

FINAL AUDIT REPORT: CASA GRANDE TRANSITIONAL CENTER

NARRATIVE:

The PREA audit for the Nevada Department of Corrections (NDOC), Casa Grande Transitional Housing (CGTH) was conducted from January 4, 2015 to January 6, 2015, by this writer, Shelley Nobriga, a Certified Department of Justice (DOJ) PREA Auditor with the assistance of two Support Staff Members, Charles Owens and Heather Kimura, hereafter referred to as the PREA Audit Team. CGTH is located off the Las Vegas Strip at 3955 W. Russell Road, Las Vegas, NV.

The physical on-site audit began with a "meet and greet" with key administrators to include Warden Jo Gentry, Inspector General Pam Del Porto, the Facility PREA Compliance Manager Monique Hubbard-Pickett, an administrative staff member, Corrections Administrator James Scally, and the PREA Audit Team. CGTH consists of three buildings: a main administrative building or the Central Office for NDOC Southern region and two residential housing units. The housing units are two story structures with four units in each building. The design capacity of CGTH is 400 inmates; however during the audit the population consisted of about 210 resident offenders with about 170 male residents and about 40 female residents. NDOC identifies CGTH as a prison community custody housing versus a community correctional center, because it is administratively attached to the Women's Prison through the cross supervision by Warden Jo Gentry.

A tentative agenda was generated in advance and slight modifications did occur during the physical audit. The physical tour was completed on the first day and the PREA Audit Team returned after breaking from dinner to interview residents and staff. The second and third days were focused on reviewing personnel records, medical records, institutional files, the NOTIS system, and other documentation impacting inmates, staff, contractors, and volunteers. Additional interviews of random staff, specialized staff, random inmates, and specialized inmates were conducted to ensure a sampling from all staff on the two 12-hour shift watches. The first day of the audit was primarily spent touring the 160 acres or about 1,576,000 square feet of HDSP. During the course of the three day on-site audit approximately 13 random inmates were interviewed and 3 specialized inmates were interviewed by utilizing the random inmate questionnaire in conjunction with the specialized inmate questionnaire. Also, approximately 8 random staff were interviewed and 14 specialized staff inclusive of the Central Office interviews were conducted.

On the last day, a preliminary assessment of CGTH's compliance with the PREA Standards was conducted by discussing each Standard with the Facility PREA Manager and the PREA Coordinator. The areas of concern were identified with further discussion about a possible methodology to achieve compliance. The Facility PREA Manager was diligent in her efforts to address any concerns immediately. The PREA Audit Team held an exit debriefing in the Director's conference room. The attendees included E.K. McDaniel via telephone, IG Pam Del Porto, Deputy Director Sheryl Foster, Warden Jo Gentry, PREA Manager Monique Hubbard-Pickett, and Corrections Manager James Scally. The exit briefing highlighted CGTH's positive compliance issues, recapped the need for a corrective action, and highlighted the need for a detailed policy review by the Auditor. The tentative correction action plan was developed to address the need for clarification of the free medical charge provision as there was confusion by the residents and the need to refresh staff on the contracted options for interpretive services when dealing with limited English proficiency residents. The goals to achieve compliance for the two key areas of concerns were discussed and a plan was developed with both the Facility PREA Manager and the Inspector General.

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DESCRIPTION OF FACILITY CHARACTERISTICS

The Casa Grande Transitional Center (CGTH) has been in operation since December of 2005. CGTH is a dormitory-style facility that houses non-violent, non-sex offender and are within 18 months of their parole eligibility date. The mission statement for CGTH is to provide a safe and secure environment for both staff and inmates, while providing public safety and Re-Entry services to residents.

The goals of CGTH is to offer offenders individualized treatment programs that provide life skills, education, and the development of positive behaviors. The key is placing each offender into an educational training program or gainful employment prior to re-entering society and working towards securing permanent housing in the community. CGTH develops and maintains a multi-agency network to compliment current programs and provide resources upon release by maximizing available resources to lower the fiscal impact of operations. Casa Grande has expanded its program to include parolees, probation violators, boot camp, drug court participants, and support services for released residents.

The Staffing at CGTH consist of 27 staff members: a Correctional Manager (Custody Lieutenant), two Senior Correctional Officers, 19 Correctional Officers, a Correctional Caseworker III, two Correctional Caseworker II, an Accountant Technician I, and a Facility Supervisor III for Maintenance. The design capacity of CGTH is 400 resident beds for both male and female inmates; however the average population is about 201 residents.

CGTH offers vocational training, educational opportunities, and a variety of treatment services to all resident offenders. CGTH is an open facility that provides an alternative to a jail or prison cell-style of incarceration environment by providing close supervision for probation violators, Drug Court participants, and a Boot Camp Step Down program as an alternative to incarceration which provides a streamlined transition back into the community. It does this by providing assistance with obtaining housing, employment, vocational training, and other treatment services. CGTH has expanded its video technology capabilities by recording video data for possible review based on incidents and/or allegations.

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SUMMARY OF AUDIT FINDINGS

During the course of the three day on-site audit, the Audit Team interviewed approximately 13 random inmates were interviewed and 3 specialized inmates were interviewed by also utilizing the random inmate questionnaire in conjunction with the specialized inmate questionnaire. Also, approximately 8 random staff were interviewed and 14 specialized staff were interviewed, inclusive of the Central Office staff. The Audit Team reviewed several institutional files, medical files, personnel files, background screening file, and NOTIS reviews. The Auditor worked one-on-one with the Facility PREA Compliance Manager and the PREA Coordinator to understand the NOTIS tracking systems, which allows for a paperless record keeping of information relevant to NDOC and CGTH.

