance with the standard. There were no inmates who identified as gay, bisexual, transgender or intersex housed at WCC during the on-site visit.

The auditor was provided with a memorandum authored by the Warden, dated August 5, 2021, that states that WCC does not dedicate specific areas to inmates who identify as lesbian, gay, bisexual, transgender or intersex.

The issue identified above has been corrected and a plan to ensure it doesn't happen again has been implemented, the auditor will monitor for continued compliance during the corrective action period.

During the conference call with the facility and the acting PREA Coordinator, on June

7, 2023, the auditor discussed the corrective action items and requested a “Beds Report”. She followed up via E-mail on June 16, and again requested a “Beds Report” for June 7 and one for June 16. She received the report for June 16 on that date and reviewed the information. She did not find any housing concerns. The auditor learned that the agency is not able to easily go back and run a "Beds Report" for a prior date. It is more of a point in time report. She randomly requested "Beds Reports" on July 12, August 3, and August 23. The auditor received all requested reports, reviewed each and did not identify any housing concerns after reviewing the information.

The auditor has determined through review of policies and documentation, interviews with staff, observation of facility operations, and completion of corrective action, that the facility is in substantial compliance with this Standard.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.43 - Protective Custody.</p> <p><u>Policy:</u></p> <p>The policy regarding protective custody is found in AR 573, PREA Screening and Classification,. In Section 573.04, Segregation of Inmates under PREA, it states that inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and it has been determined that there are no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing no more than 24 hours while completing the assessment. This assessment will determine if an immediate institutional bed move will alleviate the issue. If not, the inmate will be given a Notice for Placement in Administrative Segregation and will be seen by the Caseworker within 72 hours to determine the appropriate placement of the inmate. This review will include a reassessment using the PREA Risk Assessment instrument.</p> <p>Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document the opportunities that have been limited, the duration of the limitation, and the reasons for such limitations. The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If an involuntary segregated housing assignment is made, the</p>

facility shall clearly document the basis for the facility's concern or the inmate's safety and the reason why no alternative means of separation can be arranged. Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.

WCC OP 573, PREA Screening and Classification. In the section on segregation of inmates under PREA, it states that inmates who are at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and it has been determined that there are no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing no more than 24 hours. During the weekends or holidays the on duty Associate Warden must be notified to make appropriate arrangements. If the inmate voluntarily requests segregated housing, inmate is to be transferred to Ely State Prison, the inmate will be seen by classification at ESP within 72 hours of segregation.

115.43(a)

The facility reported, via the PAQ, that it has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. There were no inmates who had been determined to be at high risk of sexual victimization who were held in involuntary segregated housing in the past 12 months.

The Warden indicated, during his interview, that policy prohibits placing inmates who are at high risk for sexual victimization or who have reported sexual abuse in involuntary segregated housing unless an assessment has determined there is no alternative housing available to safely housing the inmate. He indicated this is also their practice at the camp. They have one detention cell, but typically it would only be used to control the inmate who had been identified as the potential aggressor.

The auditor was tasked to review records and documentation of housing assignments of inmates at high risk of sexual victimization. She requested a list of any inmates housed at WCC who had been identified to be at high risk for sexual victimization. The list contain no inmate names and a copy of the blank list was uploaded into the OAS. After reviewing the information provided via the "Beds Report", she confirmed there were no inmates identified to be at high risk of sexual victimization.

There was one allegation of sexual abuse during the audit documentation period. The inmate who made this allegation was placed in the facility's temporary holding cell until staff could prepare for the transport. This was approximately five hours. He was transported for a forensic examination and then this custody was relinquished to a different NDOC institution. The auditor followed up on his housing when he arrived at the new institution. Documentation indicated he was housed in the infirmary for a few days until he was seen by classification then he was released to general population housing.

115.43(b)

The facility reported, via the PAQ, that it does not have a segregated housing unit. They have one cell that is used for holding an inmate, waiting to be transported, if the need arises. Based on this, the interview protocol was not completed.

The auditor was tasked to interview inmates in segregated housing (for risk of sexual victimization/who allege to have suffered sexual abuse). There are no segregated housing beds at WCC, so this interview protocol was not utilized.

During the facility tour, the auditor did not identify a segregated housing unit. The facility has one cell that is utilized to temporarily house an inmate who is waiting for transportation to Ely State Prison due to misbehavior. They maintain an activities log on a clipboard on the front of the cell and check on the inmate every 15-30 minutes. The cell was empty during the on-site visit.

The auditor was tasked to review documentation of in-cell and out-of-cell programs, privileges, education, and work opportunities for inmates in segregated housing for this purpose. This is not applicable because the facility does not have any segregated housing beds.

115.43(c)

The facility reported, via the PAQ, that in the past 12 months, there were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement. This was confirmed by a memorandum authored by the Warden, dated February 17, 2023, which states that WCC has not segregated an inmate for this purpose.

The Warden indicated, during his interview, that inmates who have been identified to be at high risk for sexual victimization or those who have reported sexual abuse would only be placed in involuntary segregated housing until alternative housing could be identified. He stated at the most it would be a day or two, until the inmate could be transported to another facility. He further indicated that these situations are very rare at the camp.

The facility does not have a segregated housing unit. They have one cell that is used for holding an inmate, waiting to be transported, if the need arises. Based on this, the Segregation Supervisor interview protocol was not completed.

The auditor was tasked to interview inmates in segregated housing (for risk of sexual victimization/who allege to have suffered sexual abuse). There are no segregated housing beds at WCC, so this interview protocol was not utilized.

The auditor was tasked to review records for length of placement in segregated housing for those at risk of sexual victimization. There were none.

115.43(d)

The facility reported, via the PAQ, that from a review of case files no inmates were

	<p>identified to be at high risk for sexual victimization.</p> <p>The auditor was tasked to review case files of inmates at risk of sexual victimization held in involuntary segregated housing in the past 12 months. There were none.</p> <p><u>115.43(e)</u></p> <p>The facility reported, via the PAQ, that they do not have the facilities to make an involuntary segregated housing assignment.</p> <p>The auditor was tasked to review documentation of 30-day reviews. There were none, as the facility does not have any celled housing that could be utilized for the purpose.</p> <p>The auditor was tasked to interview staff who supervise inmates in segregated housing and inmates in segregated housing for risk of sexual victimization or who have alleged to have suffered sexual abuse. There are no segregated housing beds at WCC, so these interview protocols were not utilized.</p> <p><i>The auditor has determined through review of policies and documentation, and interviews with staff, that the facility has demonstrated substantial compliance with this Standard.</i></p>
--	--

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.51 - Inmate Reporting.</p> <p><u>Policy:</u></p> <p>The policy outlining inmate reporting is found in AR 421, PREA Policy. It requires the facility to provide multiple ways for offenders to privately report sexual abuse/harassment, retaliation by other offenders or staff for reporting sexual abuse/harassment, and staff neglect or violations of responsibilities that may have contributed to such incidents. Policy further mandates the facility to provide at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward offender reports of sexual abuse/harassment to agency officials, allowing the offender to remain anonymous upon request. The standard further requires that offenders detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the department of homeland security. Through discussion with the PREA Coordinator, Nevada Department of Corrections does not house offenders detained solely for civil</p>

immigration reasons.

WCC OP 421, Custodial Sexual Misconduct, Sexual Offenses and PREA, Section 10 states that WCC staff will accept reports from any and all sources to include but not limited to: offenders, visitors, offender family members, associates, and other community members. These individuals can privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Such reporting can include, but not limited to: Verbal complaints to any Departmental employee; Written complaints, which may be made through the following processes:

- Offender grievances - grievances alleging staff on offender sexual misconduct or offender on offender sexual abuse will be forwarded immediately to the PREA compliance manager and/or AW followed by a confidential Incident Report (IR) completed in NOTIS. A copy of the grievance along with the IR number will be forwarded to the NDOC PREA Coordinator and Office of the Inspector General for review and investigation. Offender kites, written notes or letters to staff or administrators, and letters directed to the PREA coordinator or any member of the Inspector General's Office. NDOC Family Services Office by phone or email at info@doc.nv.gov Writing the Nevada Attorney General's Office Calling the internal PREA Hotline telephone number by dialing *3152 on the offender phone system.

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

115.51(a)

The facility reported, via the PAQ, that the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about sexual abuse or sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The auditor reviewed relevant documentation on inmate reporting policies. The auditor was provided with the link for reporting to the NDOC. She clicked on the link and was taken to the website where she found the NDOC PREA policies.

A total of 9 random staff interview protocols were completed. Staff provided the following examples of ways that inmates can report an allegation of sexual abuse or harassment: Hotline, contact the New Mexico Corrections Department (NMCD), turn in a kite, talk to staff, file an emergency grievance, tell family, or anonymously.

A total of 20 random inmate interview protocols were completed. When inmates were asked how they could report an incident of sexual abuse or sexual harassment, they indicated the following: write a kite, call on the phone, look for a flyer, call the hotline, tell staff, write a grievance, write to the Inspector General, or write a letter.

One inmate stated he was not sure how he could report. The auditor went through several ways he could report. When asked how they could report, outside of the agency, the inmates indicated they could write to New Mexico, tell family, or tell their mom or girlfriend. Three did not answer this part of the question and one inmate stated there is no one outside the facility to report to.

The auditor tested this critical function by calling the hotline from an inmate telephone. The auditor called the Inspector General's hotline on Wednesday, April 12, 2023 while conducting the facility tour. She was connected and instructed to leave a message. The auditor was not required to put in any identifying information. The auditor was notified, by the PREA Coordinator, that they had received the message and was forwarded the email.

The other auditor on the team discussed Legal Mail with the Lieutenant. He was told that all legal mail (incoming and outgoing) is logged. Outgoing mail is sealed by the inmate and handed to staff. Staff log the inmate name, number, date, address and the inmate initials on the log. Staff do not read the legal mail. Inspector General and the New Mexico PREA unit are treated as legal mail. The Lieutenant indicated that incoming legal mail is searched but not read.

The auditor noted PREA posters in a variety of locations around the facility during the tour. The posters provide multiple ways that an inmate can report an allegation of sexual abuse or sexual harassment. The inmate telephones are on the wall outside the main building. There were a total of 8 inmate telephones.

The WCC Inmate Rule Book was provided. On the last couple of pages of the rule book, the inmate is provided with a copy of the NDOC PREA Education and Information Sheet. It is in English and Spanish, within the same book. It explains the zero tolerance policy and provides a FAQ format to provide other important information. Inmates receive a copy of this Rule Book on the day they arrive at the camp.

The auditor was provided with the DOC 2100-Outside Agency PREA Report Form. It provides the address for the NMCD, Office of the Inspector General, who acts as the outside reporting entity. The auditor asked if the form was required for an inmate to submit an allegation? She was told it is not required. The inmate can send the allegation on any piece of paper.

The auditor was provided with a copy of the Intergovernmental Agreement with NMCD. During her review, she noted that it had expired. This was discussed with the PREA Coordinator. The auditor received a memorandum authored by the PREA Coordinator which stated the two agencies have agreed to continue in the current arrangement and the written agreement is being updated. She stated the NMCD continues to provide services as the outside reporting entity. The auditor requested to receive a copy once this updated agreement was finalized.

The auditor was provided with the PREA Posters in English and Spanish. These posters were created in March 2018. The posters explain the zero tolerance policy, that inmates have the right to report sexual abuse and sexual harassment and a right

to not be retaliated against for making a report. It explains how reports can be made including reporting to the NMCD. They provide addresses and telephone numbers to make a report

115.51(b)

The facility reported, via the PAQ, that they provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency does not have a policy requiring inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security, because the NDOC does not house inmates for civil immigration purposes.

The auditor reviewed the agreement with the outside public entity responsible for taking reports. The auditor reviewed the expired agreement and an e-mail string between the NDOC PREA Coordinator and the New Mexico Corrections Department (NMCD) PREA Coordinator. In the email, the NMCD PREA Coordinator agrees to continue to provide the third-party services while the formal agreement is updated. The auditor requested and received a memorandum from the NDOC PREA Coordinator outlining this information.

The PREA Compliance Manager stated, during his interview, that there are multiple ways an inmate can report an allegation of sexual abuse or sexual harassment. These include writing a kite, talking to their family who can report on their behalf, talking with staff, sending a form to New Mexico Corrections Department, and calling the Inspector General's Hotline.

A total of 20 random inmate interview protocols were completed. When inmates were asked how they could report an incident of sexual abuse or sexual harassment, they indicated the following: write a kite, call on the phone, look for a flyer, call the hotline, tell staff, write a grievance, write to the Inspector General, or write a letter. One inmate stated he was not sure how he could report. The auditor went through several ways he could report. When asked how they could report, outside of the agency, the inmates indicated they could write to New Mexico, tell family, or tell their mom or girlfriend. Three did not answer this part of the question and one inmate stated there is no one outside facility to report to. A total of 17 inmates said they could report without leaving their name, two were not sure, and one stated he was not comfortable reporting to anyone.

The auditor did not test this system because it does not offer reporting via the telephone. The inmate must complete a form or write a letter and send it to the PREA Coordinator in the New Mexico Corrections Department.

The auditor noted, during the facility tour, that information about contacting the New Mexico Corrections Department is provided on the PREA posters. These posters are prominently posted around the facility. The auditor was provided with a blank copy of the DOC 2100 - PREA Reporting form. While on-site, the auditor asked where these forms are kept and was told that they are kept in the Lieutenant's Office. The auditor requested copies be placed in the officer's station, so they will be accessible 24 hours

a day, not just when the Lieutenant is at work and staff be trained on this information. The PREA Compliance Manager at Ely State Prison provided the materials to be utilized for this training. All staff were provided the additional information and signed a training acknowledgement form. The auditor was provided with these training acknowledgement forms. The auditor requested to be provided with the materials utilized for the training and she received them on May 17, 2023 after being uploaded into the OAS. The training materials consisted of the PREA Standards in Focus for 115.51.

The auditor was tasked to review information provided to inmates detained solely for civil immigration purposes. The auditor was provided with a memorandum authored by the Warden indicating that WCC does not detain inmates solely for immigration purposes.

115.51(c)

The facility reported, via the PAQ, that it has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports prior to the end of their shift.

The auditor reviewed relevant documentation on inmate reporting. Posters in English and Spanish were provided to the auditor, along with a copy of the WCC Inmate Rule Book. The auditor also reviewed documentation made from verbal reports. There was one allegation of sexual abuse received during the documentation review period. It was made verbally to staff. Based on this allegation, staff initiated the facility's PREA response plan. This included copies of a partially completed DOC 2092-Sexual Abuse Preliminary Investigative Guide, and DOC 2093-Shift Supervisor Sexual Assault/Abuse Checklist for the incident.

A total of 9 random staff interview protocols were completed. All staff stated that inmates can report verbally or in writing. If they receive a verbal report from an inmate, eight stated they would immediately document the information and one stated he wasn't sure if he was required to document the information.

A total of 20 random inmate interview protocols were completed. Of those, 19 inmates stated they could report either in person or in writing and one inmate wasn't sure. When asked if someone else could report so they do not have to be named, 19 indicated that someone else could report on their behalf and one was not sure. They indicated they could tell family, tell a friend, write a letter, or notify the Inspector General.

115.51(d)

The policy outlining staff reporting procedures is found in AR 421, PREA policy, which states that the Department will provide a method for staff to privately report sexual abuse and sexual harassment of offenders. The auditor noted that the policy doesn't say specifically what that method is. Clarification was received, that the process for staff to privately report is addressed in the staff PREA training and the refresher

	<p>training. The auditor recommended during the next revision to the policy, that the actual method that staff are to use be included in the text.</p> <p>The facility reported, via the PAQ, that it has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. A description was not provided on the PAQ. The PAQ did not described how staff are informed of these procedures.</p> <p>The auditor reviewed relevant documentation on staff reporting. In the training regarding staff privately reporting, it states they must speak to a supervisor. If they want to report anonymously, they can access the website, and the training provides the link.</p> <p>A total of 9 random staff interview protocols were completed. Staff provided the following examples of ways they could privately report an allegation of sexual abuse or harassment: They can send a form to NMCD, talk to a supervisor behind a closed door, or they can enter it in the computer.</p> <p><i>The auditor has determined through review of policies and documentation, and interviews with staff, that the facility has demonstrated substantial compliance with this Standard.</i></p>
--	---

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.52 - Exhaustion of Administrative Remedies.</p> <p><u>Policy:</u></p> <p>The policy outlining inmate grievances of sexual abuse is found in WCC OP 740, Inmate Grievance Procedure. Section 6 addresses PREA Grievances and it states that grievances submitted anonymously, directly or via third party, that contain allegations of sexual abuse and sexual harassment will be processed immediately in compliance with AR 740 and AR 421. Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates shall be permitted to assist inmates in filing a grievance(s) relating to allegations of sexual abuse. If a third party files on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf. The Grievance Coordinator, upon review, will have the PREA Compliance Manager (PCM) meet with the victim inmate to secure a written statement that they agree or disagree to have the grievance filed on their behalf. If the inmate agrees, all subsequent steps must be completed by the victim inmate. If the inmate declines to</p>

have the request processed the agency shall document the inmate's decision, however, the allegations will still be investigated per AR 421. If an inmate files a grievance related to sexual abuse or sexual harassment, time frames will not apply as required for the initial filing of an Informal Grievance. An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and such grievance is not referred to a staff member who is the subject of the complaint. All grievances alleging sexual abuse or sexual harassment will be entered into NOTIS and then referred to the PREA Compliance Manager (PCM) for tracking. The PCM will then determine if it is a new complaint and enter an Incident Report using the NOTIS system (if it has not already been completed). If an I.R. has already been entered into NOTIS regarding the complaint, the new grievance and documentation will be added to the existing I.R. The I.R. will then be referred to the Inspector General's office.

