

FINAL AUDIT REPORT:
HIGH DESERT STATE PRISON
PREA AUDIT: AUDITOR'S SUMMARY REPORT
ADULT PRISONS & JAILS



Name of facility: High Desert State Prison	
Physical Address: 22010 Cold Creek Road, Indian Springs, NV 89070-0208	
Date report submitted: February 13, 2015	
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Date of facility visit: 01/07/2015 to 01/12/2015	
Facility Information	
Facility mailing address: (if different from above) P.O. Box 650, Indian Springs, NV 89070	
Facility Telephone Number: 702-879-6789	
PNM is:	
<input type="checkbox"/> Military	<input type="checkbox"/> County
<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal
<input type="checkbox"/> Private not for profit	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> State
Facility Type: <input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager: Larry Wuest	Title: CCS III, Facility PREA Manager
E-Mail Address: lwuest@doc.nv.gov	
Phone Number: 702-879-6884	
Agency Information	
Name of agency: Nevada Department of Corrections	
Governing authority or parent agency: (if applicable) N/A	
Physical address: 550 Snyder Ave. Bldg. 17, Carson City, NV 89701	
Mailing address: (if different from above)	
Telephone Number: 775-887-3285	
Agency Chief Executive Officer	
Name: James "Greg" Cox	Title: Director
E-Mail Address: gcox@doc.nv.gov	Telephone Number: 702-486-9910
Agency-Wide PREA Coordinator	
Name: Pamela Del Porto	Title: Inspector General/PREA Coordinator
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NARRATIVE:

The PREA audit for the Nevada Department of Corrections (NDOC), High Desert State Prison (HDSP) was conducted from January 7, 2015 to January 12, 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. HDSP is located in Indian Springs, Nevada. It should be noted that there was a glitch related to the technological aspect of reviewing the HDSP Pre-Audit Questionnaire and the relevant supporting documents. This was corrected on-site by the Facility PREA Compliance Manager, Mr. Larry Wuest by recopying the information onto the Auditor's USB drive.

The physical audit began with a "meet and greet" with key administrators to include Warden Dwight Neven, Inspector General Pam Del Porto, Associate Wardens Timothy Filson, Jerry Howell, Jennifer Nash, and Bruce Stroud, Facility PREA Compliance Manager Larry Wuest, and the PREA Audit Team. The areas toured during the five day site visit (day off January 10, 2015) for the PREA audit consisted of all twelve housing units, the Infirmary, the Visit area, the Gym, the Prison Industries (PI) area, the Chapel, the Youth Offender Program and the Adult Education program, the Intake area, the Canteen, the Property Room, the Mailroom, the Laundry area, the Law Library, the Culinary Arts program, the Kitchen and Dining areas, the Vocational Training area, the Command Center housing Commander Offices, Administrative Staff Offices, and the File Retention room. The tour on the second day included other adjacent areas of HDSP's Operations to include the Warehouse and the Utilities Management area. These external areas utilized inmate work lines from the Three Lakes Minimum Camp in close proximity to HDSP.

A tentative agenda had been generated in advance and slight modification did occur during the physical audit. The first day of the audit was primarily spent touring the 160 acres or about 1,576,000 square feet of HDSP. The PREA Audit Team had just completed the physical PREA audit of Casa Grande Transitional Housing (CGTH). The Administrative Offices or Central Office for the Southern Region is adjacent to CGTH. While conducting CGTH's PREA Audit, the PREA Audit Team was able to interview Investigators, Human Resource staff, the PREA Coordinator, and other Specialized Staff for both CGTH and HDSP audits. The personnel file reviews and background check documents for HDSP were also reviewed while at CGTH on January 6, 2015.

After the day one tour, the second day was spent interviewing random and specialized inmates and staff from Modules 3, 4, 7, 8, 9, 10, 11, & 12 and conducting investigative file reviews and NOTIS online reviews. The third day was spent interviewing random and specialized inmates and staff from Modules 1, 2, 5, 6, and other program staff. The fourth day occurred on a Sunday, where the limited facility movements allowed the PREA Audit Team to focus on institutional file reviews, NOTIS reviews, and to conduct two specialized inmate interviews. The fifth day was spent on medical and mental health file reviews, conducting interviews of specialized staff, and preparing and evaluating the standards for the exit interview. During the course of the 5 day on-site audit approximately 41 random inmates were interviewed and 28 specialized inmates were interviewed by also utilizing the random inmate questionnaire in conjunction with the specialized inmate questionnaire. Also, approximately 21 random staff were interviewed and 22 specialized staff inclusive of the Central Office interviews were conducted. The PREA Audit Team ensured that the interviews covered a sampling of staff from the 12-hour Watch assignment.