CGTH was determined to meet 41 of the 43 PREA Standards, as 2 Standards related to Contracting with Other Entities and the PREA Youthful Inmates were not applicable to CGTH. Please see the remaining pages of this report for an assessment of each PREA Standard.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 2 Contracting with other entities for the confinement of inmates and Youthful inmates.

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115.11	ZERO TOLERANCE OF SEXUAL ABUSE AND SEXUAL HARASSMENT; PREA COORDINATOR
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>NDOC policies/procedures AR 421 and OP 421 outlines the agency's written policy mandating a zero tolerance policy toward all forms of sexual abuse, sexual harassment, and sets forth procedures for the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. NDOC policy AR 421.18 includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. NDOC policy AR 421.14, 15, and 16 includes sanctions for those found to have participated in prohibited behaviors.</p> <p>The agency employs an upper-level, agency-wide PREA Coordinator, whose position functions as the NDOC Inspector General, located within the Inspector General Office. The position has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with PREA in all of its facilities.</p> <p>NDOC has designated the Correctional Casework Specialist III as the Facility PREA Compliance Manager. The position has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with PREA in all of its facilities.</p>	

115.12	CONTRACTING WITH OTHER ENTITIES FOR THE CONFINEMENT OF INMATES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input checked="" type="checkbox"/> NOT APPLICABLE	
Auditor comments, including corrective actions needed if does not meet standard	
<p>The information received through interviews and supporting documentations indicates that NDOC has not entered into or renewed a contract for the confinement of inmates on or after August 20, 2012, or since the last PREA audit. This standard is not applicable to NDOC and CGTH.</p>	

115.13	SUPERVISION AND MONITORING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	

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

CGTH has developed, documented, and made its "best efforts" to comply on a regular basis with a staffing plan that provides for adequate staffing levels, video monitoring, and considers the factors identified in section a.1-11. According to NDOC policy/procedure AR 326, at least once every year NDOC institutions and facilities in collaboration with the PREA Coordinator, review the staffing plan to see whether adjustments are needed. CGTH policy/procedure OP 325 reiterates compliance with the PREA standard. As set out in AR 326, any deviations from the minimum staffing requirements are reported to the Warden via the Associate Warden.

In the past 12 months, the facility has not deviated from the staffing plan as the Warden utilizes staff at other facilities before OT is approved to maintain the minimum staffing plan. NDOC's PREA Coordinator meets annually with the Facility Warden to discuss whether adjustments are necessary to the staffing plan, video monitoring technologies, and the allocation or reallocation of Agency or Facility resources.

NDOC policy/procedure AR 421 and the PREA Manual requires that intermediate or higher level supervisors conduct unannounced rounds and that staff are prohibited from alerting other staff members to these unannounced supervisory rounds. The rounds are documented on the Daily Officer Inspection Tour Log and NOTIS. CGTH policy/procedure OP 400 also requires supervisors to conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The NOTIS system was accessed and copies of the "Daily Shift Log" were provided to document that unannounced rounds are conducted by intermediate or higher level supervisors at HDSP.

115.14 YOUTHFUL INMATES

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

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

The PREA Standard 115.14 is not applicable to CGTH because the facility does not house youthful inmates.

115.15 LIMITS TO CROSS GENDER VIEWING AND SEARCHES

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

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

NDOC policy/procedure AR 421 and the PREA Manual prohibit non-medical staff from conducting cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances. The policy requires that all exigent cross-gender visual body cavity searches be reported to the Warden and that they are documented in writing in NOTIS.

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CGTH policy/procedure OPP 422 prohibits CGTH staff from conducting cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners.

CGTH policy/procedure OPP 422 prohibits male staff from conduct cross-gender pat-down searches of female inmates, except in exigent circumstances. OPP 422 also requires that the facility shall not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. CGTH policy/procedure OPP 422 requires that all CGTH staff document all cross-gender strip searches, cross-gender visual body cavity searches, and all cross-gender pat-down searches of female inmates in NOTIS as an "Informational Report."

CGTH policy/procedure OPP 422 requires the facility to enable 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. The shower and rest rooms provided sufficient privacy to ensure this standard.

CGTH policy/procedure OPP 422 requires staff of the opposite gender to announce their presence when entering an inmate housing wing and these announcements must be entered in the shift log in NOTIS. During the tour, the staff were consistent in making this announcement and the announcement was documented in NOTIS. A review of NOTIS shift logs substantiated CGTH's compliance with this standard.

NDOC policy/procedure AR 421, the PREA Manual and CGTH policy/procedure OPP 422 prohibits physical searches of transgender or intersex inmates for the sole purpose of determining the inmate's genital status. OPP 422 outlines the correct procedure as having conversations with the inmate, reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

CGTH policy/procedure OPP 422 states that NDOC shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The PREA Compliant Pat Search Training Acknowledgment Forms, the training lesson plan, the power point, as well as interviews of staff and inmates established CGTH's compliance with this standard.

115.16	INMATES WITH DISABILITIES AND INMATES WHO ARE LIMITED ENGLISH PROFICIENT
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

NDOC policy/procedure AR 421 and CGTH policy/procedure OPP 422 state that all inmates will be afforded PREA education, including inmates who are limited English proficient, deaf,

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visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. NDOC policy/procedure AR 421 and the PREA Manual outlines the agency's established procedures to provide disabled inmates equal opportunity to benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. CGTH's comprehensive inmate education video in English and Spanish has close captioning and CGTH has access to PREA information in Braille, if an inmate had disabilities impacting both his sight and hearing. Based on the prison's population, the secondary language of inmates appears to be Spanish. The NDOC PREA handout, posters, and education video is formatted in both English and Spanish.