PREA Emergency Grievances

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

AR 740, Inmate Grievance Procedure, Section 740.03 Grievance Issues, states that inmates may use the Inmate Grievance Procedure to resolve addressable inmate claims only if the inmate can factually demonstrate a loss or harm. Grievances may be filed to include, but not limited to, personal property, property damage, disciplinary appeals, personal injuries, and any other tort claim or civil rights claim relating to conditions of institutional life. The inmate must state the action or remedy that will satisfy the claim in the grievance. If the inmate does not factually demonstrate a loss or harm and does not state the action or remedy that will satisfy the claim in the grievance, the grievance will be "Dismissed" and returned to the inmate with an explanation as to what was missing in order for the grievance to be processed. A grievance will not be used as a "kite" to advise staff of issues, actions or conditions that they do not like but suffered no harm or loss.

All allegations of inmate abuse by Department staff, employees, agents or independent contractors, shall be immediately reported to the Warden, the AW's and the Inspector General's Office, in accordance with investigator guidelines via the NOTIS reporting system. Any third party reporting of sexual abuse against an inmate will be referred to the Warden or designee for entry into the NOTIS reporting system and referral to the Office of the Inspector General. Inmates who allege abuse other

than sexual abuse will be interviewed by a supervisor of the staff who allegedly committed the abuse to ascertain if he/she agrees to pursue administrative remedies, which will be documented in the NOTIS system. Any portion of a grievance that does not indicate an allegation of sexual abuse will have to meet the criteria listed in this section of the AR. Only inmate claims arising out of, or relating to, issues within the authority and control of the Department may be submitted for review and resolution. Non-grievable issues include: State and federal court decisions; State, federal and local laws and regulations; Parole Board actions and/or decisions; Medical diagnosis, medication or treatment/care provided by a private/ contract community hospital; Claims for which the inmate lacks standing will not be accepted, including, but not limited to: filing a grievance on behalf of another inmate unless the inmate is so physically or emotionally handicapped as to be incapable of filing a grievance, and with the other inmate's approval, or in the case(s) of any third party reporting of Sexual Abuse. The inmate filing the grievance was not a direct participant in the matter being grieved, except a third party allegation of sexual abuse. An inmate may not file more than one grievance per seven day week, Monday through Sunday. More than one grievance filed during the seven day week period will be rejected, unless it alleges sexual abuse or it is an emergency grievance that involves health or safety claims. If the practice of filing excessive grievances continues, the inmate will be documented for abuse of the grievance system.

Section 740.10, Emergency Grievance Procedure states that an Emergency Grievance (Form DOC-1564) received by any staff member shall be immediately delivered to the shift supervisor no later than is reasonable and necessary to prevent serious injury or a breach of security. Any emergency grievance alleging that an inmate is subject to substantial risk of imminent sexual abuse shall be immediately forwarded to the highest ranking staff member on duty so that corrective action may be taken immediately which may include moving the inmate to administrative segregation for protective custody. The inmate shall receive a response to the emergency grievance within 24 hours, with a final facility decision about whether the inmate is in substantial risk of imminent sexual abuse within 2 calendar days. The initial response, final decision and the action taken in response to the emergency grievance will be documented. Action taken can include, but not be limited to: refer the information to the Inspector General's Office; afford the inmate appropriate medical, mental health care; and address any safety considerations.

The shift supervisor may confer with the on duty medical staff, Warden or Associate Warden and, if necessary, the DDs, to determine whether the grievance constitutes an emergency. The highest-ranking staff member on duty, with the aid of an authorized Department official, shall immediately take any corrective measures necessary to prevent a substantial risk of injury or breach of security. The Department official receiving the Emergency Grievance should respond to the filing inmate no later than is necessary to prevent serious injury or a breach of security. In the event the inmate requests further review of a claim not deemed an emergency, the inmate may file a grievance appeal commencing at the Informal Level. A copy of the emergency grievance will be forwarded to the Grievance Coordinator for entry into NOTIS for processing and tracking purposes.

WCC OP 421, Custodial Sexual Misconduct, Sexual Offenses, and PREA, states: For the purposes of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.52(a)

The facility reported, via the PAQ, that it has an administrative procedure for dealing with inmate grievances regarding sexual abuse.

There is no grievance coordinator assigned at the Camp. Grievances are addressed by the Lieutenant. Through discussions with the Lieutenant, the auditor was informed of the following:

Inmates can file a grievance by handing the completed form to staff or placing it in the grievance box located in the rotunda. He stated that he checks the box every day. If he receives a PREA grievance, he does not give in to the named staff member to respond to it. He reports it to the IG's Office and his Supervisor immediately and handles it like a PREA complaint. There are no time limits on when an inmate can file a PREA grievance. He tracks all grievances. He does not recall ever receiving a grievance with a PREA complaint. All emergency grievances are handled right away.

115.52(b)

The facility reported, via the PAQ, that policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

There is no grievance coordinator assigned at the Camp. Grievances are addressed by the Lieutenant. The auditor questioned the Lieutenant about the grievance process and was told the following:

Inmates can file a grievance by handing the completed form to staff or placing it in the grievance box located in the rotunda. He stated that he checks the box every day. If he receives a PREA grievance, he does not give in to the named staff member to respond to it. He reports it to the IG's Office and his Supervisor immediately and handles it like a PREA complaint. There are no time limits on when an inmate can file a PREA grievance. He tracks all grievances. He does not recall ever receiving a grievance with a PREA complaint. All emergency grievances are handled right away.

The auditor reviewed documentation to determine that relevant information regarding appeals is provided. The auditor identified that there was very limited information about grievances in the Inmate Rule Book. This was discussed with the PCM and modifications were made to the Rule Book. The auditor received an updated copy on May 12, 2023.

The auditor noted that the OP does not indicate that the person filing the grievance

must try to resolve it informally with the alleged aggressor....It states: If an inmate files a grievance related to sexual abuse or sexual harassment, timeframes will not apply as required for the initial filing of an informal grievance. An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and such grievance is not referred to a staff member who is the subject of the complaint.

115.52(c)

The facility reported, via the PAQ, that policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Agency policy requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

The auditor reviewed documentation to determine that relevant information regarding appeals is provided. The auditor identified that there was very limited information about grievances in the WCC Rule Book. This was discussed with the PCM and modifications were made to the Rule Book. The auditor received an updated copy on May 12, 2023.

115.52(d)

The facility reported, via the PAQ, that policy and procedure requires a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months, there were no grievances filed that alleged sexual abuse.

The auditor was tasked to review supporting logs/records that involved an extension and documentation of written notifications of extensions. There were none.

The auditor was tasked to interview inmates who reported sexual abuse. There were no inmates at WCC during the on-site portion of the audit who reported sexual abuse; therefore, this protocol was not utilized.

The auditor was tasked to review any grievance that alleged sexual abuse and their final decision. She was provided with a report showing information on PREA Grievances. It showed there were no PREA grievances filed during the audit documentation period.

115.52(e)

The facility reported, via the PAQ, that policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. Agency policy and procedure requires that if the inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. There were no grievances alleging sexual abuse filed by inmates in the past 12 months.

	<p>The auditor was tasked to review documentation of third-party reports and declination of third party assistance. There were none.</p> <p><u>115.52(f)</u></p> <p>The facility reported, via the PAQ, that it has a policy and established procedure for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. Procedures require an initial response within 48 hours. There were no emergency grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months. Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five calendar days.</p> <p>The auditor was tasked to review documentation of emergency grievances filed per this standard. She was provided with a memorandum authored by the Warden, dated April 10, 2023, which stated there were no emergency grievances filed at WCC over the past 12 months.</p> <p><u>115.52(g)</u></p> <p>The facility reported, via the PAQ, that it has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. In the past 12 months, there were no inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith.</p> <p>The auditor was tasked to review documentation of any disciplinary actions taken as a result of an inmate filing a grievance in bad faith. There were none.</p> <p><i>The auditor has determined through review of policies and documentation, as well as interviews with staff, that the facility has demonstrated substantial compliance with this Standard.</i></p>
--	---

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.53 - Inmate Access to Outside Confidential Support Services.</p> <p><u>Policy:</u></p> <p>The policy outlining inmate access to outside confidential support services is found in AR 421, PREA Policy, Section 421.07 Offender Access to Outside Confidential Support</p>

Services mandates each facility to provide offender access to outside victim advocates for emotional support services related to sexual abuse by providing offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available. It also mandates each facility to enable reasonable communication between victims of sexual abuse and the community victim advocate in as confidential of a manner as possible. It further states that each facility to inform offenders prior to giving them access, of the extent to which such communications will be confidential or monitored and to the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

WCC OP 421, in the section on Access to Outside Confidential Support Services, that Wells Conservation Camp shall provide offenders access to outside victim advocate services for emotional support related to sexual abuse by giving offenders access to mailing addresses and telephone numbers for victim advocate or rape crisis organizations in accordance with PREA standard 115.53. Should an offender request to speak with the victim advocate the offender will be given an DOC 1919-2, it will be handled as follows: WCC PCM will be forwarded the DOC 1919-2 notifying them that the offender is requesting victim advocate services; WCC PCM will contact the victim advocate service by e-mailing or faxing the DOC 1919-2 to which we have a Memorandum of Understanding (MOU) with to secure a date and time that the Victim Advocate will speak with the offender; all meetings with the victim advocate and the inmate will be telephonic and will be conducted in the caseworker's office. This is to ensure a confidential and secure setting for the phone call; during the telephonic meeting between the inmate and the victim advocate there cannot be any additional staff present; and should a victim advocate request to speak with an inmate, the point of contact to facilitate the call is the WCC PCM and the same steps as above will apply.

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

115.53(a)

The facility reported, via the PAQ, that they provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers (including toll-free numbers where available) for local, state, or national victim advocacy or rape crisis organizations. They also enable reasonable communication between inmates and these organizations in as confidential a manner as possible.

The auditor reviewed handbooks or written materials prepared for inmates pertinent to reporting sexual abuse and access to support services. Access to outside resources is addressed in the WCC Inmate Rule Book. It explains the services provided and gives an address and telephone number. In addition, the auditor was provided with the Advocacy Poster in English and Spanish.

The victim advocate stated, during her interview, that the agreement is informal at this point. They have completed a MOU, but it is in the process of being reviewed and approved. She provided the contact information she would use to reach out to WCC, if needed and stated that her contact with the camps is infrequent. She has more contact with the institutions. The victim advocate stated that she believed she had received one call from WCC in the past 18 months or so.

A total of 20 random inmate interview protocols were completed. Of those, 17 inmates indicated there were services available outside of the facility for dealing with sexual abuse, if they needed it. Two inmates indicated there were no services available and one was not sure. The auditor asked what these services might entail, and she was told counseling, rehabilitation, counselors who talk you through trauma, help for victims, family services, and a rape helpline. One inmate indicated he could seek advice through these services. Nine of the inmates interviewed stated they were not sure about what these services could provide.

The auditor asked the inmates, during the interviews, if the facility provides mailing addresses and telephone numbers to access these services and about half of the inmates said yes and the other half said no. Of the ten who knew the information was provided, only seven knew it was for a rape crisis center. Thirteen of the inmates thought the telephone number should be toll free. The inmates stated they could call these services from the inmate phones anytime except during count and after 9:00 pm when they are required to be in their bunk area.

The auditor was tasked to interview inmates who reported sexual abuse. There were no inmates who reported sexual abuse housed at the facility during the on-site portion of the audit; therefore, this interview protocol was not completed.

The auditor tested this critical function by calling the number for services from an inmate telephone. The number was tested from the inmate phone system and it did not require the person to enter a pin, but it required the person to enter a method of payment. This was brought to the attention of the staff and the auditor was told, they would follow-up to correct this issue.

The PREA Coordinator worked with their telephone provider and identified additional steps that must be taken to make a "private call". These steps were distributed to the field via e-mail and PCMs were asked to add a sticker to the top of the Emotional Support Services posters outlining the steps to make this call. The PREA Coordinator is also going to update the education information that is distributed during intake at each facility. The auditor requested a photo of the poster, once it has been modified and a copy of the updated poster was uploaded into the OAS on May 17, 2023. The auditor also requested a copy of the education materials once updated. She followed-up with the PREA Coordinator on May 19, 2023 and was told that the revised

education materials would not be finished before issuance of the interim report, therefore, this will become a corrective action item. On June 15, the auditor received the revised version of the inmate education materials which contained the additional information needed for an inmate to contact the emotional support services without being required to enter payment information.

The auditor observed the posters, in English and Spanish, posted in many locations around the facility that explained the emotional support services are available to the inmate population. There are eight inmate telephones outside of the main building on the wall. The number for calling the IG hotline is painted on the wall. The telephone number for the emotional support services is not posted in the area. The auditor recommended the number be posted, in some way, in the area by the telephones.

A NDOC Glossary of Terms was provided. It defined "Privileged Correspondence" as follows: Mail between an inmate and the following person(s): (1) State and local elected officials; (2) State officials appointed by the Governor; (3) Attorney listed with a State Bar Association, a recognized legal assistance agency, or an attorney representative; (4) Diplomatic personnel; (5) The Rape Crisis Center; (6) Sexual Assault Support Services; and (7) communication deemed privileged through a court order.

The auditor was provided with a memorandum dated September 14, 2022, which explained that there were new forms for referral to victim advocates being implemented. The memo outlined the process to be utilized. An additional memo was provided which contained the contact information for all advocacy services.

115.53(b)

The facility reported, via the PAQ, that it informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosure of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

A total of 20 random inmate interview protocols were completed. The auditor asked about information shared through these services being kept confidential, and twelve of the inmates said the information would be kept private and the other eight did not answer this question. Of the twelve who answered the question, five indicated that the information would be shared if someone's life was in danger, if he was going to hurt someone else, or if he was suicidal. The remaining seven were not sure or didn't respond to the question.

The auditor was tasked to interview inmates who reported sexual abuse. There were no inmates who reported sexual abuse housed at the facility during the on-site portion of the audit; therefore, this interview protocol was not completed.

The information related to informed consent is included on the Victim Advocate and Emotional Support Services Poster. It states: NDOC Staff shall inform inmates, prior to giving them access to an outside victim's advocate, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The auditor recommended, during the next revision of this poster, that the information be specifically spelled out rather than saying it must be explained. This will provide additional information/education to the inmate population.

115.53(c)

The facility reported, via the PAQ, that the agency maintains agreements with community service providers that are able to provide inmates with emotional support services related to sexual abuse. The agency or facility maintains copies of those agreements.

The auditor reviewed the agreement for advocacy services. A copy of the draft agreement was provided. It is currently being reviewed for approval and signature. The auditor requested a copy once approved/finalized. On June 13, 2023, the auditor received a copy of the fully executed agreement with Signs of Hope.

The auditor appreciates staff's efforts to resolve this issue with the inmate telephone system, but to demonstrate compliance, information must be provided to the inmates about the steps necessary to access these services. Corrective action included:

The PREA Coordinator updated the inmate education materials to provide this new information. The new information was translated into Spanish and a large print version was created. In August 2023, these updated materials were distributed to the field. The auditor asked that each inmate currently housed at WCC be provided an updated copy of these materials, to ensure they have the information necessary to complete a call and access the emotional support services. This was completed by the Camp Lieutenant on August 28, 2023 and confirmed via e-mail.

The auditor also requested that this new updated information be incorporated into the WCC Inmate Rule Book. This was completed and the auditor received a copy on October 2, 2023.

The auditor has determined through review of policies and documentation, interviews with staff and inmates, and completion of corrective action, that the facility has demonstrated substantial compliance with this Standard.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.54 - Third Party Reporting.

Policy:

The policy on third-party reporting is found in AR 421, PREA Policy. The policy requires the facility to provide multiple ways for offenders to privately report sexual abuse/harassment, retaliation by other offenders or staff for reporting sexual abuse/harassment, and staff neglect or violations of responsibilities that may have contributed to such incidents. The policy further mandates the facility to provide at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward offender reports of sexual abuse/harassment to agency officials, allowing the offender to remain anonymous upon request.

The standard requires that offenders detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the department of homeland security. Through discussion with the PREA Coordinator, Nevada Department of Corrections does not house offenders detained solely for civil immigration reasons.

WCC OP 421, Custodial Sexual Misconduct, Sexual Offenses and PREA, Section 10 states that WCC staff will accept reports from any and all sources to include but not limited to: offenders, visitors, offender family members, associates, and other community members. These individuals can privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Such reporting can include verbal complaints to any Departmental employee; or written complaints, which may be made through offender grievances. Grievances alleging staff on offender sexual misconduct or offender on offender sexual abuse will be forwarded immediately to the PREA compliance manager and/or AW followed by a confidential incident report (IR) completed in NOTIS. A copy of the grievance along with the IR number will be forwarded to the PREA coordinator and Office of the Inspector General for review and investigation.

·Additional methods for reporting include offender kites, written notes or letters to staff or administrators, and letter directed to the PREA coordinator or any member of the Inspector General's Office; NDOC Family Services Office by phone or email at info@doc.nv.gov; writing the Nevada Attorney General's Office; or calling the internal PREA Hotline telephone number by dialing *3152 on the offender phone system. Written documentation received by custody staff will be forwarded to the PREA compliance manager for retention after the allegation has been handled appropriately.

The NDOC PREA Manual addresses Third Party Reporting. It states that the Department's IG PMT provides and shall maintain at least one method to receive third party reports of sexual abuse or sexual harassment on behalf of inmates. Information related to the methods of reporting shall be maintained on the Department's public

web site. If a third party reporter expresses a fear of retaliation, the matter will be immediately reported to the IG office. The IG office designee will make a NOTIS entry or append the original entry connected with the complaint. The IG office designee will make contact with the third party reporter to ensure referral information to an outside law enforcement agency is provided and documented within the NOTIS entry. The IG office designee will make contact, if applicable, with the Warden and/or PMT of the institution or facility wherein the inmate is housed or staff member works to assess the alleged retaliation.

115.54(a)

The facility reported, via the PAQ, that it provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. The PCM indicated that information on reporting is contained on the posters. The agency or facility publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates via the NDOC website.

The auditor reviewed publicly distributed information. She was provided with a link to the website and the auditor reviewed the website. In addition, screenshots of the website were provided.

The auditor was provided with a flyer entitled “NDOC PREA Zero Tolerance Policy”. It provides reporting information and contact information.