NDOC policy/procedure AR 421 and the PREA Manual prohibit the use of inmate interpreters, inmate readers, or other types of inmate assistance. CGTH policy/procedure OPP 422 states this prohibition but provides for the exception of limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties, or the investigation of the inmate's allegations. CGTH policy/procedure OPP 422 requires that the use of inmate interpreters in these limited circumstances will be documented. In the past 12 months, no instances of these limited circumstances occurred. OPP 422 outlines the procedure in instances where no staff is on duty to provide interpretation. The CGTH officer will contact FMWCC Shift Command and request staff interpreter assistance. NDOC has a contract for interpretative services; however the line staff were unaware of this option and further inquiries revealed a cost concern. NDOC corrected the confusion through a directive informing line supervisor of the process to obtain contracted interpretation services. It should be noted that NDOC terminated a 5% bilingual pay differential for staff, which may have hindered the awareness for staff about the contracted interpreter services.

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

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

NDOC policy/procedure AR 300, AR 421, and the PREA Manual prohibit the hiring and promoting of anyone, or utilizing 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.

AR 300, AR 421, and the PREA Manual state that the agency shall consider any incidents of sexual harassment when making a decision for hire, promotion or utilization as a contractor or volunteer. It also states that before hiring any new staff member or utilizing the services of a contractor or volunteer, a criminal background records check shall be performed and HR will

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make its best effort 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. AR 212 Contracts, states that "mandatory background checks on contractors/vendors will be completed no less than every three years in compliance with PREA federal mandates; the Contracts unit is required to maintain tracking documentation for audit purposes."

AR 421 and the PREA Manual state that HR and IG shall perform criminal background records check of all current employees every three years, beginning the first year of each PREA audit cycle. This was a prior corrective action requirement in another NDOC facility's PREA audit. AR 421 and the PREA Manual states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. AR 308 authorizes only the Department Personnel Division staff to provide employment verifications, references, or other requests pertaining to employment information. The confidentiality of the files covered by AR 308 is governed by NAC 284.718: Confidential Records and NAC 284-726: Access to Confidential Records. AR 339 categorizes any false or misleading statements, including omissions, either verbally or in a written report or other documents as a Class 5 offense with the sanctioned result being discharge.

Based on interviews with HR staff, the required background checks of prospective employees, promotional employees, contractors, and volunteers are completed by utilizing NCIC, screening with prior employers and institutional employers, and contacting references. A review of random HR files did not reveal any significant discrepancies with practice, except when fingerprints are flagged illegible upon first submission. PREA Coordinator conducted immediate corrective action with HR staff to ensure that there is timely follow up, when dealing with situations such as illegible fingerprints.

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

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

NDOC/CGTH has not acquired any new facilities or made any substantial expansions or modifications of existing facilities since August 20, 2012, or since the last PREA audit. CGTH's recently installed Software House CCURE 9000 physical access control system, which tracks ingress only by users. The logs created go back years, so you can see what card was used for accessing any particular door at any particular time and flags any "forced" doors, i.e. when a key is use

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

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

NDOC/CGTH is responsible for conducting both the administrative and the criminal sexual abuse investigations. According to policy/procedure AR 421 Investigations, the agency investigators follow a uniform evidence protocol when conducting a sexual abuse investigation and it is based on the most recent edition of DOJ's Office on Violence against Women publication. The investigations are developmentally appropriate for youth; however CGTH does not house youthful offenders.

According to CGTH policy/procedure OPP 422, CGTH offers all inmates who experience sexual abuse access to forensic medical examinations, without financial cost to the victim. CGTH provides forensic medical examinations at an outside facility. However, interviews with inmates indicated that they were confused as to whether the standard \$8 medical co-pay requirement was mandatory. The Facility PREA Compliance Manager provided orientation materials which provided sufficient notice that all medical cost related to a report of sexual abuse is of "no cost."

NDOC for the Southern region utilizes the University Medical Center (UMC) for forensic exams. These exams are conducted by SAFEs or SANEs, and when SAFEs or SANEs are not available, a qualified medical practitioner performs forensic medical exams. Based on a MOU with the Las Vegas Rape Crisis Center (RCC), a victim advocate from RCC or CGTH staff trained as victim advocates will be made available to the victim and this is documented as part of the investigation or in the unusual occurrence section of the medical file. According to medical staff, an inmate victim must sign a consent form before UMC or RCC will release information to CGTH.

According to NDOC policy/procedure INP 200 and CGTH policy/procedure OPP 422, when requested by the victim, a victim advocate, a qualified agency staff member, or a qualified community-based organization staff member shall accompany and support the victim through the forensic exam process and investigatory interviews.

115.22	POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

NDOC policy/procedure AR 421 Investigation of Allegations, states that the "NDOC Office of the Inspector General will investigate all allegations of staff on inmate sexual abuse, sexual harassment, and inmate on inmate sexual abuse." Also, NDOC policy/procedure AR 421- and the PREA Manual states that "investigative staff assigned to the IG's office will conduct investigations into allegations or reports of sexual abuse or suspected sexual abuse of an inmate by a staff member." However, the language required by PREA standard 115.22(a)-1 is that the "agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment." The PREA Coordinator agreed to

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initiate corrective action by adding the inmate on inmate sexual harassment language. AR 421 and the PREA Manual defines inmate on inmate sexual harassment as "repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate directed toward another."

CGTH policy/procedure OPP 421 requires CGTH staff to ensure that all allegations of sexual abuse and sexual harassment are reported to the Inspector General Office for the completion of an administrative or criminal investigation. Referring to the allegations received in the past 12 months, all administrative and/or criminal investigations were not completed. There were two allegations resulting in administrative investigation and one allegation that was referred for criminal investigation. During the audit it was determined that one of the investigations that was deemed unfounded had identified the wrong victim. The PREA Coordinator corrected this by opening a new administrative case for investigation. The NDOC's PREA website includes a link to NDOC policy/procedure AR421 that describes the referral of allegations of sexual abuse or sexual harassment for criminal investigation; however, due to recent IT upgrades, the link is not located in the most "user-friendly" location on the website. The NDOC does published an extensive list of their policies/procedures under the heading "about NDOC: Administrative Regulations Table of Context," which is easier to find. NDOC utilizes an Excel spreadsheet track all referrals of allegations of sexual abuse or sexual harassment for criminal investigation and/or administrative investigation.

115.31

EMPLOYEE TRAINING

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

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

The lesson plan and the power point dated March 25, 2014 were reviewed. The training materials covers the required subject matter. The training logs in 2014 include an affirmation that the employee understood NDOC's zero tolerance policy, the terms, and examples of the PREA training. CGTH houses both male and female inmates and the training is tailored to both genders in cases where employees are reassigned to/from facilities housing only one gender. CGTH policy/procedure OP 421 states training will be documented on an On the Job Training form which is placed in the employee's supervisory file. CGTH provided Certificates of Completion showing that employees had completed the National Institute of Corrections PREA online training.

CGTH policy/procedure OP 421 requires that all employees who may have contact with inmates will receive refresher training on PREA every two years. CGTH provided Training Acknowledgement forms indicating that employees had completed the refresher PREA training. NDOC indicated that all staff received the required PREA training and on "off years," the agency does provide employees with information about current policies regarding PREA sexual abuse and sexual harassment.

In addition to the fact that staff have access to PREA policies, posters, and memorandums year round, during the audit each housing unit had a PREA Guide Manual as a "how to guide" for managing a PREA incident with the relevant reporting forms.

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115.32	VOLUNTEER AND CONTRACTOR TRAINING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>According to NDOC policy/procedure AR 421, all volunteers and contractors who have contact with inmates 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 inmates; and that all volunteers and contractors who have contact with inmates shall be notified of the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>During the on-site audit of CGTH, the Audit Team interviewed Katie Gutierrez to verify whether all volunteers and contractors have been training on PREA. Ms. Gutierrez was able to provide the required documentation to confirm compliance. According to a sample letter giving notice to volunteers of the mandatory PREA training, the agency utilizes the two-hour Volunteer Training course on the NICIC website (http://nicic.gov/training.prea) in order to train its volunteers. Volunteers provide the facility and Ms. Gutierrez with a printed certificates proving completion of the NIC training. It was reported that in the past 12 months, 39 volunteers and individual contractors have been trained or retrained on PREA.</p>	

115.33	INMATE EDUCATION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>According to NDOC policy/procedure AR 421, all inmates during initial intake orientation received 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. CGTH policy/procedure OP 421 states that all inmates will receive PREA education during initial intake/reception and orientation. OP 421 also states that within thirty (30) days of reception, CGTH will provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding Departmental policies and procedures for responding to such incidents. CGTH is at the end of the inmate's transition process; therefore inmates arriving to CGTH would have been educated previously at the various facilities that they transferred from, again at CGTH as part of transfer and intake, and at every 6 month classification review.</p> <p>CGTH provided PREA Education Acknowledgment Forms signed by inmates indicating that they have been given information regarding PREA regulations, how to report PREA incidents,</p>	

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and that they watched a PREA orientation video. The inmate PREA poster and/or the PREA FAQ does not specifically indicate that the Las Vegas Rape Crisis Center is the entity to contact for emotional support counseling. NDOC and CGTH initiated corrective action through a directive to add this language to the current information for inmates. Inmates are advised of limitations of confidentiality if utilizing the direct dial numbers via an advisory sign by the inmate phone system. NDOC/CGTH also has voice identification technology, which may assist the IG's Office with their investigative process. CGTH provides PREA information in Braille, and has closed captioning and a Spanish audio version of its PREA educational video.

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

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

NDOC policy/procedure AR 421 states that the Inspector General shall ensure that investigators are trained in conducting sexual abuse investigations in confinement settings. NDOC provided training certificates from investigators showing that they completed the three hour training titled PREA: Investigating Sexual Abuse in a Confinement Setting, presented by the National Institute of Corrections (NIC). The curriculum for this training meets the Standard.

115.35	SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

NDOC has a policy/procedure, AR 421, which states that all full and part time medical and mental health service providers who work regularly in its facilities have received specialized PREA training. NDOC policy/procedure INP 200 outlines the specialized training requirements for Medical and Mental Health care, the procedures for PREA standards related to medical and behavioral health care, and the appropriate treatment for victims of sexual assault.

NDOC maintains documentation showing that medical and mental health practitioners have completed the required training. Certificates of Completion on the PREA trainings: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting and Medical Health Care for Sexual Assault Victims in a Confinement Setting offered by NIC were provided as proof of training and documentation.