The auditor has determined through review of policies and documentation, discussions with staff, and observation of facility operations, that the facility has demonstrated substantial compliance with this Standard.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.61 - Staff and Agency Reporting Duties.</p> <p><u>Policy:</u></p> <p>The policy outlining staff reporting responsibilities is found in AR 421, PREA Policy, and AR 332, Employee Reporting Responsibilities. Both were reviewed by the auditor and are outlined below.</p> <p>AR 421, PREA policy, states that any employee, contractor, or volunteer who has any knowledge, suspicion, information or becomes aware of any alleged act of sexual abuse or sexual harassment by another employee, contractor, or volunteer is required to immediately report the knowledge, suspicion, or information to his or her</p>

immediate supervisor. If the allegations of misconduct concerns the employee, contractor, or volunteer's immediate supervisor, the report should be made up the chain of command. The report of the alleged act of misconduct will not be referred to an employee, contractor, or volunteer who is the subject of the accusation. The information that the employee, contractor, or volunteer reports is confidential and must not be disseminated outside the need and right to know. Any employee shall immediately report any other employee's neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment, or retaliation. All institutional/facility allegations of sexual abuse and sexual harassment, including third-party and anonymous reports of allegations must be reported to the PCM or designated employee. All institutional/facility allegations of sexual abuse and sexual harassment will result in a Nevada Offender Tracking Information System (NOTIS) incident report (IR). The Department will provide a method for staff to privately report sexual abuse and sexual harassment of offenders

AR 332, Employee Reporting Responsibilities, states in Section 332.01 Reporting Responsibilities, that employees will make timely notifications to their supervisors, using the appropriate chain of command, concerning incidents, activities or events of immediate interest or concern within the jurisdiction of, or which impacts the Department and for which the employee has knowledge. Such incidents, activities or events include but are not limited to... PREA related occurrences or allegations of such. In Section 332.02, Report Preparation, it states that employees will formally document in written form using approved formats, incidents, activities, or events which take place within the jurisdiction of, or which impact the Department using the NOTIS Incidents and Offenses in Custody, Incident Detail data entry function. Creation of the Preliminary Incident Detail Report in NOTIS will cause the Incident Detail Report (IR) number to be generated. Institution/Facility administrators will designate staff members who are authorized to initiate the Preliminary Incident Detail Report and generate an IR number. Only one IR number should be generated per incident, activity or event. All involved staff members, inmates, and other person information should be included in the appropriate sections of the Incident Detail report. All sections of the Incident Detail Report screen should be completed, including all Incident Questions, and when relevant, all Use of Force questions, Staff and Offender Incident Detail questions. The Incident Detail narrative should consist of a brief summary of the incident, activity or event. Each involved staff member should complete a Staff Report (DOC 028) using the NOTIS Staff Reports function for each incident, activity or event involving them, or for which they have relevant information.

WCC OP 421, Custodial Sexual Misconduct, Sexual Offenses and PREA, states in Section 9 - Staff Duty to Report, that all staff are require to report immediately any knowledge, suspicion, or information regarding any incidents of sexual abuse and sexual harassment that occurred in a facility, whether or not it is part of the agency. Staff shall privately report sexual abuse or sexual harassment incidents with their on duty supervisor. Avenues of reporting can be in person or by telephone. No other person shall be in the vicinity of hearing the reported information. Staff is required to report known incidents involving both other staff and offenders. Staff is required to

accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

In the event that the allegation of misconduct concerns the employee's immediate supervisor, the employee should report this misconduct up the chain of command. The report of the alleged act of misconduct will not be referred to a staff member who is the subject of the allegation.

Staff shall not reveal any information related to a sexual abuse report to anyone other than their immediate supervisor. All reports of sexual abuse to include offenders and staff are to be kept confidential.

WCC OP 670, Medical Standards for PREA, states that the Director of Nursing Services at Ely State Prison will assure quality and availability of medical and mental health services, and will be responsible for developing and maintaining a written plan for delivery of health services to all inmates.

In Section 2. Medical Practitioners Duty to Report, it states that all medical and mental health professionals who respond to or are notified of any sexual abuse/harassment allegations will immediately report the allegations to the Director of Nursing/charge nurse, who will in turn notify the highest ranking custody member on duty. All medical and mental health practitioners will notify all victims of alleged sexual abuse or harassment that they have a legal obligation to report the incident. This notification is to be made to the victim at the onset of treatment and the victim shall be notified that there are limitations of confidentiality. All medical and mental health practitioners shall obtain informed consent utilizing NDOC form 2548 from the victim before reporting any information about any prior victimization that did not occur in a confinement setting unless the victim is under the age of 18.

115.61(a)

The facility reported, via the PAQ, that the agency requires all staff to report immediately and according to agency policy: any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

A total of 9 random staff interview protocols were completed. All of the staff interviewed indicated they are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. They indicated that the policy requires them to report it to the shift supervisor immediately and they are also required to report it to the on-call Warden at Ely State Prison.

115.61(b)

The facility reported, via the PAQ, that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

115.61(c)

The auditor was tasked to interview medical and mental health staff. There are no medical or mental health staff assigned at WCC; therefore, this interview protocol was not completed.

The auditor was tasked to review documentation of the clinician's duty to report and the limitations of confidentiality at the initiation of services. Medical Directive 117 states under 117.02-Duty to Report that medical and mental health staff must report sexual assault or misconduct in accordance with AR 332, AR 421 and the PREA standards. Inmates will not be afforded confidentiality during an ongoing investigation into their allegations. Limits to confidentiality must therefore be explained to alleged victims and alleged perpetrators.

115.61(d)

The Warden indicated, during his interview, that if they received a report that a person identified as a vulnerable adult had been sexually assaulted, they would conduct the investigation in the same manner as any other investigation. He stated that if notification was required outside of the agency that would be accomplished by the staff in the IG's Office or the PREA Coordinator.

The PREA Coordinator indicated, during her interview, that if they had a youth make an allegation of sexual abuse or sexual harassment, she would receive notification from either the PCM or the Associate Warden. She would complete a required form and use it to notify the appropriate department within the Department of Health and Human Services. If a vulnerable adult reported an allegation of sexual abuse or sexual harassment, because NDOC has the authority to conduct the investigation, they would complete the investigation. Upon completion, she is required to complete a form and send it to Aging and Disability Services within the Department of Health and Human Services.

The auditor was tasked to review documentation of the agency's report to the appropriate state or local service agency for victims under the age of 18 or considered a vulnerable adult. The agency does not typically house offenders who are under the age of 18 at WCC, but was provided with a blank copy of a form that would be utilized to report an allegation against someone under the age of 18. The auditor was provided with a blank copy of the form that is utilized to make a report to the appropriate agency. In addition, the auditor was provided with a report, from another facility, that was forwarded upon the conclusion of a PREA related investigation.

The auditor was provided with the Nevada Revised Statutes (NRS) related to

mandatory reporting on allegations against juveniles and vulnerable or older persons. They are NRS 200.5092-Definitions; NRS 200.5093-Report of abuse, neglect, exploitation, isolation or abandonment of older person or vulnerable person; voluntary and mandatory reports; investigation; penalty; NRS 200-5095, Reports and records confidential; permissible or required disclosure; penalty; and NRS 200-50982, Disclosure of information concerning reports and investigations to other agencies or legal representative of older persons or vulnerable persons; disclosure of information concerning suspect in investigation of abuse, neglect, exploitation, isolation or abandonment of older person or vulnerable person.

115.61(e)

The Warden indicated that all allegations of sexual abuse or sexual harassment, including those from a third party or anonymously reported, would be given directly to the designated facility investigator.

The auditor was tasked to review a sample of reports to investigators of all allegations of sexual abuse including from 3rd party or anonymous sources. The tracking log was provided. It had one allegation of sexual abuse included and the auditor noted this allegation was referred to an investigator assigned to the Inspector General's Office, but who physically works at Ely State Prison.

The auditor has determined through review of policies and documentation, interviews with staff, and observation of facility operations, that the facility has demonstrated substantial compliance with this Standard.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.62 - Agency Protection Duties.</p> <p><u>Policy:</u></p> <p>The policy outlining agency protection responsibilities is found in OP 421. It states that if any NDOC employee becomes aware that an offender is subject to a substantial risk of imminent sexual abuse at WCC, they shall take immediate action to protect the offender. If the knowledge is obtained by receiving a verbal/written report, the employee will immediately notify the on-duty shift supervisor. If the knowledge is obtained by visual observation, the employee will initiate first responder duties in accordance with PREA guidelines.</p> <p><u>115.62(a)</u></p>

	<p>The facility reported, via the PAQ, that when they learn an inmate is subject to a substantial risk of imminent sexual abuse, they take immediate action to protect the inmate. In the past 12 months, there have been no times the agency or facility determined that an inmate at WCC was subject to a substantial risk of imminent sexual abuse.</p> <p>The auditor was tasked to review relevant documentation. The auditor was provided a memorandum authored by the Warden, dated April 10, 2023, which stated there have been no incidents where an inmate was at a substantial risk of imminent sexual abuse.</p> <p>The Director indicated, during his interview, that if he is made aware of an inmate being at risk of imminent sexual abuse, he will notify staff who will take immediate action to protect the inmate. If they have identified the aggressor, that individual will be moved. They will conduct a preliminary interview with the inmate, notify the PCM and PREA Coordinator, and the actions taken will be dictated by the information they learned during the interview.</p> <p>The Warden stated, during his interview, that if he becomes aware of an inmate who is at substantial risk of imminent sexual abuse, he would direct his staff to protect the inmate by removing the threat. The inmate who was the threat would be placed in the disciplinary cell until they could be transported to Ely State Prison.</p> <p>A total of 9 random staff interview protocols were completed. When asked how they would handle a situation where an inmate was at imminent risk of sexual victimization, staff provided the following responses: Bring the inmate to the office, protect the inmate, report it to the supervisor, write a report, lock up the suspect (if identified), keep any evidence, take actions as directed by the supervisor.</p> <p><i>The auditor has determined through review of policies and documentation and interviews with staff, that the facility has demonstrated substantial compliance with this Standard.</i></p>
--	--

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.63 - Reporting to Other Confinement Facilities.</p> <p><u>Policy:</u></p> <p>The policy outlining responsibilities for reporting to other confinement facilities is found in AR 421, PREA Policy. In Section 421.08, Reporting to Other Confinement Facilities, it states that all NDOC facilities will have a policy and procedure in place</p>

that upon receipt of an allegation that an offender was sexually abused while confined at another facility, the facility Warden that received the allegation shall notify the head of the facility or appropriate office of the Department where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification.

WCC OP 421, Section 12-Reporting to Other Confinement Facilities, states that if an offender reports during his PREA assessment that he was sexually abused while confined at another institution/facility, the employee taking the report will notify the PREA compliance manager, Associate Warden, or Warden immediately. Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The head of the facility will notify the agency where the allegation occurred as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification. The head of the facility will initiate a report using NOTIS. The PCM will enter proof of notification within the generated report. The PCM will also maintain a log of such notifications. Upon receiving notification from another agency claiming that a possible PREA incident had occurred at WCC, the PREA Coordinator will notify WCC of the alleged incident. The PREA Coordinator will ensure the allegation is investigated.

115.63(a)

The facility reported, via the PAQ, it has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined to another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. In the past 12 months, there were no allegations received by WCC, that an inmate was abused while confined at another facility.

The auditor was tasked to review documentation of allegations that an inmate was abused while confined at another facility. The auditor was provided with a memorandum, authored by the Warden, dated February 18, 2023 which states that during the 12 month audit time frame, WCC did not receive any allegations which required reporting to other confinement facilities.

115.63(b)

The facility reported, via the PAQ, that policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.

115.63(c)

The facility reported, via the PAQ, that it documents it has provided such notification within 72 hours of receiving the allegation.

The auditor was tasked to review documentation of notifications, to verify they occurred within 72 hours of receiving them. There were none during the audit documentation period.

115.63(d)

The facility reported, via the PAQ, that policy requires allegations received from other facilities/agencies be investigated in accordance with the PREA standards. In the past 12 months, there have been no allegations of sexual abuse received from other facilities.

The Director stated, during his interview, that if he receives an allegation from another agency, he will forward the information to the Inspector General's Office for review and assignment of an investigator. He will ensure the PREA Coordinator is made aware of the information.

The Warden indicated, during his interview, that when his facility receives notification from another facility that an incident of sexual abuse occurred at his facility, he would immediately refer it for investigation. It would go through the same process as all other investigations. He was not aware of any allegations being reported by another agency or institution that occurred at WCC.

The auditor was tasked to review documentation of allegations from other facilities and documentation of responses. The auditor was provided with a memorandum authored by the Warden, dated February 18, 2023, that indicated WCC has not received an allegation from another facility or agency, during the audit documentation period.

The auditor has determined through review of policies and documentation and interviews with staff, that the facility has demonstrated substantial compliance with this Standard.

115.64	Staff first responder duties
---------------	-------------------------------------

Auditor Overall Determination: Meets Standard
--

Auditor Discussion

115.64 - Staff First Responder Duties.

<u>Policy:</u>

The policy outlining first responder duties is found in AR 421, PREA Policy. It states that all facilities will develop an operational procedure to coordinate actions among first responders, medical and mental health practitioners, investigators, and facility leadership to be taken in response to an incident of sexual abuse..

WCC OP 421, Section 11 Sexual Assault Response and Coordinated Response provides a very detailed description of the actions to be taken by all staff who are involved in responding to an allegation of sexual abuse. Wells Conservation Camp follows this institutional plan to coordinate actions taken in response to a recent incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

115.64(a)

The facility reported, via the PAQ, that it has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report is to separate the alleged victim and abuser and preserve/protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. It also requires that, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In the past 12 months, there has been one allegation that an inmate was sexually abused. The auditor was provided with the Sexual Abuse Preliminary Investigative Guide for the allegation. For that allegation, the first security staff member to respond to the report separated the alleged victim from the alleged abusers. The allegation was made within a time period that still allowed for the collection of physical evidence.

The first responders who were interviewed provided the following responses: separate the inmates, notify supervisor, check victim's well being, get statements, don't allow them to wash up, collect clothing and give them a jumpsuit, put clothing in bags, control area, assign an officer to each inmate and to the area where it happened. Review cameras. Make other required notifications, prepare for transport. Evidence must be logged and put in locker. Take for forensic exam. When asked about confidentiality of this information, the auditor was told they could only discuss with those who need to know. They are not allowed to discuss it with co-workers, inmates, or family members. They can only tell the chain of command.

The auditor was tasked to interview inmates who reported sexual abuse. There were no inmates who reported sexual abuse housed at the facility during the on-site visit; therefore, this interview protocol was not completed.

The auditor was tasked to review documentation of responses to allegations. The auditor was provided with the Sexual Abuse Preliminary Investigative Guide for the allegation. There was one allegation of sexual abuse during the documentation review period. This investigation was on-going at the time of the on-site visit and remained on-going at the end of the corrective action period. The auditor reviewed the draft documents and found that staff had promptly responded to the allegation

once they became aware.

The auditor was provided with a copy of the First Responders Flow Chart. It clearly details the steps to be taken when an allegation is received.

115.64(b)

The facility reported, via the PAQ, that policy requires if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. Of the allegations that an inmates was sexually abused made in the past 12 months, there were no times when a non-security staff member was the first responder.

The first responders who were interviewed provided the following responses: separate the inmates, notify supervisor, check victim's well bring, get statements, don't allow them to wash up, collect clothing and give them a jumpsuit, put clothing in bags, control area, assign an officer to each inmate and to the area where it happened. Review cameras. Make other required notifications, prepare for transport. Evidence must be logged and put in locker. Take for forensic exam. When asked about confidentiality of this information, the auditor was told they could only discuss with those who need to know. They are not allowed to discuss it with co-workers, inmates, or family members. They can only tell the chain of command.

The auditor was tasked to review documentation of responses to allegations. The auditor was provided with the Sexual Abuse Preliminary Investigative Guide for the allegation. She also reviewed the only allegation of sexual abuse. The first responder was a security staff member.

The auditor was determined through review of policies and documentation and interviews with staff, that the facility has demonstrated substantial compliance with this Standard.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 115.65 - Coordinated Response. <u>Policy:</u> The policies which address the facility's coordinated response are found in Medical Directive 117, Sexual Assault, which addresses the response for Medical/Mental Health Staff at WCC for sexual assault allegations.

In addition, WCC OP 421, Section 11 Sexual Assault Response and Coordinated Response, provides a very detailed procedures for the coordinated response to allegations of sexual abuse at WCC. It states that Wells Conservation Camp shall follow this institutional plan to coordinate actions taken in response to a recent incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

115.65(a)

The facility reported, via the PAQ, that it has developed a written 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.

The auditor reviewed the facility's institutional plan. Language found in OP 421 is included above. The auditor was provided with a blank copy of the DOC form 2093(B)-Shift Supervisor Coordinated Response Checklist. Incident occurred within 96 hours (5 days); DOC form 2094(C)-Shift Supervisor Coordinated Response Checklist. Incident occurred after 96 hour timeframe; DOC form 2092(A) Sexual Abuse Preliminary Investigative Guide.

The Warden stated, during his interview, that the facility has a plan to coordinate actions between the various disciplines in response to allegations of sexual abuse.

There was one allegation of sexual abuse that was received within 96 hours of when it occurred. The auditor has requested and received partially completed copies of the forms identified above, which are required per their policy and through discussions with the PC. The incident reports drafted by facility staff after the incident do not thoroughly describe all of the actions taken and the timeline in which they were taken.

The auditor has determined through review of policies and documentation, as well as discussions with staff, that while the facility has a plan outlining a coordinated response, and the staff seemed to follow it during the one allegation they received, they did not thoroughly described in the written documentation the actions that were taken. Training on report writing will be required as corrective action.

On June 13, 2023, the auditor received a copy of the NDOC training curriculum related to report writing. She reviewed the power point and contacted the PREA Coordinator to request time to discuss her concerns.