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115.41	SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>NDOC has a policy/procedure, AR 421, that all inmates shall be assessed for their risk of being sexually abused by or abusive toward other inmates during an intake screening and upon transfer to another institution/facility. NDOC policy/procedure AR 573 PREA Screening and Classification requires that screening for risk of sexual victimization or sexual abusiveness be completed within 72 hours of arrival at an institution or facility, excluding holidays.</p> <p>There are some concerns regarding the application of the Risk Assessment Tool. The questionnaire appears to be completed mostly based on an inmate's self-report, but in practice the Correctional Caseworker verified that a file review is conducted prior to the interview. Some of the completed Risk Assessments that were provided stated the source of the information was from PSI or CCS (other records),</p> <p>NDOC has a policy/procedure, AR 573, that requires the facility to reassess each inmate's risk of victimization or abusiveness within 30 days of arrival at the facility, or 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. CGTH conducts the reassessments by requiring the CM to meet with each inmate at 30 days to inquire if additional relevant information has arisen since the inmate's transfer. NDOC has a policy/procedure, AR 573, which prohibits NDOC facilities from disciplining inmates for refusing to answer or for not disclosing complete information in response to questions asking during the assessments.</p>	

115.42	USE OF SCREENING INFORMATION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>NDOC has a policy/procedure, AR 573, which states that staff are to use the 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. CGTH utilizes NOTIS alerts and all inmates are reviewed every six months at classification reviews, in addition to reviews at transfer/intake. However, AR 573 states that "a possible victim and a possible aggressor should not be housed together unless necessary." It is recommended that either this language be defined or it could create confusion for staff. This language is not located in NDOC policy/procedure AR 421 and the PREA Manual.</p>	

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AR 573 states that staff shall make individualized determinations about how to ensure the safety of each inmate, which by default incorporates transgender and intersex inmates. NDOC policy/procedure AR 421 and the PREA Manual also do not specifically reference transgender and intersex inmates in its policy on housing inmates. However, CGTH policy/procedure OP 573 is in compliance with PREA standard 115.42(c)-1 and specifically refers to transgender and intersex inmates. OP 573 states that "in deciding whether to assign a transgender or intersex inmate to a facility 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 problems."

According to CGTH policy/procedure OP 573, a transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration. At CGTH, transgender and intersex inmates are given the opportunity to shower separately from other inmates; the bathrooms afford sufficient privacy, and are equipped with individual stalls and curtains/doors.

NDOC does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status.

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

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

NDOC has a policy/procedure, AR 573, that prohibits 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 it has been determined that there are no available alternative means of separation from likely abusers. CGTH also has a correspondence policy/procedure, OP 573.

CGTH policy/procedure OP 573 states that inmates at CGTH who require involuntary segregated housing will be transported to FMWCC if a female inmate and HDSP if a male inmate, until an alternative means of separation from likely abusers can be arranged as CGTH does not have segregation cells. CGTH does not house protective custody inmates since these inmates are transferred to parent institutions if they require protective custody. CGTH has two individual temporary housing cells to be utilized pending the inmate's transport to a different facility within a few hours.

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

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

NDOC has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about PREA allegations. NDOC policy/procedure AR 421 states that reporting can include verbal complaints to any department employee, written complaints by inmate grievances or inmate kites, calling or emailing the NDOC Family Services Office, or writing to the Nevada Attorney General's Office. NDOC does not house inmates solely for civil immigration purposes and the U.S. Marshals would manage these inmates at the relevant federal facility.

NDOC AR 421 and the PREA Manual requires that any staff member who receives a verbal or written report of a sexual assault to immediately report the information through their chain of command. CGTH policy/procedure OP 421 requires that staff promptly documents all verbal reports of sexual assault.

NDOC policy/procedure AR 421 and the PREA Manual lack a provision that establishes a procedure for staff to "privately" report sexual abuse and sexual harassment of inmates. Although the policies do provide multiple ways for inmates to report privately, and it could be inferred that staff can also access these methods, perhaps the language should be changed to make that clear to staff. During interviews with staff they were able to articulate a process by which a staff member could report privately, which incorporated calling the IG's Office.

115.52

EXHAUSTION OF ADMINISTRATIVE REMEDIES

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

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

NDOC has a policy/procedure, AR 740 Inmate Grievance Procedure, which outlines the administrative procedure for dealing with inmate grievances regarding sexual abuse. It states that grievances alleging staff on inmate sexual misconduct or inmate on inmate sexual abuse will be forwarded immediately to the Appointing Authority and followed by a confidential report completed in NOTIS, and that a copy of the grievance will be forwarded to the PREA Management team in the Office of the Inspector General for review and investigation.

AR 740 also states that all time frames are waived for allegations of sexual abuse, regardless of when the incident is alleged to have occurred. AR 740 further states that allegations of sexual abuse will not be referred to a staff member who is the subject of the accusation of sexual abuse, and inmates are not required to use an informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. AR 740 states that a final decision on the merits shall be made within 90 days of the initial filing of the grievance. AR 421 and OP 740 allows for third parties grievances and OP 740 allows the inmate to decline the third party grievance filing.

Therefore, the facility policy is in compliance with this standard; however, it is recommended that this language be added to the PREA Manual.

NDOC policy/procedure AR 740 outlines the agency's procedure for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse.

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The grievance shall be immediately forwarded to the highest ranking staff member on duty so that corrective action may be taken immediately, the inmate shall receive an initial response within 48 hours, and the final decision shall be issued within five calendar days. AR 740 limits the agency's 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.

115.53	INMATE ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES	INMATE REP
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)		
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>NDOC/CGTH's inmate education PREA poster does provide the inmates with the contact information for outside emotional support services, including a toll free 24 hour hot line; however, it is not apparent that this contact is for emotional support services. The PREA Coordinator issued a directive to all Southern Region NDOC facility to add language identifying who inmates should contact specifically for outside emotional support services.</p> <p>NDOC/CGTH does not house inmates solely for civil immigration purposes, therefore 115.53(a)-1 is not applicable. CGTH informs the inmates, prior to giving them access to outside support services, the extent to which communications will be monitored and the level of confidentiality is provided as part of a posting and during the medical intake orientation. It is important to note that CGTH inmates have access to obtain services directly, because of their community custody. On January 6, 2015, NDOC finalized a MOU with the Rape Crisis Center to provide inmates with reporting options and emotional support services related to sexual abuse.</p>		

115.54	THIRD-PARTY REPORTING	
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)		
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>NDOC provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. NDOC policy/procedure AR 421, which is available on NDOC's IG/PREA website, outlines ways that visitors, inmate family members or associates, and other community members can privately report sexual abuse or sexual harassment.</p>		

115.61	STAFF AND AGENCY REPORTING DUTIES	
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)		

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

NDOC AR 421 and the PREA Manual states that all Department staff have an affirmative duty to immediately report any retaliation against inmates or staff who reported any knowledge, suspicion, or information regarding an incident of inmate on inmate or staff/contractor/volunteer on inmate sexual abuse or inmate on inmate or staff/contractor/volunteer on inmate sexual harassment. It requires that all staff immediately report any staff neglect or violation of responsibilities that may have contributed to any incident of inmate on inmate or staff/contractor/volunteer on inmate sexual abuse or inmate on inmate or staff/contractor/volunteer on inmate sexual harassment or retaliation for reporting of an allegation by other staff or inmates. The Medical staff during intake orientation informs the inmate of the relevant laws impacting the duty to report and the limitations on confidentiality. The IG's Office is responsible for notifying the relevant agency when a minor under the age of eighteen years or a vulnerable adult is a victim.

It further states that all case records associated with claims of sexual assault, sexual activity, sexual misconduct or any attempt thereof, including written reports, investigation reports, evidence, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are confidential.

115.62 AGENCY PROTECTION DUTIES

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

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

NDOC policy/procedure AR 740 requires that immediate action shall be taken once the facility learns that an inmate is subject to a substantial risk of imminent sexual abuse. During staff interviews, it was evident that CGTH staff understood the seriousness of a potential substantial risk situation and the need to immediately (now) respond.

115.63 REPORTING TO OTHER CONFINEMENT FACILITIES

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

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

In application, the IG's Office manages PREA allegations received from other NDOC facilities and external correctional agencies, and is responsible for notifying the applicable NDOC facility and external correctional agency when a complaint is received at a NDOC facility.

According to NDOC policy/procedure AR 421, all agency allegations of sexual abuse and sexual harassment not generated from a facility must be reported to the Inspector General's Office. CGTH policy/procedure OP 421 does comply with and utilizes the language of 115.63(a)-1 by outlining in detail the procedure on informing the facility where the abuse is

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alleged to have occurred.

OP 421 states that if an inmate reports during his PREA assessment that he was sexually abused while confined at another institution/ facility, the PREA Compliance Manager (PCM), Associate Warden, or Warden must be notified immediately. Then, the PREA Compliance Manager (PCM)/Associate Warden/Warden will provide notification to the PREA Coordinator (Inspector General) immediately and the PREA Coordinator will notify the agency where the allegation occurred as soon as possible, but no later than 72 hours after receiving the allegation. Lastly, the PCM/Associate Warden/or Warden will initiate a report using the NOTIS reporting system and the PREA Coordinator will enter a report within the generated incident report, it is suggest that this language be incorporated into the PREA Manual.

During the past 12 months, CGTH received no allegation that an inmate was abused while confined at another facility.

115.64

STAFF FIRST RESPONDER DUTIES

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

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

NDC Policy AR 421 and the PREA Manual outline the procedures for the first security staff member to respond to an allegation of sexual abuse. It states that in cases of sexual assault procedures for incidents reported within 72 hours of occurrence, custody staff shall ensure the victim is safe and kept separated from the aggressor, notify the supervisor, begin crime scene identification and protections measures until released by the investigating body, escort the victim to the nearest department medical unit, collect clothing and provide an orange jumpsuit to the inmate, ensure each clothing item is bagged separately in brown paper bags and booked into evidence, temporarily place the suspect in a cell and immediately collect suspect's clothing prior to being left alone, escort suspect to infirmary after victim has been assessed, collect any other evidence and book it with the appropriate chain of evidence form, and include all written reports related to the sexual assault.

If the incident occurred within a 72 hour time frame, a shift supervisor is required to complete Form B. According to Form B, if the assault was within the last 12 hours, the suspect is to be placed in an area where he/she cannot clean himself/herself. After discussion with the PREA Coordinator it was determined that the sample form B was an older version with a typo and should have read 72 hours. A directive was issued to NDOC facilities to ensure that they are using the current form.