The auditor, PREA Coordinator, NDOC Training Lieutenant and Training Sergeant connected via Teams on June 16, 2023 at 10:00 am. The concerns of the auditor were expressed and the group agreed that the NDOC training staff would develop a training bulletin that can be used to provide the necessary report writing instruction until the formal lesson plan can be updated. The auditor was given an opportunity to review the draft version of the training bulletin and provided some feedback. The

	<p>Training Bulletin was finalized with all of the auditor’s suggested revisions and she received a copy of the finalized document.</p> <p>Training for the WCC staff was provided by the NDOC Training Lieutenant on October 17, 2023. Two classes were given, one at 0500 and a second at 1300 hours. Staff signed acknowledgement forms, which were provided to the auditor.</p> <p><i>The auditor has determined through review of policies and documentation, discussions with staff, and completion of corrective action, that the facility has demonstrated substantial compliance with this Standard.</i></p>
--	---

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.66 - Preservation of Ability to Protect Inmates from Contact with Abusers.</p> <p><u>Policy:</u></p> <p>The policy outlining preservation of ability to protect inmates from contact with abusers: WCC OP 421, Section 14-Disciplinary Sanctions for Staff. It states that WCC shall not enter into or renew any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any offenders pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted.</p> <p><u>115.66(a)</u></p> <p>The facility reported, via the PAQ, that the agency, and any other governmental entity responsible for collective bargaining on the agency’s behalf has entered into or renewed any collective bargaining agreement since the last PREA audit.</p> <p>The auditor reviewed the agreement entered into since last PREA audit. The auditor was provided with the Collective Bargaining Agreement covering the period July 1, 2021 through June 30, 2023. The auditor noted that there is no language which would limit the agency’s ability to removed alleged staff sexual abusers from contact with inmates.</p> <p>The Director indicated, during his interview, that his state has recently entered into collective bargaining. They are in the bargaining process and he made sure that the language related to PREA was forwarded to the appropriate people, to ensure it is addressed in the next agreement.</p>

	<p><u>115.66(b)</u></p> <p>The auditor reviewed the agreement and found that nothing in the agreement restricts the functions outlined in 115.66(b).</p> <p><i>The auditor has determined through review of policies and documentation and interviews with staff, that the facility has demonstrated substantial compliance with this Standard.</i></p>
--	---

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.67 - Agency Protection Against Retaliation.</p> <p><u>Policy:</u></p> <p>The policy outlining protection of offenders against retaliation is found in AR 421, PREA Policy. In Section 421.10 Department Protection Against Retaliation, it states that no staff member or offender who reports sexual abuse/sexual harassment or cooperates with sexual abuse/sexual harassment investigations will be subjected to any form of retaliation from other staff members or offenders of the Department.</p> <p>WCC OP 421, Section 1 - Zero Tolerance states that WCC prohibits retaliation against any person because of his/her involvement in the reporting or investigation of a complaint. In Section 18 - Protection Against Retaliation and Monitoring, it states that the PREA compliance manager shall be the staff member responsible for monitoring for retaliation. For at least 90 days following a report of sexual abuse, the facility or division shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and/or of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by other offenders or staff. Any such action shall be immediately remedied. Signs of possible retaliation to be monitored for include but are not limited to any offender disciplinary reports not supported by proper reporting, housing or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. For offender reporters or offenders who have allegedly suffered sexual abuse, periodic status checks will be included in the monitoring.</p> <p>If any facility staff member learns of or receives information that a person who cooperated with an investigation, other than an offender or staff reporter, has expressed a fear of retaliation, the Inspector General's Office will be immediately notified. The matter will be immediately reviewed by PREA management staff of the</p>

Inspector General's Office and contact made with the person by the assigned staff member of the IG's Office. Appropriate measures will be taken by the assigned investigator, including, follow up with the person who expressed the fear and if applicable referral to an outside law enforcement body or advocacy group. The facility or division's responsibility to monitor retaliation can be terminated if the facility or division is notified that the allegation is unfounded.

115.67(a)

The facility reported, via the PAQ, that the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The agency designates the PREA Compliance Manager at the camp as the person responsible for these duties.

The auditor was provided with a memorandum, authored by the Warden, dated February 18, 2023, which stated that WCC has not identified any instances of retaliation during the 12-month audit time frame.

There was one allegation of sexual abuse received during the documentation review period. The inmate was taken for a forensic examination and then his custody was relinquished to another NDOC facility. There was no follow-up or notification by staff at WCC/Ely State Prison to the facility where the inmate was re-housed about the need to begin retaliation monitoring. The PREA Coordinator notified the facility where the inmate was re-housed about beginning retaliation monitoring. The facility where the inmate was re-housed has not provided documentation showing that monitoring began upon his arrival. The documentation received by the auditor shows that monitoring was initiated about 30 days after the incident. The staff interacted with the inmate at 30 days and at 60 days. She is waiting on information about the 90-day follow-up.

115.67(b)

The Director indicated, during his interview, that each facility has policies which assign the PCM or another supervisor to monitor for issues and use a tracking log to document issues that are identified and for follow-up. They monitor for at least 90 days and look at disciplinary infractions, housing changes and performance evaluations. If the staff member is being monitored, they look for changes in assignment and performance reports.

The Warden stated, during his interview, that to protect inmates and staff from retaliation, he would consider reassigning the alleged abusive staff member to another work assignment. He said staff are trained on the subject at least every two years and most staff work under video surveillance. He watches the retaliation tracking document that his staff maintain and requires they notify him if concerns arise.

One staff member who monitors for retaliation was interviewed. He stated that when he receives an allegation of sexual abuse, he begins monitoring for retaliation. He

said that he watches the inmate for changes in attitudes, actions, or body language. He looks for signs of retaliation, but stated that if the inmate received a disciplinary infraction, they must be approved by him, so he could evaluate what was happening. He also stated that inmates are not allowed to be moved to a different bed assignment without his prior approval, so if a staff was trying to move an inmate, he would be aware of that also. If the monitoring was for a staff member, he would watch for a change in attitude, look for changes in job duties or responsibilities. He would also watch for red flags, like the person being left out of conversations or shunned. He stated if he was monitoring for retaliation, he would be observing and/or interacting with the person every day until that individual feels comfortable.

The auditor was tasked to interview inmates in segregated housing, for risk of sexual victimization or who allege to have suffered sexual abuse and inmates who reported a sexual abuse. There were none, so these interview protocols were not completed.

The auditor was tasked to review documentation of any protective measures taken. The process followed was described above. This inmate was moved several times during the 90-day monitoring period, due to an additional allegation of sexual abuse, his expressed safety concerns, and other security issues or concerns.

115.67(c)

The facility reported, via the PAQ, that it monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff for at least 90 days. The agency/facility acts promptly to remedy any such retaliation. The facility would continue such monitoring beyond 90 days if needed. There were no incidents of retaliation identified in the past 12 months.

The Warden indicated, during his interview, that if he suspected there was retaliation occurring by a staff member, he would consider placing them on Administrative Time Off and initiate an investigation. If the retaliation was by an inmate, he would have that inmate rehoused in a location to prevent interaction with the other inmate. This might include placement in segregated housing.

The staff member charged with retaliation monitoring stated, during his interview, that he would watch for requests to move beds, removal from assignments or disciplinary action. All of these must be approved by him, so he could hopefully stop the retaliation before it got started. He stated he would continue to monitor the individual until he felt comfortable. If he suspects retaliation is occurring, he would discuss with his supervisor and request to start a new investigation.

The auditor reviewed documentation of monitoring efforts. There was one allegation of sexual abuse during the documentation review period. The inmate was taken for a forensic examination and then his custody was relinquished to another NDOC Institution (referred to as Institution #2). There was no follow-up or notification by staff at WCC or Ely State Prison to Institution #2 about the need to begin retaliation monitoring. The PREA Coordinator notified Institution #2 about beginning retaliation

monitoring. Institution #2 did not provide documentation showing that monitoring began upon the inmate's arrival at that facility. The documentation received by the auditor shows that monitoring was initiated about 30 days after the incident. The staff interacted with the inmate at 30 days and at 60 days. She is waiting on information about the 90-day follow-up.

The auditor reviewed documentation of reports of retaliation and agency response. None were identified at the 30-day and 60-day interactions with the victim.

115.67(d)

The person responsible for monitoring for retaliation indicated, during his interview, that he would have daily interactions with the involved inmate.

The auditor reviewed documentation of monitoring of inmates. The facility staff interacted with the victim during the 30-day and 60-day reviews.

115.67(e)

The Director indicated, during his interview, that the PCM at each facility is tasked to monitor for retaliation for at least 90 days. The PCM or a designated supervisor will meet with the individual who has expressed fear and gather specific information. Based on what information is gathered, they may initiate an investigation into the alleged retaliation.

The Warden stated, during his interview, that to protect inmates and staff from retaliation, he would consider reassigning the alleged abusive staff member to another work assignment. He said staff are trained on the subject at least every two years and most staff work under video surveillance. He watches the retaliation tracking document that his staff maintain and requires they notify him if concerns arise. The Warden indicated that if he suspected there was retaliation occurring by a staff member, he would consider placing them on ATO and initiate an investigation. If the retaliation was by an inmate, he would have that inmate rehoused in a location to prevent interaction with the other inmate. This might include placement in segregated housing.

The auditor was tasked to review documentation of any such protective measures taken. There were none.

115.67(f)

The investigation was on-going at the time the interim report was written, so no determination had been reached. At the conclusion of the corrective action period, the investigation continued to be on-going. The status remained unchanged.

Notification was not made by WCC or ESP to the institution where the inmate was taken after the forensic examination, of the need to begin retaliation monitoring. Notification was made by the PREA Coordinator, but the new institution did not

initiate retaliation monitoring for approximately 30 days. A process needs to be developed to ensure these situations do not occur in the future. Corrective action included:

On April 26, 2023, the auditor received notification that the retaliation monitoring log was uploaded into the OAS. It showed that on March 18, 2023, the 90-day follow-up was completed for the allegation at WCC. There were no issues of retaliation identified, so no further monitoring was required.

On August 28, 2023, the auditor discussed concerns about the lack of a process for these notification being made with the PREA Coordinator. She indicated it should be addressed in the facility's Operational Procedure (OP). Based on this discussion, the auditor sent an email requesting a process be developed and included in the facility's OP. The auditor was given the opportunity to review the draft version of the edits and provided some feedback. The OP was signed and the auditor received a copy of the revised OP on October 25, 2023.

The auditor has determined through review of documentation and policies, interviews with staff, and completion of corrective action, that the facility has demonstrated substantial compliance with this Standard.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.68 - Post-allegation Protective Custody.</p> <p><u>Policy:</u></p> <p>The policy outlining post-allegation protective custody is found in AR 573, PREA Screening and Classification, Section 573.04, Segregation of Inmates under PREA. It states that inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and it has been determined that there are no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing no more than 24 hours while completing the assessment. This assessment will determine if an immediate institutional bed move will alleviate the issue. If not, the inmate will be given a Notice for Placement in Administrative Segregation and will be seen by the Caseworker within 72 hours to determine the appropriate placement of the inmate. This review will include a reassessment using the PREA Risk Assessment instrument.</p>

Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: A. The opportunities that have been limited; B. The duration of the limitation; and C. The reasons for such limitations. The facility shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. If an involuntary segregated housing assignment is made, the facility shall clearly document the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged. Every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.

WCC OP 573, PREA Screening and Classification, Section 3-Segregation of Inmates Under PREA states that inmates at high risk of sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and it has been determined that there are no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for no more than 24 hours. During the weekends or holidays, the on-duty Associate Warden must be notified to make appropriate arrangements. If the inmate voluntarily requests segregated housing, inmate is to be transferred to Ely State Prison, the inmate will be seen by classification at ESP within 72 hours of segregation.

115.68(a)

The facility reported, via the PAQ, that it has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. There were no inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. In the past 12 months, there were no inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.

The auditor was tasked to review documentation of instances when segregated housing was used to protect an inmate who is alleged to have suffered sexual abuse. The auditor was provided with a memorandum, authored by the Warden, dated February 9, 2023, which indicated that WCC has not segregated any inmates due to protection from potential abuse or as the result of being sexually assaulted.

The auditor was tasked to review documentation of 30-day reviews. The auditor questioned where the one inmate who alleged sexual abuse was housed when he was relinquished to another NDOC institution after the forensic examination. The auditor was informed that he was placed in the infirmary for a few days until he was seen by

	<p>classification staff. Based on his request during classification, the victim was transitioned to general population housing.</p> <p>The Warden indicated, during his interview, that policy prohibits placing inmates who are at high risk for sexual victimization or who have reported sexual abuse in involuntary segregated housing unless an assessment has determined there is no alternative housing available to safely housing the inmate. He indicated this is also their practice at the camp. They have one detention cell, but typically it would only be used to control the inmate who had been identified as the potential aggressor.</p> <p>The Warden indicated that inmates who have been identified to be at high risk for sexual victimization or those who have reported sexual abuse would only be placed in involuntary segregated housing until alternative housing could be identified. He stated at the most it would be a day or two, until the inmate could be transported to another facility. He further indicated that these situations are very rare at the camp.</p> <p>The Warden stated that he doesn't recall any recent incidents where segregated housing was used to protect an inmate who allegedly suffered sexual abuse.</p> <p>The auditor was tasked to interview staff who supervise inmates in segregated housing. There are no segregation beds at WCC, so this interview protocol was not completed.</p> <p>The auditor was tasked to interview inmates in segregated housing for risk of sexual victimization or who allege to have suffered sexual abuse. There were no inmates meeting this criteria, so this interview protocol was not completed.</p> <p>During the facility tour, the auditor noted that WCC does not have a segregation unit. They have one holding cell that is utilized when an inmate is having misconduct issues and is awaiting transport to Ely State Prison.</p> <p><i>The auditor has determined, through review of policies and documentation and interviews with staff, that the facility has demonstrated substantial compliance with this Standard.</i></p>
--	--

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.71 - Criminal and Administrative Agency Investigations.</p> <p><u>Policy:</u></p> <p>There are multiple policies and other documentation addressing criminal and administrative agency investigations. These include AR 421, PREA. In Section 421.11, it gives general information about Criminal and Administrative</p>

Investigations. It states that the Office of the Inspector General is responsible for investigating all allegations of staff on offender sexual abuse and sexual harassment and offender on offender sexual abuse. Investigators assigned to investigate allegations of sexual abuse or sexual assault shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. The Warden or designee is responsible to assign a facility supervisor who has completed specialized training to conduct offender-on-offender sexual harassment investigations as assigned by the Office of the Inspector General. Investigations will be completed promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. When the quality of evidence appears to support a criminal prosecution, the assigned criminal investigator shall conduct compelled interviews only after consulting with the Nevada Attorney General as to whether compelled interviews may be an obstacle to subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender or staff. The Department will not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling devices as a condition of proceeding with the investigation of such an allegation. Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and be documented in written reports to include a description of the physical, testimonial evidence, and the reasoning behind credibility assessments and investigative facts and findings. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence with copies of all documentary evidence attached, where feasible. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The departure of the alleged abuser or victim from the employment or control of the facility or Department shall not provide a basis for terminating an investigation. The Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Following an investigation into an offender's allegation that he or she suffered sexual abuse in the Department, the offender shall be informed whether the allegations have been determined substantiated, unsubstantiated, or unfounded. The DOC's obligation to report shall terminate if the alleged victim is released from custody. Following an offender's allegation that a staff member has committed sexual abuse against the offender, whether the allegation was shown to be substantiated or unsubstantiated, the offender will be notified if: the staff member is no longer posted within the offender's unit; the staff member is no longer employed at the facility; the staff member has been indicted on a charge related to sexual abuse within the Department; and/or the Department learns that the staff member has been convicted

on a charge related to sexual abuse within the Department.

Following an offender's allegation that he or she has been sexually abused by another offender, the Department shall subsequently inform the alleged victim whenever the alleged abuser has been indicted on a charge related to sexual abuse within the Department; or the alleged abuser has been convicted of a charge related to sexual abuse within the Department.

AR 457, Investigations, Section 457.01, Inspector General, states that the Inspector General (IG) of the Department is authorized to investigate any matter arising from the Department or any person employed, incarcerated or present in an institution or facility. The IG is an independent authority and may independently report on any matter to the Governor or other member of the Board of Prison Commissioners. The IG shall review all institutional Operational Procedures (OP) dealing with investigations, including but not limited to the following: PREA, crime scenes, evidence collection, handling and preservation and suspect identification.

Investigation related OPs are confidential. The IG will assemble and maintain a manual containing all institutional OPs related to investigations.

WCC OP 421, Section 13 Criminal and Administrative Investigations, states that the NDOC OIG will investigate all allegations of staff on offender sexual abuse/sexual harassment and offender on offender sexual abuse. The departure of the alleged abuser or victim from the employment of the Department or control of the institution/facility shall not provide a basis for terminating an investigation. All substantiated criminal cases shall be referred to the applicable prosecutorial authority for review of prosecution. Following an investigation into an offenders allegations that he or she suffered sexual abuse/harassment in the department, the offender shall be informed whether the allegations have been determined substantiated, unsubstantiated, or unfounded. The DOC's obligation to report shall be terminated if the alleged victim is released from custody.

WCC OP 457, Investigations, addresses investigations specific to the Prison Rape Elimination Act (PREA) and provides great detail in the process to be followed through completion of the investigation.

AR 330, Employee Resignation and Reinstatement/Rehire, Section 330.01, Resignations, states that a resignation during an ongoing internal investigation shall be noted in NOTIS and the investigation may be closed, depending on the investigation. Resignations during a Prison Rape Elimination Act (PREA) investigation will not result in a closed case. Any such investigation will remain active until closed by the Inspector General's (IG) office as mandated by PREA standards.

The confidential PREA manual states: The IG's Office has primary jurisdiction for review and assignment of investigations related to staff member, contractor or volunteers who are accused of engaging in inmate sexual abuse. It addresses specialized training for investigators.

115.71(a)

The facility reported, via the PAQ, that the agency has a policy related to criminal and administrative agency investigations.