NDOC Policy AR 421 and the PREA Manual does not include the specific language from PREA standard 115.64(b)-1, however NDOC Policy AR 332 Staff Reporting Responsibilities, contains a general statement requiring employees to 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. It was verified that the training curriculum for all staff inclusive of non-security staff does explain this provision. At the facility

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level, CGTH policy/procedure OP 421.1 PREA outlines staff first responder duties for sexual assaults reported to have occurred within the last 72 hours and sexual assaults reported to have occurred more than 72 hours. CGTH policy OP 421.1 is in compliance with PREA standard 115.64(b)-1 because it requires that the first responder request that the alleged victim not take any actions that could destroy physical evidence and to notify security staff.

115.65 COORDINATED RESPONSE

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

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

CGTH has developed a written institutional plan, OP 421.1 PREA, 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, as required by PREA standard 115.65(a)-1.

115.66 PRESERVATION OF ABILITY TO PROTECT INMATES FROM CONTACT WITH ABUSERS

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

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

NDOC and CGTH does not deal with Unions or Collective Bargaining Agreements, however there are statutory requirements related to disciplinary action based on the Peace Officer's Bill of Rights. It is perceived that this Standard is not implicated by the mandates of State or Local laws.

115.67 AGENCY PROTECTION AGAINST RETALIATION

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

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

NDOC policy/procedure AR 421 states that no staff member or inmate who reports sexual abuse or sexual harassment or cooperates with sexual abuse or sexual harassment investigations will be subjected to any form of retaliation from other staff members or inmates of the Department.

CGTH has designated CCS III/PCM with monitoring for possible retaliation. CGTH monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who

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were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The monitoring is documented in NOTIS. NDOC policy/procedure OP 421 requires that monitoring for retaliation be conducted and documented by the assigned staff member for ninety (90) days after an incident or longer if deemed necessary by the Warden.

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

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

NDOC policy/procedure AR 573 PREA Screening and Classification prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing, unless an assessment of all available alternatives means of separation from likely abusers has occurred. In the past 12 months, no inmates who alleged to have suffered sexual abuse were held in involuntary segregated housing as CGTH does not have segregation cells.

According to AR 573, if an involuntary segregated housing assignment is made, the assignment shall not ordinarily exceed a period of 30 day and 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. The facility shall also afford each inmate a review every 30 days to determine whether there is a continuing need for separation from the GP.

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

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

NDOC is obligated to comply with the Peace Officer's Bill of Rights, which has stringent time requirements for criminal and administrative investigations related to staff. The IG Investigators have been trained as required by this Standard. NDOC AR 421 and the PREA Manual state that the IG Criminal Investigators will refer all substantiated criminal violations to the Attorney General's Office for criminal prosecution. CGTH has referred zero substantiated allegations of conduct that appear to be criminal for prosecution since August 20, 2012 or since the last PREA audit.

The IG's office retains all written reports pertaining to administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus an additional five years.

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115.72	EVIDENTIARY STANDARDS FOR ADMINISTRATIVE INVESTIGATIONS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>According to the IG Investigator and the PREA Coordinator, who is the head of the IG's Office, NDOC imposes a standard of a preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated in an administrative investigation.</p>	

115.73	REPORTING TO INMATES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>NDOC has a policy, AR 457 Investigations, requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Also NDOC policy/procedure AR 740 states that "upon the completion of the investigation into sexual abuse the inmate shall be informed of the outcome of the investigation by the Inspector General's Office." The facility also has a policy/procedure, CGTH OP 457, which requires that the inmate be informed of the investigation result.</p> <p>In the past 12 months, 1 inmate was notified, verbally or in writing, of the result of the investigation. Auditor reviewed the documentation in NOTIS stating that the inmate was verbally advised of the investigative outcome on 11/04/2014 at 12:32 PM., as well as the correspondence to the PREA Coordinator, PREA Manager, and staff responsible for monitoring retaliation that the inmate was informed. This is the referenced case whereby it was determined that the wrong person was notified, due to confusion about the date of the incident and which inmate was actually working at that location. The case was reopened under a different administrative investigation number and is pending. PREA standard 115.73(b)-1 to (b)-3 is not applicable as NDOC is responsible for conducting administrative and criminal investigations.</p> <p>CGTH policy/procedure OP 457, states that 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 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.</p>	

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In the past 12 months, there has not been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an inmate in a NDOC facility; however, there are pending cases at this time.

OP 457, states that following an inmate's allegation that he or she has been sexually abused by another inmate, the PCM will 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; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The IG's office is responsible for advising the facility of these notifications. In the past 12 months, no notifications to inmates were made pursuant to this standard from CGTH.

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

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

NDOC policy AR 421 and the PREA Manual state that all terminations for violations of the Department's sexual abuse policies, or resignations by staff, who would have been terminated, if not for their resignation, shall be reported to law enforcement agencies and/or relevant licensing bodies by the Inspector General's Office with documentation in NOTIS related to the incident.

AR 339 states that staff members will be subject to internal discipline to include termination as defined in NDOC policy AR 339 Code of Ethics Employee Conduct Prohibitions and Penalties. AR 339 indicates that staff penalties for prohibited activities should be assessed based upon criteria established in the Chart of Corrective/Disciplinary Sanctions, which describes an available range of disciplinary action for each class of prohibited activity. According to the policy, sexual misconduct is in Class 5 which would warrant dismissal on the first offense.

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

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

NDOC policy/procedure AR 421 does require that 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. AR 421 and the PREA Manual state that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and reported to any relevant licensing body by the Inspector General's Office with applicable NOTIS entries documented. In the past 12 months, no contractors/volunteers

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have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.

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

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

OP 707 states that inmates are subject to Notice of Charges resulting in disciplinary sanctions only pursuant to a formal Disciplinary Hearing following an administrative finding and/or criminal finding that an inmate engaged in inmate-on-inmate sexual abuse.

CGTH policy/procedure OP 707 is in compliance with PREA standard 115.78(d)-1. OP 707 states that based on a guilty finding during the Disciplinary Hearing, the Disciplinary Hearing Officer will refer the inmate to mental health for the opportunity of therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The mental health department will consider whether the inmate will be required to participate in such interventions as a condition of access to programming or other benefits. CGTH report that based on the inmate's community custody status the availability outside mental health services in the community is readily available.

NDOC policy AR 421 and the PREA Manual state that facilities and the Department are prohibited from applying disciplinary action against an inmate for filing any level of a grievance, unless it is clearly demonstrated and documented that the inmate filed the grievance in bad faith. NDOC prohibits all sexual activity between inmates and consensual sexual activity between inmates is a criminal offense in Nevada. The inmates will be subject to administrative discipline and criminal prosecution.

115.81	MEDICAL AND MENTAL HEALTH SCREENINGS; HISTORY OF SEXUAL ABUSE
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

NDOC does have a policy/procedure, INP 200 Follow up Meeting, that states that all inmates who have disclosed any prior sexual victimization during the screening process will be offered a follow-up meeting with a medical or mental health practitioner within "14 days" of the intake screening. Also, CGTH policy/procedure OP 600 states this same requirement; however, since CGTH is the last phase of the process, any issues that would arise from the screening are normally addressed prior to transfer to CGTH.

Auditor reviewed Mental Health staff's secondary materials documenting compliance with offering follow up meetings within 14 days of screening. It is all in one file with separate

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partitions. Although 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 assignment, or as otherwise required by federal, state, or local law.

According to policy/procedure INP 200, medical and mental health practitioners shall 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, by completing the Consent-Release Medical Information DOC #2548.

115.82	ACCESS TO EMERGENCY MEDICAL AND MENTAL HEALTH SERVICES
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

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 medical file contains both medical and mental health information and PREA incidents are filed under the "unusual circumstances" section of the medical file.

According to NDOC policy procedure INP 200 Contraception, inmate 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 professionally accepted standards of care, where medically appropriate. CGTH policy/procedure OP 600 requires that Medical and Mental Health staff document 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.

Treatment services are provided without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. INP 200 states this language; however, most inmates who were interviewed were not aware that these services are free. The policy is also included in the inmate educational video, but it appears that the \$8 co-pay for medical confuses the inmates. Corrective action required to further explain, during orientation and screening, that treatment services related to a sexual abuse incident, is free.

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115.83	ONGOING MEDICAL AND MENTAL HEALTH CARE FOR SEXUAL ABUSE VICTIMS AND ABUSERS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard <p>According to NDOC policy/procedure INP 200, CGTH offers medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The policy outlines the procedure by stating that all inmates will be assessed during the intake process, inmates will be offered a follow-up within 14 days of intake screening, and treatment will be provided by practitioners when applicable, and referrals to community services if needed.</p> <p>CGTH offers pregnancy tests and timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services to female victims of sexually abusive vaginal penetration while incarcerated. These requirements are included in CGTH policy/procedure OP 600. According to NDOC policy/procedure INP 200 and CGTH policy/procedure OP 600, CGTH offers tests for STIs, as medically appropriate, for inmate victims of sexual abuse while incarcerated.</p> <p>According to NDOC policy/procedure INP 200 and CGTH policy/procedure OP 600, CGTH attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatments when deemed appropriate by mental health practitioners.</p>	

115.86	SEXUAL ABUSE INCIDENT REVIEWS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard <p>NDOC policy/procedure OP 421 Sexual Assault of Inmates outlines the facility's Sexual Abuse Incident Review (SAIR) process. The SAIR, conducted by a Multi-Disciplinary Team, shall be held 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. According to CGTH policy/procedure OP 421.2, the PREA Compliance Manager will notify the review team (Associate Warden, Lieutenant, Investigator and Medical/Mental Health staff) upon learning from the IG's Office of the completion of any sexual abuse investigation, the review shall ordinarily occur within thirty (30) days of the conclusion of the investigation, and it will be documented using the Committee Review for Sexual Abuse Investigation form located in NOTIS (under the Incident IR Number). The policy states that the review team shall document their findings and the facility shall implement the recommendations for improvement or document its reasons for declining implementation.</p>	

FINAL AUDIT REPORT: CASA GRANDE TRANSITIONAL CENTER

115.87	DATA COLLECTION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
According to NDOC policy AR 421 and the PREA Manual, the IG 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 PREA Manual states that the data shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (amended from Violence for 2014) conducted by the Department of Justice. The incident based sexual abuse data shall be aggregated, at a minimum, annually. According to the policy, the IG 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.	

115.88	DATA REVIEW FOR CORRECTIVE ACTION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
According to NDOC policy AR 421 and the PREA Manual, 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 and the Department where inmates may be present. The policy states that 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 is readily available to the public on the Department's website after it is approved by the Director. The report was located on NDOC's website. If specific material is redacted from the reports, then there must be an indication of the nature of the material redacted.	

115.89	DATA STORAGE, PUBLICATION, AND DESTRUCTION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	

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

According to NDOC policy AR 421 and the PREA Manual, all data collected related to incidents that are alleged to be sexual abuse will be securely retained and made readily available to the public through its website, annually. Before being made publicly available, all personal 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.

AUDITOR CERTIFICATION:

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



Shelley Nobriga
Certified DOJ PREA Auditor

2-13-15

Date