The investigator from the Office of the Inspector General indicated, during his interview on April 5, 2023 at 10:00 am via the telephone, that initiation of an investigation can happen within minutes or could take up to a couple of days. It depends on how the allegation is made. For example, if it is made on the hotline over the weekend, it might not be heard until the following Monday, which would increase the time before the investigation is initiated. He stated that all investigations are handled in the same fashion including those made by a third party or anonymously.

The auditor was provided with a copy of the NDOC, Office of the Inspector General Preliminary Inquiry and Administrative Investigations Guide. It states that this guide, in conjunction with relevant Administrative Regulations and Operating Procedures, is intended to fulfill the requirements of the law. This document addresses the preliminary inquiry, the formal investigation, preparing for interviews, conducting interviews, interviewing complainants and witnesses, employee interviews, writing the report, and special considerations. It contains pertinent sections of the NRS and very detailed instructions for staff to follow. In the section titled: The need for documentation, it states that according to PREA standard 115.71, all PREA administrative and criminal investigations shall include a written report and the Department shall retain all written reports relative to PREA allegations of sexual abuse/assault and sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency plus five years. In accordance with this requirement, all PREA investigations, both criminal and administrative, will include PREA on the investigative file folder to ensure compliance with retention.

The auditor was tasked to review a sample of investigative records/reports for allegations of sexual abuse or sexual harassment. There was one allegation of sexual abuse received during the audit documentation period. This investigation was initiated on December 5, 2022 and was on-going, as they were waiting on results from the laboratory while the audit team was on-site. In April 2023, the auditor requested and was provided with copies of the investigative documentation, that had been generated to date. She reviewed these materials and provided a detailed synopsis of issues and/or concerns that would be required to be addressed upon completion of the investigation. Some of these items included: video being collected/reviewed, addressing if the victim advocate was requested before the forensic exam, dates/times and summary of interviews with each suspect, was the clothing that was collected from the victim sent to the lab for analysis and the outcome of that analysis, was clothing collected from the suspects, credibility assessments, did staff's actions contribute to the incident, etc. The auditor had concerns about the timeliness of some evidence being submitted to the laboratory for analysis, which further delayed completion of this investigation. The auditor placed this standard in corrective action, to allow her to review a completed investigation.

115.71(b)

The auditor reviewed training records. Training records were provided for all

investigators assigned to the Inspector General's Office.

The investigator indicated, during his interview, that he had completed specialized training through the National Institute of Corrections. He completed on-line courses related to Sexual Abuse Investigations in a Confinement Setting and the advanced class of the same course. He indicated he has also taken a few classes at the local college. He stated he completed the National Institute of Corrections courses in 2022. He stated that the subject matter that he recalled from the classes included interview techniques – how to speak with the victim, not being accusatory, making them feel comfortable, proper use of Garrity, evidence collection, discussion with the attorney general before conducting compelled interviews and the level of evidence needed to substantiate a case.

115.71(c)

The investigator described, during his interview, the investigative process as follows: the report of sexual abuse or sexual harassment would be taken by staff, who would notify the PCM. The report would be documented and a referral would be made in NOTIS. The IG supervisor would review the initial report and assign an investigator. He stated this part of the process usually takes between 1 and 3 days. If he was assigned the investigation, he would interview the victim or person who reported, confirm statements made in the written report, gather more details, identify witnesses and try to identify the suspect. He would consider if there was video to be reviewed, telephone calls to be reviewed, review shift logs and any other credible information. He indicated he would check prior PREA incidents for all involved. He would interview the witnesses and then the suspect. He would prepare a written report, while doing that he would assess credibility. The report would be submitted to his supervisor.

When asked about direct and circumstantial evidence, he indicated this might include video, telephone recordings, shift logs, other reports, video from hand held cameras, physical evidence such as bruises or scratches, DNA swabs, clothing taken from the victim or suspect. All evidence would be bagged according to protocol and placed in evidence lockers.

The auditor was tasked to review a sample of Investigative Reports. There was one allegation of sexual abuse made during the documentation review period in December 2022. The draft documents that were reviewed failed to address all direct and circumstantial evidence including clothing collected from the victim. A later version of the draft report indicated staff at the facility had looked at the video, but those actions were not documented in the staff's reports, there was no information about retention of the video evidence, and no details about the locations/dates/times of the video that was reviewed. In addition, the report indicated that the suspects had not been interviewed.

The auditor was provided with the Record Retention Schedule and a copy of one record detailing an allegation of abuse. The PREA Allegations tracking log was provided to the auditor. It contained one allegation in 2022.

115.71(d)

The investigator stated he had not had a substantiated case, but when he does he knows he must consult with the prosecutor before conducting compelled interviews.

The auditor was tasked to review a sample of Investigative Reports. There was one allegation of sexual abuse made during the documentation review period in December 2022. This investigation remains on-going, so a determination of it rising to the level of a criminal investigation had not been made at the conclusion of the corrective action period.

115.71(e)

The investigator stated, during his interview, that the credibility of an alleged victim, suspect or witness is considered on an individual basis. Their status as an inmate or staff is not considered in determining credibility. He indicated that he would never require a victim to participate in a polygraph exam as a condition for proceeding with an investigation.

The auditor was tasked to interview inmates who reported sexual abuse. There were no inmates who reported sexual abuse housed at WCC during the on-site portion of the audit; therefore, this interview protocol was not utilized.

115.71(f)

The investigator indicated that administrative investigations include an effort to determine whether staff's actions or failures to act contributed to the abuse. He also indicated that any information gathered during the investigation is addressed in the written report, at the conclusion of the investigation.

The auditor was tasked to review a sample of administrative investigation reports and a sample of cases involving substantiated allegations to ensure that they were referred for prosecution. There was one allegation of sexual abuse during the document review period. The case is on-going, as the agency is awaiting laboratory results. A determination of the need to refer this case for prosecution can not be made until all of the evidence is received and the investigation is completed.

115.71(g)

The investigator indicated, during his interview, that documentation for a criminal investigation includes all of the same components of an administrative investigation.

The auditor was tasked to review a sample of Criminal Investigation Reports. There was one allegation of sexual abuse during the document review period. The case is on-going, as the agency is awaiting laboratory results. As of the end of the corrective action period, a determination about criminal prosecution had not been made. All evidence must be received and the investigation completed before this can be done.

115.71(h)

The facility reported, via the PAQ, that substantiated allegations of conduct that

appear to be criminal are referred for prosecution. There were no substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit.

When the investigator was questioned about the timeframe for referral for prosecution, he indicated that a case would be referred when it has been substantiated and the conduct appeared to be criminal.

The auditor was tasked to review a sample of cases referred for prosecution. There was one allegation of sexual abuse during the document review period. The case is on-going, as the agency is awaiting laboratory results. As of the end of the corrective action period, a determination about criminal prosecution had not been made. All evidence must be received and the investigation completed before this can be done.

The auditor was provided with several documents related to criminal prosecution. NRS 212.188 Sexual abuse of prison or unauthorized custodial conduct by employee of or contractor or volunteer for prison: penalties. (2) Unless a greater penalty is provided pursuant to any other applicable provision of law, an employee of or a contractor or volunteer for a prison who commits:

(a) Sexual abuse of a prison is guilty of a category D felony and shall be punished as provided in NRS 193.130. (b) Unauthorized custodial conduct by engaging in any of the acts described in paragraph (b) of subsection 3 is guilty of a gross misdemeanor. (c) Unauthorized custodial conduct by attempting to engage in any of the acts described in paragraph (b) of subsection 3 is guilty of a misdemeanor. (b) "Unauthorized custodial conduct":

(2) Does not include acts of an employee of or a contractor or volunteer for the prison in which the prisoner is confined that are performed to carry out the official duties of such an employee, contractor, or volunteer.

She was also provided with NRS 200.366 Sexual Assault: Definition; penalties; exclusions and NRS 200.571 Harassment: Definition; penalties.

115.71(i)

The facility reported, via the PAQ, that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

The auditor was tasked to review a sample of investigation reports. There was one allegation of sexual abuse during the document review period. Please note comments above.

115.71(j)

The investigator indicated that all investigations are finalized. The employment status of the alleged abuser or housing/control of the victim or alleged abuser should have no bearing on the investigation being completed.

The auditor has reviewed policies and documentation, as well as conducted interviews with staff, but is unable to confirm compliance with this Standard. During the corrective action period, once the sexual abuse investigation has been completed, the auditor will review pertinent documentation to determine compliance with this Standard. Corrective action included:

The auditor reviewed two draft versions of the investigative report and all other documentation associated with the investigation. She created a document outlining her concerns which was originally sent to the PREA Coordinator and the Inspector General at the end of April 2023. In July, the auditor was provided with an updated version of the investigative report. She reviewed it, updated the issues document she had previously sent, and resent it on August 3, 2023. The most significant issues identified by the auditor, after the first review of the draft documentation included: no documentation related to suspect interviews, no indication that video had been collected or reviewed, the status of the victim's clothing was not discussed, there was no discussion about the suspects' clothing being collected, audio collected during the suspect transport was not transcribed or discussed by the investigator, and no discussion about the presence of a victim advocate - if one was requested. The auditor included, in the document she provided, additional concerns that would be required to be addressed in the final document, to include, discussion about prior reports or allegations from the victim or the suspects, a credibility assessment, and a discussion related to staff's actions contributing or not contributing to the incident. She also noted a lack of detail (dates/times, specific actions) included in the staff reports that were written by WCC staff after the incident.

During the second review of the investigative documentation, the auditor noted that the investigator stated that facility staff had reviewed the video cameras, but did not say for what dates or locations (this was not included in any staff reports) or if the video was retained for evidence purposes, he indicated the victim's clothing had been sent for DNA testing, and the investigator indicated in this second draft that he would not be interviewing the suspects until the DNA evidence was received. It should be noted that by this July timeframe, the suspects had been released from segregation and allowed to return to the camp. The auditor felt, that any attempt to interview the suspects after being released back to general population, would be pointless.

In August, the auditor sent a follow-up e-mail requesting a meeting with the Inspector General and again outlining the most significant concerns. The discussion with the Inspector General happened on September 29, 2023. The Inspector General indicated he understood that there needed to be some changes made to improve the investigative process. During the discussion, the auditor indicated that this was not the first time some of these issues had been discussed. Concerns had been raised during previous audits and resolution was reached; however, the identified resolution/changes were not implemented statewide or required/verified by the supervisory staff. He stated he had spoken with the investigator and the two supervisors and that the WCC investigation should be finalized soon. He copied the auditor on an email he sent out to the supervisors setting supervisory expectations moving forward. The

auditor explained this supervisory oversight was critical to enhancing/improving the current investigative process. She also discussed that he would need to be more involved in this process. The Inspector General and the auditor agreed that putting together a corrective action plan would assist in identifying the steps needed to correct these deficiencies. He stated he was planning to bring all of the investigators together for a training in the Spring of 2024. PREA was going to be a component of this training. During this discussion, the auditor informed the Inspector General that the facility was very likely not going to pass the audit due to not sufficiently demonstrating compliance with Standard 115.71. She indicated that even if the training could be developed, approved, and provided to all investigators, she would not have adequate time to ensure it had been implemented and was being followed on a statewide basis. The auditor developed a draft corrective action plan and sent it to the Inspector General, as a starting point.

On November 13, the auditor completed a review of a draft lesson plan being developed for the investigators assigned in the Office of the Inspector General, related to PREA. It contained 85 slides and the auditor provided feedback on a variety of the slides via email. The PREA Coordinator responded and indicated she would print and evaluate all recommendations for inclusion in the power point presentation. On December 11, 2023, the auditor checked the status of the lesson plan and was told it was still being worked on.

The auditor has reviewed policies and documentation, as well as conducted interviews with staff, but is unable to confirm compliance with this Standard. The agency is developing training for the investigators assigned to the Office of the Inspector General and establishing a more stringent supervisory review process to address these identified deficiencies.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.72 - Evidentiary Standard for Administrative Investigations.</p> <p><u>Policy:</u></p> <p>The policy outlining evidentiary standards for administrative investigations is found in AR 421, PREA Policy and the PREA Manual. AR 421 states that the Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p>

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

115.72(a)

The facility reported, via the PAQ, that the agency imposes a standard of a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated.

The investigator indicated that for sexual abuse and sexual harassment allegations, they utilize the preponderance of evidence as the standard by which to determine if the allegation is substantiated.

The auditor was tasked to review documentation of administrative findings for the proper standard of proof. There was one investigation into an allegation of sexual abuse during the document review period. This investigation was on-going, so the auditor will evaluate this standard once the investigation is complete, during the corrective action period.

The auditor reviewed policies and documentation, and conducted interviews with staff. The auditor was unable to confirm compliance with this Standard and placed the the facility into corrective action. Once the sexual abuse investigation was completed, the auditor would review the documentation to determine compliance with this Standard.

As of the end of the corrective action period, November 22, 2023, the investigation remains on-going. The agency continues to wait on results from the DNA testing. Based on this, the auditor will not be able to confirm the evidentiary standard utilized in determining the outcome of the sexual abuse investigation and there were no other allegations made during the document review period.

The auditor reviewed policies and documentation, and conducted interviews with staff. Because the only investigation at the facility remains on-going and there is no other evidence to the contrary, the auditor has determined the facility is in substantial compliance with this Standard.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.73 - Reporting to Inmates.

Policy:

The policy outlining reporting to inmates is found in AR 421, PREA Policy. It requires that following an investigation into an offender's allegation that he or she suffered sexual abuse or sexual harassment by another offender or staff in a department facility, the PREA Compliance Manager shall inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Policy also requires that following an offender's allegation that a staff member has committed sexual abuse against the offender, unless the agency has determined that the allegation is unfounded, the agency informs the offender of the four bullets in this provision.

Policy further mandates that following an offender's allegation that he has been sexually abused by another offender in another agency facility, the agency subsequently informs the alleged victim whenever the agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility or convicted on a charge related to sexual abuse within the facility. All notifications or attempted notifications shall be documented.

AR 457, Investigations, Section 457.02, Reporting, states that all Warden/Division Heads, Deputy Directors, and/or Director are responsible to insure compliance with established Inspector General and Human Resources guidelines and procedures in conjunction with Administrative Reporting, any type of Investigations, Misconduct and Performance Adjudication and subsequent Imposing of Corrective/Disciplinary Action when applicable. All incidents shall be reported to the IG per the requirements of AR 332. The IG or designee shall be immediately notified of PREA related or serious incidents involving suspected criminal activity by inmates, staff, or outside parties; or serious violations of Department policy. The IG or designee, and designated Equal Employment Opportunity (EEO) official shall be immediately notified of serious incidents involving sexual harassment. The IG will determine the need for an investigation; the type/methodology of the investigation; the staff responsible for the investigation; and the priority of the investigation. The IG may request the assistance of outside agencies in the completion of investigations. The Department will provide notice pursuant to NRS 289.060 to any peace officer, if they are being questioned or interrogated during an investigation of misconduct or violation of departmental policy. Non-Peace Officers suspected of misconduct or violations of policy will be given notice pursuant to NRS 284.387 prior to being interviewed on the allegations. Correctional staff do not have to be given notice that they are under investigation until they are to be interviewed. The employee must be notified of any disciplinary action within 90 days of receiving notice of allegations pursuant to NRS 284.387 1(a). The IG may refer cases to the applicable prosecutorial authority for review for prosecution. Inmate cases may also be referred to the Attorney General pursuant to AR 708.

It further states: Per PREA standard 115.73, following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

WCC OP 457, Investigations, Section 6 Investigations specific to PREA, states that where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations.

Following an investigation into an inmate's allegation that he suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegations has been determined to be substantiated, unsubstantiated, or unfounded. If the Inspector General's office did not conduct the investigation, the PREA Coordinator will request the investigation outcome from the agency that had completed the investigation. The PREA Coordinator will notify the PCM of the outside agencies findings. The PCM will notify the inmate and enter a case note within the NOTIS system indicated that the inmate had been notified.

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the PCM will inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer employed at WCC; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility staff member is no longer employed at the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following an inmate's allegation that they were sexually abused by another inmate, the PCM will inform the victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

115.73(a)

The facility reported, via the PAQ, that it has a policy related to criminal and administrative agency investigations. There was one criminal and/or administrative investigation of alleged inmate sexual abuse that was initiated by the agency/facility in the past 12 months. This investigation is on-going, so notification has not been completed.

The Warden stated, during his interview, that inmates who make allegations of sexual abuse are notified of the outcome of the investigation verbally. The notification is documented in NOTIS as well as in the investigative paperwork.

The investigator stated, during his interview, that the PCM at the facility is typically the person who will notify the inmate of the outcome of the investigation.

The auditor was tasked to interview inmates who reported sexual abuse. There were no inmates who met this criteria housed at WCC during the on-site visit; therefore, this interview protocol was not utilized.

The auditor was tasked to review a sample of alleged sexual abuse investigations completed by agency. The auditor was provided with a memorandum authored by the Warden, dated February 18, 2023, which indicated that during the 12-month audit

period, the camp initiated one sexual abuse investigation. The auditor reviewed the paperwork completed to date on the on-going investigation for this allegation.

The auditor was provided with a blank DOC Form 2095 – Offender Victim PREA Report Notification Form. This document is used to formally notify the inmate of the outcome of the investigation.

115.73(b)

This substandard is not applicable, because the NDOC conducts all administrative and criminal investigations.

115.73(c)

The facility reported, via the PAQ, that following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, the facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the inmate’s unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. There has been no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against an inmate at WCC in the past 12 months.

The auditor was tasked to review a sample of documentation of founded complaints and documentation of notifications. There was one investigation of sexual abuse during the audit documentation period. The allegation was against other inmates.

The auditor was tasked to interview inmates who reported sexual abuse. There were no inmates who met this criteria housed at WCC during the on-site visit; therefore, this interview protocol was not utilized.

The auditor was provided with a blank copy of the DOC Form 2095, which is used to make these notifications.

115.73(d)

The facility reported, via the PAQ, that following an inmate’s allegation that he or she has been sexually abused by another inmate in an agency/facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The auditor was tasked to review a sample of documentation of notifications. There was one investigation of sexual abuse during the audit documentation period. The allegation was against other inmates and the investigation is on-going. The auditor will evaluate compliance with the Standard once the investigation is complete, during the corrective action period.

	<p>The auditor was tasked to interview inmates who reported a sexual abuse. There were no inmates who met this criteria housed at WCC during the on-site visit; therefore, this interview protocol was not utilized.</p> <p><u>115.73(e)</u></p> <p>The facility reported, via the PAQ, that it has a policy that all notifications to inmates described under this standard are documented. In the past 12 months, there were no notifications to inmates that were provided pursuant to this standard.</p> <p>The auditor was tasked to review additional documentation of notifications. There was no additional documentation to review.</p> <p><u>115.73(f)</u></p> <p>The agency's obligation to report under this standard remains in tact, as the inmate victim remains in the custody of the NDOC.</p> <p><i>The auditor reviewed policies and documentation, and conducted interviews with staff. The auditor was unable to confirm compliance with this Standard and placed the the facility into corrective action. Once the only sexual abuse investigation had been completed, the auditor will review the documentation to determine compliance with this Standard.</i></p> <p>As of the end of the corrective action period, November 22, 2023, the investigation remains on-going. The agency continues to wait on results from the DNA testing. Based on this, the auditor will not be able to confirm notification to the inmate.</p> <p><i>The auditor reviewed policies and documentation, and conducted interviews with staff. Because the only investigation at the facility remains on-going and there was no other evidence to the contrary, the auditor has determined the facility is in substantial compliance with this Standard.</i></p>
--	--

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.76 - Disciplinary Sanctions for Staff.</p> <p><u>Policy:</u></p> <p>The policy outlining staff disciplinary sanctions is found in AR 421, PREA Policy, Section 421.12, Disciplinary Sanctions for Staff. It states that all Departmental staff</p>

shall be subject to disciplinary sanctions up to and including termination for violating Departmental sexual abuse or sexual harassment policies. All terminations for violations of Departmental sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies and any relevant licensing bodies.

WCC OP 421, Section 14. Disciplinary Sanctions for Staff states that staff members who engage in sexual misconduct may be referred for prosecution under NRS 212.187 and are subject to internal disciplinary measures up to and including termination as defined in AR 339. Romantic relationships between a staff member and offender are subject to internal disciplinary measures to include termination as defined in AR 339. Disciplinary sanctions for violations of agency policies governed by Administrative Regulation 339 relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Staff members who know of or are aware of another staff member(s) engaging in sexual misconduct or harassment, who fail to report the information, are subject to internal disciplinary measures up to and including termination as defined in AR 339. Staff who fail to report or covers up such conduct may also be criminally charged under NRS: Chapter 195 - Parties to Crimes, should they have knowledge of a staff member engaging in sexual misconduct with an inmate, and said staff member(s) fails to report or covers up such conduct are in violation of NRS 212.187 and said staff member(s) fails to report or covers up such conduct. All terminations for violations of Departmental sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, shall be reported to law enforcement agencies and to any relevant licensing bodies by the Inspector General's Office. WCC shall not enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any offenders pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted.

115.76(a)

The facility reported, via the PAQ, that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

The auditor was provided with the NDOC Prohibitions and Penalties - A guide for classified employees of the Department of Corrections. This document discusses the types of corrective action and code descriptions. It differentiates if the offense is the first, second or third and penalties are adjusted based on that. In Section Q, it specifically addresses sexual misconduct with or sexual abuse or harassment of inmates.

115.76(b)

The facility reported, via the PAQ, that in the past 12 months there have been no staff

from the facility who have violated agency sexual abuse or sexual harassment policies.

The auditor did not review a sample of records for terminations, resignation, or other sanctions for violations of sexual abuse or sexual harassment policy. The auditor was provided with a memorandum authored by the Warden which indicated there were no substantiated allegations of sexual abuse or harassment against a WCC staff member.

The auditor was provided with a copy of the NDOC – Prohibitions and Penalties document. The first page of the document explains: As required by NAC 284.742, the following guide identifies activities that are prohibited as inconsistent, incompatible or in conflict with an employee's duties and identifies a range of penalties for various violations. This guide is intended as a supplement to the Nevada Rules for State Personnel Administration and does not constitute coverage of all possible violations that could conceivably occur. It is intended to clarify existing rules and regulations and to assist supervisors in taking appropriate corrective disciplinary action. The penalties identified for the various infractions are merely guidelines and may be applied to a greater or lesser degree than indicated depending on the circumstances and the seriousness of the offense(s). The extent of progressive discipline imposed will be at the Appointing Authority's discretion. It specifically addresses penalties for Sexual Misconduct with or Sexual Abuse or Harassment of Inmates.

115.76(c)

The facility reported, via the PAQ, that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months, there have been no staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

The auditor did not review records of disciplinary sanctions taken against staff for violations of the agency sexual abuse or sexual harassment policies in the past 12 months. The auditor was provided with a memorandum authored by the Warden which indicated there were no substantiated allegations of sexual abuse or harassment against a WCC staff member during the last 12 months.

115.76(d)

The facility reported, via the PAQ, that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, there have been no staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

	<p>The auditor was tasked to review reports to law enforcement for violations of agency sexual abuse or sexual harassment policies. There were none.</p> <p><i>The auditor has determined through review of policies and documentation, as well as interviews with staff, that the facility has demonstrated substantial compliance with this Standard.</i></p>
--	---

115.77	Corrective action for contractors and volunteers
---------------	---

	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.77 - Corrective Action for Contractors and Volunteers.</p> <p><u>Policy:</u></p> <p>The policy outlining contractor/volunteer notification requirements is found in AR 421, PREA Policy. The policy mandates any contractor or volunteer who engages in an activity that could be interpreted as sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>It further states: The institution/facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of Departmental sexual abuse or sexual harassment policies by a contractor or volunteer. Discussion regarding corrective action up to and including terminations of contract or volunteer agreement will include the Inspector General, PREA Coordinator, and any others deemed appropriate by the NDOC.</p> <p>WCC OP 421, Section 15 Corrective Action for Contractors and Volunteers, states that any contractor or volunteer at WCC who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal. WCC shall take appropriate measures, and shall consider whether to prohibit further contact with offenders in the case of any other violation of Departmental sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>AR 802, Community Volunteer Program, Section 802.02 Dual Status Forbidden, states that if circumstances suggest that a volunteer has been compromised into a personal relationship with an inmate, or through any other situation or event, that volunteer will be excluded from the institution or facility pending an investigation into the situation. A volunteer who is found to have been compromised will be permanently barred from participating as a volunteer for the Department in any capacity. PREA related incidents will be reported to the IG and investigated.</p>

115.77(a)

The facility reported, via the PAQ, that policy requires any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy also requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. In the past 12 months, there were no contractors or volunteers who were reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.

The auditor was tasked to review reports of sexual abuse of inmates by contractors or volunteers. The auditor was provided with a memorandum authored by the Warden, dated February 18, 2023, which states that there have been no substantiated allegations of sexual abuse or harassment at WCC against a contractor or volunteer within the past 12 months.

The auditor was tasked to review documentation of referrals to law enforcement and/or relevant licensing bodies, as well as, relevant investigative reports. There was no documentation to review.

115.77(b)

The facility reported, via the PAQ, that it takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The auditor was tasked to review documentation of remedial measures that have been enforced. The facility currently has 2 volunteers working and no contract employees. There were no allegations against the volunteers during the audit documentation period.

The Warden indicated that if a violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer was identified, he would immediately put a gate stop in place so they couldn't come inside the facility. He would refer the allegation to the Inspector General's Office for the initiation of an investigation. He indicated he couldn't remember this happening at the camp.

Per a memorandum authored by the NDOC Director, dated August 16, 2018, when NDOC becomes aware of an allegation of sexual abuse involving a NDF employee, the NDOC Inspector General or designated supervisor will initiate an investigation and contact the NDF camp program manager regarding the allegation advising that the accused NDF employee will be temporarily denied access to inmate crews and facilities while the investigation is ongoing.

In any investigation for sexual abuse where the conclusion of the investigation results in a substantiated finding or in all cases where a NDF Crew Supervisor resigns during an investigation for sexual abuse, a permanent Gate Stop order at all NDOC facilities will be initiated.

	<p>Negotiated Contract Terms and Scope of Work between NDOC and Contractor, Attachment AA. The blank template provided to the auditor stated: If a PREA allegation of sexual abuse or sexual harassment is filed by an inmate against a contracted employee, contractor or vendor, including their employees and subcontractors, the NDOC, Office of the Inspector General will contact the contractor, or the immediate supervisor of the contracted individual, regarding the allegation.</p> <p>Based on the severity of the allegation, NDOC will have the authority to deny access of any contract employee, contractor or vendor, including their employees and subcontractors, from entering any correctional facility or institution.</p> <p><i>The auditor has determined through review of policies and documentation, as well as interviews with staff, that the facility has demonstrated substantial compliance with this Standard.</i></p>
--	--

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.78 - Disciplinary Sanctions for Inmates.</p> <p><u>Policy:</u></p> <p>The policy outlining inmate disciplinary sanctions is found in AR 707, Offender Disciplinary Process. The policy states that offenders will be subject to disciplinary action for violations of the Department’s rules and regulations. Disciplinary action should be taken as soon as is practical following the misconduct. The policy details the disciplinary process to be utilized at all institutions. It identifies MJ19-Sexual Assault/Sexual Abuse: Subjecting another person to any sexual act or sexual abuse, if the victim does not consent, is coerced into such act by overt or implied threats of violence, is unable to consent or refuse, is against their will and/or understanding.</p> <p>Sexual Assault/Sexual Abuse includes any other intentional touching, either directly or through the clothing (Class A).</p> <p>AR 421, PREA Policy, Section 421.14 Disciplinary Sanctions for Offenders, states that offenders shall be subject to disciplinary sanctions according to Administrative Regulation 707, Offender Disciplinary Process, following an administrative finding that the offender engaged in offender-on-offender sexual abuse or offender-on-offender sexual harassment. Disciplinary sanctions will be commensurate with the nature and circumstances of the abuse committed, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. The disciplinary process shall consider whether an offender’s mental disabilities or mental illness contributed to his or her behavior when determining what type of</p>

sanction if any, should be imposed. The Department may discipline an offender for sexual contact with staff pursuant to Administrative Regulation 707, Offender Disciplinary Process only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The Department prohibits all sexual activity between offenders and may discipline offenders for such activity. The Department will not deem such activity to constitute sexual abuse if it determines that the activity was not coerced. Offenders who are deemed to be engaging in consensual sexual activity will be disciplined pursuant to Administrative Regulation 707, Offender Disciplinary Process.

WCC OP 421, addresses Disciplinary Sanctions for Inmates. The language almost mirrors the text found in the Administrative Regulation. It adds one additional paragraph as follows: Upon findings of guilt during the disciplinary hearing, the hearing officer will submit a referral for the offender to be seen by the mental health department. The mental health staff will offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits.

115.78(a)

The facility reported, via the PAQ, that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse. Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse. In the past 12 months, there have been no administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility and there have been no criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility.

115.78(b)

The Warden indicated, during his interview, that when an inmate is found guilty of an incident of sexual abuse, they are subject to sanctions under AR 707. It would fall under MJ 19 - Sexual Abuse/Assault. He indicated that the sanctions would be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and comparable offenses against other inmates. He also stated that mental illness is considered when determining sanctions for an inmate.

The auditor was tasked to review investigative reports and documentation of sanctions imposed. There was one allegation of inmate-on-inmate sexual abuse during the audit documentation period. This investigation is on-going. The auditor will review the completed investigation for compliance with this substandard during the corrective action period.

115.78(c)

The Warden indicated, during his interview, that when an inmate is found guilty of an incident of sexual abuse, they are subject to sanctions under AR 707. It would fall under MJ 19 - Sexual Abuse/Assault. He indicated that the sanctions would be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and comparable offenses against other inmates. He also stated that mental illness is considered when determining sanctions for an inmate.

The auditor was tasked to review investigative reports and documentation of sanctions imposed. There was one allegation of inmate-on-inmate sexual abuse during the audit documentation period. This investigation is on-going. The auditor will review the completed investigation for compliance with this substandard during the corrective action period.

115.78(d)

The facility reported, via the PAQ, that it does not offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

The auditor was tasked to interview medical and mental health staff. There are no medical or mental health staff assigned at WCC. If services are required, the inmate is scheduled for an appointment and transported to Ely State Prison.

115.78(e)

The facility reported, via the PAQ, that it disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

The auditor was tasked to review a sample of records of disciplinary actions against inmates for sexual conduct with staff. There were no allegations of sexual misconduct with staff during the documentation review period; therefore, there was no documentation to review.

115.78(f)

The facility reported, via the PAQ, that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.78(g)

The facility reported, via the PAQ, that the agency prohibits all sexual activity between inmates. The agency prohibits all sexual activity between inmates and disciplines inmates for such activity; the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

	<p><i>The auditor reviewed policies and documentation, and conducted interviews with staff. The auditor was unable to confirm compliance with this Standard and placed the facility into corrective action. Once the only sexual abuse investigation had been completed, the auditor will determine compliance with this Standard.</i></p> <p>As of the end of the corrective action period, November 22, 2023, the investigation remains on-going. The agency continues to wait on a report for DNA evidence that was submitted. Based on this, the auditor will not be able to confirm if there was appropriate disciplinary action required/taken against the suspects.</p> <p><i>The auditor reviewed policies and documentation, and conducted interviews with staff. Because the only investigation at the facility remains on-going, the auditor has determined the facility is in substantial compliance with this Standard.</i></p>
--	--

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.81 - Medical and Mental health Screenings: History of Sexual Abuse.</p> <p><u>Policy:</u></p> <p>AR 643 (10/15/13), Mental Health Services, states that all mental health services will be provided by qualified mental health providers. It further indicates that all inmates with mental illness, intellectual disabilities, developmental disabilities, a history of mental health treatment or intervention, or with current symptoms, should be identified, evaluated, and have information entered into the medical record and NOTIS. Arriving inmates who appear to be in need of any other mental health intervention will be referred to an institutional psychiatrist, psychologist or psychiatric nurse for appropriate housing placement and clinical follow-up. Inmates referred for non-emergency mental health care will be evaluated within 14 days after the date of referral. All incoming offenders should be evaluated by a mental health professional at intake units as part of the initial classification process. All newly arrived inmates should be evaluated by MH staff for, but not limited to, the following: suicide potential, symptoms of mental illness; level of intellectual functioning; level of aggression; potential for escape; deviant sexual behavior; and history of sexual abuse (aggressor and/or victim). Inmates may be referred to a mental health professional for further evaluation and treatment when indicated. Inmates referred for non-emergency evaluations must be seen by the appropriate provider within 14 days of referral. Inmates with a history of sexual abuse must be referred in a timely manner for mental health counseling and custody must be notified within 72 hours.</p> <p>Policy mandates Medical and Mental Health staff obtain consent from offenders</p>

before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. Offenders are made aware of this process and staff uses the NDOC Consent-Release of Medical Information form used to obtain the required consent.

Medical Directive 316, Initial Department Intake Procedure for Mental Health Evaluation, states: Standard instruments for use in the initial evaluation are DOC 2670 Self Report, DOC 2615 Mental Health Assessment-Initial Classification and/or Psychiatric Shipley Institute of Living Scale, and DOC 2667 Mental health Classification and Restrictions. Recommendations from the evaluation will be provided to the initial classification committee within 14 days of the inmate's arrival. Recommendations related to level of aggression, escape potential, and deviant sexual behavior might also be made when well supported by evaluation coupled with historical data. Form DOC 2667, Mental Health Classification and Restrictions will be filled out by Psychologist at the conclusion of evaluation. Classification forms will be entered into NOTIS and the hard copy will be placed in the medical chart.

WCC OP 670, Medical Standards for PREA, Section 1, Routine Screening of Sexual Abuse, states that if the PREA Risk Assessment screening done by the classification committee at intake indicates that an inmate has experienced prior sexual victimization and/or has previously perpetrated sexual abuse, whether it occurred in an institutional or jail setting or in the community, staff shall ensure that inmate is offered follow-up medical and/or mental health meeting within 14 days of the intake screening. Inmate will complete a medical/mental health kite at intake, with the assistance of the intake caseworker if needed, if they are requesting a follow-up medical and/or mental health meeting. At the time of the kite submissions the caseworker must annotate at the top that the inmate must be seen within 14 days. A case note will be made to indicate that the inmate either submitted a medical/mental health kite, or that the inmate declined to submit a medical/mental health kite. All kites will be scanned and sent directly to the medical/mental health staff member(s) as soon as possible after the intake process.

All kites received by the medical department will be date stamped and entered into a "PREA Kite" database for tracking purposes. The request will then be forwarded to the appropriate department (medical or mental health) to ensure that the inmate is seen within the 14 day time frame. The information gathered from the inmate during the appointment required within the 14 day time frame will determine if additional follow-up care is needed. If follow-up care is needed based on the interview, subsequent appointments can be scheduled at that time. All information obtained during the interview can also be utilized to assist in determining housing, bed, work, education and program assignments. All information obtained during the interview can be relayed to the unit casework specialist to assist in placement of the inmate in the previously listed assignment areas. All contacts and intervention will be documented in the inmate's medical file.

115.81(a)

The facility reported, via the PAQ, that all inmates at this facility who have disclosed

any prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. In the past 12 months, there were no inmates who disclosed prior victimization during screening. Medical and mental health staff maintain secondary materials documenting compliance with the above required services.

The auditor was tasked to review a sample of medical/mental health secondary materials. A copy of a DOC Form 2615, Mental Health Assessment Initial Classification and/or Psychiatric Referral was provided with the PAQ.

The auditor was tasked to interview inmates who disclosed sexual victimization at risk screening. There were no inmates who met this criteria housed at WCC during the on-site visit; therefore, this interview protocol was not utilized.

The staff member who completes the risk screening stated, during his interview, that he offers a mental health referral to all new arrivals. If an inmate indicates he would like to see mental health, the staff member notifies the Lieutenant and they send an e-mail to the mental health staff at Ely State Prison. He indicated this happens the same day that the inmate accepts the referral.

115.81(b)

The facility reported, via the PAQ, that all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.41, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting is offered within 14 days of the intake screening. In the past 12 months, there have been no inmates who reported to have previously perpetrated sexual abuse, during the screening. Mental health staff maintain secondary materials documenting compliance with the above required services.

The auditor was tasked to review a sample of mental health secondary materials. There were none.

The staff member who completes the risk screening stated, during his interview, that he offers a mental health referral to all new arrivals. If an inmate indicates he would like to see mental health, the staff member notifies the Lieutenant and they send an e-mail to the mental health staff at Ely State Prison. He indicated this happens the same day that the inmate accepts the referral.

115.81(d)

The facility reported, via the PAQ, that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. The information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments.

The auditor reviewed a sample of inmate confinement records/other records available to custody staff or non-health personnel.

During the tour of the facility, the auditor noted that there were no areas designated for medical treatment or mental health services. This was discussed with staff, and the auditor was told that if an inmate requires medical or mental health services, they are scheduled and the inmate is transported to Ely State Prison to attain the requested/required services.

115.81(e)

The facility reported, via the PAQ, that medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

The auditor was tasked to review consent documentation or logs. Medical and mental health services are not provided at WCC, so there was no consent documentation to review.

The auditor was tasked to interview medical and mental health staff. There are no medical or mental health staff assigned at WCC.

The auditor has determined through review of policies and documentation, interviews with staff, and observation of facility operations, that the facility has demonstrated substantial compliance with this Standard.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.82 - Access to Emergency Medical and Mental Health Services.</p> <p><u>Policy:</u></p> <p>The policy outlining access to emergency medical and mental health services is found in AR 421, PREA Policy, Section 421.15 - Access to emergency Medical and Mental Health Services.. It states that facilities will ensure that offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioner. Offender victims of sexual abuse, while incarcerated, shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with the professionally accepted</p>

standard of care, where medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

WCC OP 670, Medical Standards for PREA, Section 4. Access to Emergency Medical and Mental Health Services, states that all inmate victims of sexual abuse will receive timely unimpeded access to emergency medical/mental health treatment which will be determined by the health practitioners' professional judgment.

When an incident is of an emergent nature, medical staff will be notified. WCC staff will perform a cursory, visual exam for any signs of injury, without manipulating any of the victims' body parts. The offender will then be transported to Ely State Prison where ESP medical staff will assume the care of the offender. Injuries will be documented by camera and by utilizing NDOC Form 2514 (Unusual Occurrence).

Victims will be offered immediate medical attention for any injuries that require treatment. A SANE exam will be offered. Medical treatment can be deferred if it appears it will affect evidence, and the injuries are not life threatening. The inmate will be provided with a Advocacy Request Form a DOC 1919 to review and sign. The completed form will be returned to the facility PREA compliance Manager. If an inmate declines the SANE exam and/or medical treatment, they will be provided a Release of Liability for refusal of Health Care Treatment DOC 2523. Medical staff may assist in the collection of evidence, except for obtaining specimens.

When an incident is of an emergent nature, mental health staff will, during normal working hours, provide an immediate consultation with the victim if requested. After hours, in the absence of mental health personnel, medical staff can provide basic counseling and support until the victim can be seen by mental health personnel.

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

115.82(a)

The facility reported, via the PAQ, that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

The auditor reviewed one document regarding access to services. The auditor was provided with a blank DOC 2514, Unusual Occurrence Report. It is the form the medical staff would utilize to document their screening of the inmate after an

incident, injury or other unusual occurrence. It could be used for a PREA allegation. It is completed by an RN or higher level staff. A copy is retained in the medical file and in the incident file.

The auditor was tasked to interview medical and mental health staff. There are no medical or mental health staff assigned at WCC, so this interview protocol was not utilized.

The auditor was tasked to interview inmates who reported sexual abuse. There were no inmates who met this criteria housed at WCC during the on-site visit; therefore, this interview protocol was not utilized.

During the tour of the facility, the auditor noted that there were no areas designated for medical treatment or mental health services. This was discussed with staff, and the auditor was told that if an inmate requires emergency medical services, they would be transported to an outside hospital to attain the required services.

The auditor was provided with a memorandum, authored by the Warden dated August 5, 2021, which states that PREA requires security staff to take steps to protect the victim and immediately notify the appropriate medical and mental health staff. WCC would notify Ely State Prison who has medical staff on duty at all times and provides gatekeeper services to the camp.

Per a memorandum from the PREA Coordinator in 2018, NDOC provides timely, unimpeded access to emergency medical treatment for inmate victims of sexual abuse. The nature and scope are determined by medical practitioners, should the inmate require more extensive treatment for trauma for anything beyond NDOC medical practitioners scope of practice inmates will be transported to a hospital that can provide the emergent care needed.

NDOC does not have a direct contract with any hospital and utilizes entities within the PPO networks. Hometown Health is utilized in Northern Nevada and Sierra Health Organization is utilized in Southern Nevada.

All hospitals NDOC uses will take emergency inmate patients.

115.82(b)

The first responders who were interviewed provided the following responses when asked about the steps they would take if they received an allegation of sexual assault: separate the inmates, notify supervisor, check victim's well bring, get statements, don't allow them to wash up, collect clothing and give them a jumpsuit, put clothing in bags, control area, assign a c/o to each inmate and to the area where it happened. Review cameras. Make other required notifications, prepare for transport. Evidence must be logged and put in locker. Take for forensic exam. When asked about confidentiality of this information, the auditor was told they could only discuss with those who need to know. They are not allowed to discuss it with co-workers, inmates, or family members. They can only tell the chain of command.

The auditor reviewed documentation demonstrating immediate notification of the

appropriate medical and mental health practitioners. The inmate who alleged sexual abuse and consented to a forensic medical examination was transported from the facility to Renown Hospital in Reno, NV. Once the forensic examination was completed, he was transported to another NDOC facility for safe housing.

115.82(c)

The facility reported, via the PAQ, that inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

The auditor was tasked to review a sample of medical/mental health secondary materials regarding access to services. The auditor was provided with a copy of the Physician's Orders showing that the one victim, who alleged sexual abuse, was offered testing for sexually transmitted infections when he arrived at the new facility, after the forensic examination.

The auditor was tasked to interview medical and mental health staff. There are no medical or mental health staff assigned at WCC.

The auditor was tasked to interview inmates who reported sexual abuse. There were no inmates who met this criteria housed at WCC during the on-site visit; therefore, this interview protocol was not utilized.

115.82(d)

The facility reported, via the PAQ, that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The auditor has determined through review of policies and documentation, interviews with staff, and observation of facility operations, that the facility has demonstrated substantial compliance with this Standard.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.83 - On-going Medical and Mental Health Care for Sexual Abuse Victims and Abusers.
	<u>Policy:</u>

The policy outlining on-going medical/mental health treatment for victims and abusers is found in Medical Directive 117, Sexual Assaults. It states that upon receipt of information that an inmate has been sexually assaulted, medical personnel shall do a preliminary interview to document the extent of injuries and determine if referral to an outside medical facility for examination, treatment, or gathering of evidence is indicated. The preliminary interview should include a mental health assessment by a mental health professional which includes a careful assessment of the inmate's potential for self-harm. If it is determined referral to an outside medical facility is indicated, transportation should be arranged and the outside medical facility notified of the need for further examination and treatment. Upon return from the outside medical facility, medical personnel are to review the results of the evaluation by the hospital and continue medical treatment as recommended. This includes specific attention to the prevention and treatment of sexually transmitted diseases. Follow-up mental health evaluation should be arranged for crisis intervention and long term follow-up, if indicated. All activities relating to evaluation and treatment should be appropriately documented in the medical record.

AR 421, PREA Policy, Section 421.15 states that facilities will ensure that offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, custody staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioner. Offender victims of sexual abuse, while incarcerated, shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with the professionally accepted standard of care, where medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

WCC OP 670, Medical Standards for PREA, Section 5. Ongoing Care for Sexual Abuse Victims and Abusers, states that WCC will work with Ely State Prison who will offer medical and mental health follow-up services as appropriate to all inmates who have been victimized in any confinement facility. The follow-up treatment provided will be consistent with the standard community level of care. Sexual abuse victims will be offered tests for sexually transmitted infections as deemed medically appropriate. Mental health staff shall attempt to conduct mental health evaluations of all known inmate-on-inmate abusers within 60 days of learning of the known abuse.

115.83(a)

The facility reported, via the PAQ, that it offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Services would be offered, but they would be provided at Ely State Prison.

During the tour of the facility, the auditor noted that there were no areas designated for medical treatment or mental health services. This was discussed with staff, and the auditor was told that if an inmate requires on-going or follow-up medical or mental health services, they would be scheduled and the inmate would be transported to Ely State Prison to attain the required services.

Through discussions with staff, the auditor learned that medical and mental health services are not provided at WCC. The inmate would either be taken to an outside hospital or would be transported to Ely State Prison, the oversight and gatekeeper facility for the camp. There are medical and mental health staff assigned at Ely State Prison.

115.83(b)

The auditor was tasked to interview medical and mental health staff employed at the facility. There are no medical or mental health staff assigned at WCC.

The auditor was tasked to interview inmates who reported sexual abuse. There were no inmates who met this criteria housed at WCC during the on-site visit; therefore, this interview protocol was not utilized.

The auditor was tasked to review medical records or secondary documentation that demonstrate victims receive follow-up services and appropriate treatment plans and, when necessary, referrals for continued care following their transfer to or placement in other facilities, or their release from custody. The victim received follow-up care and testing for sexually transmitted infections when he was transported to the new NDOC institution after the forensic examination.

115.83(c)

The auditor was tasked to interview medical and mental health staff employed at WCC. There are no medical or mental health staff assigned at WCC.

The auditor was tasked to review medical records and secondary documentation that demonstrate victims received medical and mental health services consistent with community level of care. Medical and mental health services are not offered at WCC.

115.83(d)

The facility reported, via the PAQ, that they do not house female inmates at WCC. This substandard is not applicable.

115.83(e)

The facility reported, via the PAQ, that they do not house female inmate at WCC. This substandard is not applicable.

115.83(f)

The facility reported, via the PAQ, that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically

appropriate.

The auditor was tasked to interview inmates who reported sexual abuse. There were no inmates who met this criteria housed at WCC during the on-site visit; therefore, this interview protocol was not utilized.

The auditor was tasked to review medical records and secondary documentation that demonstrate that victims were offered tests for sexually transmitted infections as medically appropriate. The auditor was provided with a copy of the Physician's Orders showing that the one victim, who alleged sexual abuse, was offered testing for sexually transmitted infections when he arrived at the new NDOC institution, after the forensic examination.

115.83(g)

The facility reported, via the PAQ, that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The auditor was tasked to interview inmates who reported sexual abuse. There were no inmates who met this criteria housed at WCC during the on-site visit; therefore, this interview protocol was not utilized.

115.83(h)

The facility reported, via the PAQ, that it attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners.

The auditor was tasked to interview medical and mental health staff employed at WCC. There are no medical or mental health staff assigned at WCC.

The auditor was tasked to review mental health records or secondary documentation that demonstrates evaluations of inmate-on-inmate abusers. These records are not retained at WCC.

The auditor has determined through review of policies and documentation and interviews with staff, that the facility has demonstrated substantial compliance with this Standard.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.86 - Sexual Abuse Incident Reviews.

Policy:

AR 421, PREA Policy, states that the investigative staff member assigned to investigate allegations of staff-on-offender sexual abuse, and offender-on-offender sexual abuse will participate in the mandatory Sexual Abuse Incident Review (SAIR) Committee at the conclusion of each investigation if the allegation is substantiated or unsubstantiated. The SAIR Committee review will include: A. Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; B. Whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; C. Whether physical barriers in the area where the incident allegedly occurred may enable abuse; D. Whether staffing levels in that area during different shifts are adequate; and E. Whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Specifically identified facility staff who will also participate in the SAIR review include an upper-level management official who will receive input from line supervisors, investigators, PCM, and medical or mental health professionals. A report of SAIR review findings, including but not necessarily limited to determinations made according to the incident review requirements and any recommendations for improvement should be submitted to the Warden. The Warden responsible for the institution/facility shall implement the recommendations for improvement or shall document reasons for not doing so.

WCC OP 421, Custodial Sexual Misconduct, Sexual Offenses, and PREA, Section 19, Sexual Abuse Incident Reviews states that Wells Conservation Camp shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The PREA compliance manager will track and notify the review team upon learning of the completion of any sexual abuse investigation. Such review shall ordinarily occur within 30 days of the conclusion of the investigation and will be documented using the Committee Review for Sexual Abuse Investigation form DOC 1925. The review team shall be selected by the Warden at Ely State Prison and should include preferably the Associate Warden, CCSIII, Lieutenant and medical and/or mental health care practitioners as needed. The investigative staff member from the IG's office will also participate in the incident review team.

The review team shall document their findings on the Committee Review for Sexual Abuse Investigation form. The review team shall consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status; or gang affiliation; or was

motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the alleged incident occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; prepare a report of its findings, including but not limited to determinations made pursuant to the above paragraphs of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. The Review Team shall implement the recommendations for improvement or shall document the reasons for not doing so.

115.86(a)

The facility reported, via the PAQ, that it conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, there were no criminal and/or administrative investigations of alleged sexual abuse completed at the facility.

The auditor reviewed documentation of incident reviews. Two examples were provided. Both included all required components. They utilize the form 1925-Sexual Abuse Incident Review. These were from another facility.

The auditor was tasked to review sample documentation of completed criminal or administrative investigations of sexual abuse, if incident review documents are contained therein. There was one allegation of inmate-on-inmate sexual abuse made at the facility during the audit documentation period. This investigation is on-going, so an incident review has not been completed. This will be monitored during corrective action to verify this standard was addressed.

115.86(b)

The facility reported, via the PAQ, that it ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. In the past 12 months, there were no criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days.

The auditor reviewed documentation of incident reviews. The auditor was provided with a memorandum, authored by the Warden dated February 21, 2023, which stated that WCC has not had a sexual abuse investigation which resulted in a substantiated or unsubstantiated finding during the 12 month audit documentation period.

The auditor was tasked to review sample documentation of completed criminal or administrative investigations of sexual abuse, if incident review documents are contained therein. There was one allegation of inmate-on-inmate sexual abuse made at the facility during the audit documentation period. This investigation is on-going, so an incident review has not been completed. This will be monitored during corrective action to verify this standard was addressed.

115.86(c)

The facility reported, via the PAQ, that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

The Warden indicated, during his interview, that the facility has an incident review team. It consists of the Associate Warden-Programs, the Associate Warden-Operations, the PCM, a nurse and mental health staff, and the investigator on the case.

The auditor was tasked to review documentation of review team minutes or reports. There was one allegation of inmate-on-inmate sexual abuse made at the facility during the audit documentation period. This investigation is on-going, so an incident review has not been completed. This will be monitored during corrective action to verify this standard was addressed.

115.86(d)

The facility reported, via the PAQ, that it prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) - (d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager.

The auditor was tasked to review documentation of incident reviews and reports of findings from sexual abuse incident reviews. There was one allegation of inmate-on-inmate sexual abuse made at the facility during the audit documentation period. This investigation is on-going, so an incident review has not been completed. This will be monitored during corrective action to verify this standard was addressed.

The Warden indicated, during his interview, that during the incident review they look for vulnerabilities, what happened, when it happened, the timing of the situation, and other events that might have occurred around the same time. The group makes recommendations and he completes the final review. If follow up is needed, it is completed by the PCM and the Associate Warden-Programs. The Warden stated the review considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The PCM at the camp indicated that the incident reviews are completed at Ely State Prison. If the allegation had originated at the camp, he would be involved in the

review via the telephone. A written report would be generated and he would complete whatever corrective action he was instructed to take.

A member of the incident review team from Ely State Prison, was interviewed on Wednesday, April 12, 2023 while on-site at WCC. He indicated that the committee reviews whether the incident or allegation was motivated by race; ethnicity; gender identity or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. They examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse and assess the adequacy of staffing levels in that area during different shifts. They also assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

115.86(e)

The facility reported, via the PAQ, that it would implement the recommendations for improvement or document its reasons for not doing so.

The auditor was tasked to review documentation supporting implementation of recommendations and/or the reasons for not implementing them. There were no incident reviews completed during the documentation review period; therefore, there were no recommendations to be implemented. There was one inmate-on-inmate sexual abuse allegation, which once the investigation is completed, may require a review per this Standard. This will be monitored during corrective action, to ensure compliance with this Standard.

The auditor reviewed policies and documentation, and conducted interviews with staff. She is unable to confirm compliance with this Standard and placed the facility in corrective action. Once the only sexual abuse investigation is completed, the auditor will review pertinent documentation to determine compliance with this Standard.

As of the end of the corrective action period, the sexual abuse investigation remains on-going; therefore, the auditor will not be able to confirm completion of the sexual abuse incident review.

The auditor reviewed policies and documentation, and conducted interviews with staff. Because the only investigation at the facility remains on-going, the auditor has determined the facility is in substantial compliance with this Standard.

115.87	Data collection
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.87 - Data Collection.

Policy:

The policy outlining sexual abuse data collection is found in WCC OP 421, Custodial Sexual Misconduct, Sexual Offenses, and PREA. This OP provides standardized definitions for the terms utilized throughout the procedure. In Section 20 – Data Review for Corrective Action, it states that Wells Conservation Camp will review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training, by including data that has been compiled by the PREA compliance manager pertaining to PREA incident and reports. The data will be used to identify problem areas and document corrective action taken on an ongoing basis for those areas identified as problematic. All data collected and compiled will be forwarded to the agency PREA Coordinator for inclusion in the annual report.

The NDOC Confidential PREA Manual states that the IG PMT is responsible to collect accurate, uniform data for every allegation of sexual abuse from every institution and facility using a standardized instrument and set of definitions. The incident based sexual abuse data will be aggregated, at a minimum annually; the data shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual violence conducted by Department of Justice; the IG PMT and the Department shall maintain, review and collect data as needed from all incident based documents, including reports, investigation files, and sexual abuse reviews; and the data from the previous calendar year shall be available for production upon a request from the Department of Justice.

115.87(a) & (c)

The facility reported, via the PAQ, that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

The auditor reviewed the set of definitions. The standardized departmental definitions are found in the WCC OP. The auditor also reviewed the data collection instrument. The auditor was provided with a completed copy of the Survey of Sexual Victimization 2019 and 2020 for the NDOC.

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

115.87(b)

The facility reported, via the PAQ, that the agency aggregates the incident-based sexual abuse data at least annually.

The auditor requested samples of aggregated data. The auditor received and

reviewed data from 2018, 2019, 2020 and 2021. The PREA Coordinator indicated the report for 2022 had not been finalized.

115.87(d)

The facility reported, via the PAQ, that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigations files, and sexual abuse incident reviews.

115.87(e)

The facility reported, via the PAQ, that the agency does not currently house NDOC offenders in private facilities. Based on this it does not obtain incident-based and aggregated data from any private facility.

The auditor was tasked to review a sample of incident-based and aggregated data from private facilities. This was not done as the NDOC does not currently house it's offenders in private facilities.

115.87(f)

The facility reported, via the PAQ, that the agency provides the Department of Justice with data from the previous calendar year when requested.

The auditor has determined through review of policies and documentation, as well as discussions with staff, that the facility has demonstrated substantial compliance with this Standard.

115.88 Data review for corrective action	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.88 - Data Review for Corrective Action.
	<u>Policy:</u> PREA Data Collection is addressed in WCC OP 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and PREA, Section 20 - Data Review for Corrective Action, and in the NDOC Confidential PREA Manual. The WCC OP states that Wells Conservation Camp will review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training, by including data that has been compiled by the PREA compliance manager pertaining to PREA incident and reports. The data will be used to identify problem areas and document corrective

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

The Confidential PREA Manual states that the data collected and aggregated shall be reviewed by the Director, or designee, Deputy Director of Operations, and the IG PREA Coordinator in order to assess and improve, if necessary, the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The review will include identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each institution, facility. The annual report 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 Department's progress in addressing sexual abuse. The Department's report shall be reviewed and approved by the Director and will be made readily available to the public on the Department's website. Specific material may be redacted from the reports when the publication would present a clear and specific threat to the safety and security of a facility. However, there must be an indication of the nature of the material redacted.

115.88(a)

The facility reported, via the PAQ, that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

The auditor reviewed the annual reports and noted there have been no corrective action plans for WCC. Their last incident of sexual abuse was alleged to have occurred in 2019. The allegation was staff on offender and was determined to be unsubstantiated.

The auditor reviewed annual report of findings from data reviews/corrective actions. The auditor was provided with a link to a report on the NDOC website. It is as follows: [Prison Rape Elimination Act Incidents by Year and Outcome | Nevada Department of Corrections \(nv.gov\)](#) The auditor reviewed 2019, 2020, and 2021 annual reports and noted no corrective action for WCC.

The Director stated, during his interview, that analyzing the information gathered during the annual review is typically done by the PREA Coordinator in conjunction with the PCM at the facilities. They will identify issues, concerns, and possible recommendations and present them to the Warden. The Warden will evaluate the information and if approved, the recommendations will be forwarded to the agency level for review. As part of this review they look at areas identified as potential blind spots, policy modifications and staffing.

The PREA Coordinator indicated that she collects data from all incidents reported during each calendar year. This information is reviewed and incorporated into the

annual report. The annual report is approved by the Director and posted to the website. Data is retained in a file cabinet in her office and on a share folder that only limited people within the Inspector General's Office have access to. She stated that the agency takes corrective action on an on-going basis based on information gathered from this data.

The PCM at the camp indicated that he is not involved in this process, it is completed by Ely State Prison.

115.88(b)

The facility reported, via the PAQ, that the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

The auditor reviewed annual report of findings from data reviews/corrective actions. The auditor was provided with a link to a report on their website. It is as follows: Prison Rape Elimination Act Incidents by Year and Outcome | Nevada Department of Corrections (nv.gov) The auditor reviewed 2019, 2020, and 2021 annual reports which did not identify any corrective action for WCC.

115.88(c)

The facility reported, via the PAQ, that the agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.

The auditor reviewed the website where the annual review is available. The auditor was provided with a link to a report on their website. It is as follows: Prison Rape Elimination Act Incidents by Year and Outcome | Nevada Department of Corrections (nv.gov) The auditor reviewed 2019, 2020, and 2021 annual reports which did not include any corrective action for WCC.

The Director stated, during his interview, that he reviews and approves the annual report. Once approved, it is posted on the NDOC website.

115.88(d)

The facility reported, via the PAQ, that when the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.

The auditor reviewed the annual report of findings from data reviews/corrective actions The auditor was provided with a link to a report on their website. It is as follows: Prison Rape Elimination Act Incidents by Year and Outcome | Nevada Department of Corrections (nv.gov) The auditor reviewed 2019, 2020, and 2021 annual reports which did not include any corrective action for WCC.

The PREA Coordinator stated, during her interview, that they do not include any

	<p>personal identifying information on the forms utilized to gather information for the annual report and the annual report does not contain any personal identifying information, so nothing would need to be redacted.</p> <p><i>The auditor has determined through review of policies and documentation and interviews with staff, that the facility has demonstrated substantial compliance with this Standard.</i></p>
--	---

115.89	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.89 - Data Storage, Publication, and Destruction.</p> <p><u>Policy:</u></p> <p>The policy outlining PREA data storage is found in WCC OP 421, which requires the facility to ensure that data collected are securely retained by ensuring all collected data is considered “Confidential”. Only the PCM at ESP and the Warden may disseminate any PREA related data. In Section 20, Data Review for Corrective Action, it states that WCC shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training, including data being compiled by the PCM pertaining to PREA incidents and reports. The data will be used to identify program areas and document corrective action taken on an ongoing basis for those areas identified as problematic.</p> <p>The NDOC PREA Manual states that all data collected related to incidents that are alleged to be sexual abuse will be securely retained but made readily available to the public through the website annually. Before being made publicly available, all persona identifiers will be removed. The sexual abuse data collected will be maintained for a minimum of 10 years after the date of the initial collection. Each institution will designate a PREA Compliance Manager, who will coordinate the institution's efforts for compliance with the PREA standards. The PREA Compliance Manager for each institution will also coordinate efforts for any satellite facility designated for the institution.</p> <p><u>115.89(a)</u></p> <p>The facility reported, via the PAQ, that the agency ensures that incident-based and aggregate data are securely retained.</p> <p>The PREA Coordinator indicated that she collects data from all incidents reported during each calendar year. This data is retained in a file cabinet in her office and on a</p>

share folder that only limited people within the Inspector General's Office have access to.

115.89(b)

The facility reported, via the PAQ, that policy requires aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

The auditor was tasked to review the NDOC website for publicly available aggregated sexual abuse data. The auditor reviewed the NDOC website and located the area that contains PREA information and reports.

115.89(c)

The facility reported, via the PAQ, that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

The auditor reviewed a sample of publicly available sexual abuse data to check that personal identifiers have been removed. The auditor found no personal identifiers included in the data.

115.89(d)

The facility reported, via the PAQ, that the agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

The auditor did not find any federal, state, or local law requiring different retention periods. This was also discussed with the PREA Coordinator and she was not aware of any additional or different requirements.

The auditor reviewed historical data collected since August 20, 2012.

The auditor has determined through review of policies and documentation, and interviews with staff, that the facility has demonstrated substantial compliance with this Standard.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.401 - Auditing and Corrective Action Wells Conservation Camp is located in Independence Valley, approximately 14 miles

east of Wells, Nevada. Ely State Prison provides oversight, administrative support and gatekeeper services for WCC, and both are operated under the jurisdiction of the NDOC.

PRE-AUDIT PHASE

The California Department of Corrections and Rehabilitation (CDCR) provided (via e-mail) the audit notice to the agency's PREA Coordinator with instructions to post copies in the housing units and other places deemed appropriate by facility staff.

The audit notices were posted on February 6, 2023. Notices were to be posted in areas accessible to both inmates and staff. This was verified during the on-site portion of the audit, during the facility tour and by dated photos received from the agency.

The lead auditor received notification from the OAS, that the PAQ, policies/procedures and other documents were available for review on March 1, 2023. The certified auditor started completing a paper version of the audit compliance tool by transferring information from the PAQ and from supporting documentation to the pre-audit section of the audit compliance tool.

The lead auditor conducted interviews of the management team, including the Director, Warden, Human Resources, Agency Contract Administrator, PREA Coordinator, Investigator, Sexual Assault Nurse Examiner, and Victim Advocate via the telephone, prior to arrival at the facility. The interviews were conducted using the applicable interview protocols and responses were recorded by hand.

Upon completion of the review of the PAQ, the audit team leader documented all clarification questions, missing information, and requests for additional documentation, on the WCC Issues Log. This log was sent to the PREA Coordinator and the PREA Compliance Managers at WCC and Ely State Prison on April 7, 2023.

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

ON-SITE PHASE

On Wednesday, April 12, 2023, the audit team arrived at WCC. The audit team consisted of two certified auditors which included me, retired Chief Deputy Administrator and previous PREA Coordinator for the CDCR, and John Katavich, retired Warden for CDCR.

On April 12, 2023, the audit team met with the Associate Warden (via the telephone), the Agency PREA Coordinator (via the telephone), a Correctional Caseworker Supervisor from Ely State Prison, and the Correctional Lieutenant, assigned to the camp, for greetings, introductions and information sharing. The

team was assigned a conference room which served as the team's primary work location for audit preparation and organization. It also served as one of the rooms used for staff and inmate interviews.

Upon arrival at WCC, the audit team requested and received the names of the facility employees and selected the names of staff who would be interviewed. Also on this date, the audit team received a roster of all inmates at the facility with identification numbers and assigned bed numbers, sorted by housing wing. The inmate count on the first day of the on-site portion of the audit was 98 inmates.

The auditor also requested a list of inmates classified into any of the following categories:

Disabled Inmates - none

Limited English Proficient Inmates - none

Transgender & Intersex Inmates -none

Gay & Bisexual Inmates - none

Inmates in Segregated Housing for Risk of Sexual Victimization - none

Inmates who Reported Sexual Abuse - none

Inmates who Disclosed Sexual Victimization during Risk Screening -none

The auditor explained that these rosters were required for the audit team to select random staff and inmates for interviews. At the time of the audit, the facility did not house any inmates who met any of the specialized criteria identified above.

During the on-site review, the two audit team members conducted a thorough site review of the facility. Areas toured inside the perimeter included the three wings of the housing unit, the kitchen and dining hall/visiting room, the laundry, the canteen, education, recreation yard, and the gymnasium. The buildings previously utilized by the NDF were not toured because the program at the camp has been shut down and there are no longer NDF staff assigned at the facility.

During the tour, audit team members asked impromptu questions of staff and inmates, noted the placement and coverage of surveillance cameras, inspected surveillance monitors, inspected bathrooms and showers to identify potential cross gender viewing concerns, and evaluated potential blind spots. The audit team members tested inmate phones to determine the functionality of the facility's hotline for reporting sexual abuse or harassment and access to the emotional support line. In inmate work areas, audit team members assessed the level of staff supervision and asked questions to determine whether inmates are in lead positions over other inmates. Audit team members also noted the placement of PREA information posters and noted the placement of the PREA audit notice provided to the facility.

There were 12 security staff positions filled during the on-site portion of the audit.

There was an additional non-security staff member assigned to work at WCC as the Retail Storekeeper. The Correctional Caseworker position was vacant. WCC has a total of 14 authorized position. A total of 10 out of the 13 staff assigned at WCC were interviewed. The remaining staff were away from the facility on their days off.

The specialized staff interview protocols were used and in most cases, a random staff interview protocols was also completed with the same employee. Some staff, who met more than one of the specialized criteria, were interviewed utilizing multiple specialized staff interview protocols. During these interviews, the audit team members based the line of questioning on the appropriate specialized interview protocols and recorded responses by hand. A total of 14 specialized staff interview protocols were completed, as follows:

Agency Head-1

PREA Coordinator-1

Agency Contract Administrator-1

Warden-1

PCM-1

Medical and Mental Health - 0

Incident Review Team Member-1

Staff who Perform Screening for Risk of Victimization and Abusiveness-1

Intake Staff-1

Office of Inspector General -1

Sexual Assault Nurse Examiner-1

Victim Advocate - 1

Human Resources-1

Segregated Housing staff-0

Person Responsible for Monitoring Retaliation-1

Higher Level Supervisor-0

Volunteer Educator - 1

First Responders-0

The audit team interviewed nine staff utilizing the random staff interview protocol on all staff who were on-site during the two days the audit team was on-site, including returning to the facility in the late evening to interview graveyard shift security staff. The interviews were conducted in private interview rooms, in the main building of the facility. The auditor introduced themselves, communicated the advisory statements to the staff, proceeded to ask the questions from the interview protocols for random staff and recorded the answers by hand. Clarifications were requested when needed to ensure the responses were clear enough to make a determination of compliance with applicable standards.

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

Lieutenant and determined there were no inmates assigned at WCC who met the criteria for any of the specialized inmate interviews.

The document review process was divided up between the two auditors. There was one allegation of inmate-on-inmate sexual abuse for which the investigation was ongoing at the time of the on-site visit. There were no other allegations during the audit documentation period. The documentation from the investigation, that had been completed to date was requested, and received by the lead auditor when she returned home. While on-site, the auditors reviewed the records documenting the training of the inmate population and the records maintained through the inmate intake and risk screening processes. Most of the training and employment records for staff were received prior to arrival on-site. The lead auditor recorded the information obtained from the documentation review on the "PREA Audit - Adult Prisons & Jails - Documentation Review" templates and collected copies of documents, as necessary.

The breakdown of allegations received during the audit documentation period is as follows:

Staff on Inmate - Sexual Harassment: 0

Staff on Inmate - Sexual Abuse: 0

Inmate on Inmate - Sexual Harassment: 0

Inmate on Inmate - Sexual Abuse: 1

Throughout the on-site review, the team had discussions about what was being observed and reviewed. If discrepancies were being identified, they were discussed with the staff at the camp. Audit team members sought clarification, when discrepancies were identified to ensure that we were not missing pertinent information. On Thursday, April 13, 2023, the audit team scheduled a close-out discussion with the Associate Warden at Ely State Prison, PREA Coordinator and the Camp Lieutenant. During this close-out discussion, staff were provided with an overview of the positive things noted by the auditors and what had been identified as areas of concern. The auditor informed those in attendance, that she still had documentation to review and would notify them of additional concerns, as they arose.

POST-AUDIT PHASE

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

The auditor and PCM agreed that any documents not received during the pre-audit phase or on-site review would be requested utilizing the issue log and provided either via e-mail or by uploading into the OAS by the PCM or the Agency PREA

Coordinator. The audit team leader updated the OAS Issues Log with additional clarification questions, missing information, and requests for additional documentation and sent it to the PCM and PREA Coordinator on April 21, 2023. Information was provided, as it was gathered.

The auditor reviewed on-site document review notes, staff and inmate interview notes, and on-site tour notes and began the process of completing the audit section of the paper audit compliance tool. The auditor used the audit section of the compliance tool as a guide to determine which question(s) in which interview protocols, which on-site document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each Standard. After checking appropriate "yes" or "no" boxes on the compliance tool for each applicable subsection of each Standard, the auditors completed the "overall determination" section at the end of the Standard.

Following completion of the compliance tool, the auditor started developing the interim report in the OAS. The interim report identifies which policies and other documentation were reviewed, which staff and/or inmate interviews were conducted and what observations were made during the on-site review of the facility, in order to make a determination of compliance for each Standard provision. The auditor then provided an explanation of how evidence listed was used to draw a final conclusion of whether the facility has demonstrated that it exceeded, met, or did not meet each Standard. The written interim report was provided to WCC and the Warden at Ely State Prison on Friday, May 26, 2023.

CORRECTIVE ACTION PHASE

A Corrective Action Plan (CAP) was developed with the facility during June 2023. This CAP addressed Standards 115.13, 115.18, *115.22*, 115.41, 115.42, 115.53, *115.65*, *115.67*, *115.71*, *115.72*, *115.73*, *115.78*, and *115.86*. It should be noted that the standards in *italics* are related to completion of the only sexual abuse investigation initiated at the facility during the documentation review period.

The auditor interacted with the facility and headquarters staff to collect required information, make modifications (as agreed upon) to various policies and procedures, and develop training materials to address deficiencies noted in staff report writing and the investigative process. The auditor updated the CAP document regularly and provided updated copies to the facility and the PREA Coordinator at least monthly. A summary of the corrective action items is included in this report, within the standard to which it applies.

There were several issues related to thorough, timely, and objective investigations that have been discussed previously with the Inspector General, which were again identified as issues with the only sexual abuse investigation at WCC during the audit documentation period. Because of this, the auditor had a detailed discussion with the Inspector General on what was going to need to be done to permanently resolve these on-going concerns. This discussion did not happen until late in the corrective

	<p>action period, and the auditor determined there would not be enough time to complete the work that was going to be required before November 22, 2023. The auditor informed the Inspector General that the agency was not going to be able to successfully demonstrate compliance with Standard 115.71 for WCC.</p> <p>The final report was issued to the Warden at Ely State Prison on Friday, December 22, 2023.</p>
--	--

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 - Audit Content and Findings.</p> <p>The auditor reviewed the NDOC Website and noted that there are final audit reports for all NDOC facilities. For WCC, there were final reports completed in May, 2016 (Cycle 1) and April 2019 (Cycle 2). This audit was scheduled to be completed in Cycle 3, but was delayed by the agency due to COVID and Budgetary issues. The PREA Coordinator indicated the Governor did not certify compliance, last year, due to several of their audits being delayed.</p>

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

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

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

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

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

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

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

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

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

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	no
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

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

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

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

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

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

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	na
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	na
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	no
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	no
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	no
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	no
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	no
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

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

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

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

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

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

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

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

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

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

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

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