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On day five, the last day, a preliminary assessment of HDSP's compliance with the PREA Standards was conducted by discussing each Standard with the Facility PREA Manager. The areas of concern were identified with further discussion about a possible methodology to achieve compliance. The Facility PREA Manager was amenable to the recommendations and an action plan was developed. The PREA Audit Team held an exit debriefing in the Warden's conference room. The attendees included Director James "Greg" Cox , IG Pam Del Porto and Deputy Director Sheryl Foster via telephone, Deputy Director E.K. McDaniel, Warden Dwight Neven, Associate Wardens Filson, Howell, Nash, and Stroud, the Facility PREA Compliance Manager Larry Wuest, and Case Managers Kay and Levett. The exit briefing highlighted HDSP's positive compliance issues, recapped the need for a corrective action plan, and highlighted that detailed policy reviews were needed, due to the technology glitch. The tentative correction action plan was developed through discussions with both the Facility PREA Manager and the Inspector General.

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DESCRIPTION OF FACILITY CHARACTERISTICS

The High Desert State Prison (HDSP) is located in Clark County Nevada near Indian Springs. HDSP is the largest major institution in the Nevada Department of Corrections (NDOC). HDSP was designed as NDOC's most secure prison and is known as the largest Southern Nevada prison complex. HDSP was designed to incorporate much of the best technology available to corrections to provide for officer safety and the management and control of inmates.

The HDSP complex sits on 160 acres or about 1,576,000 square feet of area space and lies about 25 miles northwest of Las Vegas along highway 95. A lethal electrified fence and seven armed towers, as well as roving perimeter officers secure the outlining area of HDSP. HDSP opened on September 1, 2000 and became the reception, assessment, and diagnostic intake center for the Southern region of Nevada. In 2004, HDSP expanded an additional 60,000 square feet for Prison Industries (PI) space and a Gym. In 2009, HDSP added 4 additional inmate housing units, which created an additional 1,344 beds to a current population of 2,671. At the present time HDSP's total capacity is approximately 4,176 beds and averages about 3,500 inmates. HDSP consists of 12 housing units designed to house about 336 inmates each. Units 1-8 are separated into four sections called pods and each set of two pods shares a common control center, staff offices, a sally port, and an activity room.

HDSP's housing unit breakdown is as follows:

Unit 1 & 2	Segregation
Unit 3 A/B & Unit 4 A/B	Segregation
Unit 3 C/D & Unit 4 C/D	Special Management/Transitional Housing
Unit 5	Intake (Reception, Assessment & Diagnostic Unit)
Unit 6	Level III General Population
Unit 7 & 8	Protective Segregation
Unit 9 A, B & C	Extended Care Unit (Mental Health)
Unit 9 D, E, & F and Unit 11	Level I General Population
Unit 10 & 12	Level II General Population
Unit 13	Medical Unit Housing

HDSP's mission focuses on reducing government operating costs, providing inmates with skills necessary to successfully re-enter society, and enhancing the safe operation of correctional facilities. HDSP is administered by a Warden and 4 Associate Wardens. The Security or Command Staff consists of 10 Lieutenants and 13 Sergeants. There are approximately 400 security staff and 67 support program staff.

HDSP's efforts focus on reducing idle time to promote rehabilitation by offering a variety of programs such as mental health services, educational programming, vocational programs, recreations, Re-Entry programming, and religious services. Mental health staff facilitate psycho-educational groups to address criminal thinking patterns and individual counseling with the goal of encouraging rehabilitation.

The educational programs are geared toward GED certification, Adult Basic Education (High School Diploma), and Vocational certificates. The vocational certificates are earned in auto technology via ASE certification, general construction via OSHA certification, culinary arts via Safe-Serve certification, hearing and air conditioning with EPA certification, green technology via LEED certification, computer studies, and Entrepreneurship courses. HDSP offers college courses for inmates to earn an Associate's Degree and a Bachelor's Degree.

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HDSP's recreational program based on classification and housing may include gym access, Health and Wellness classes, and intramural-style sports on a monthly basis. Religious services are facilitated by a Chaplain and outside community volunteers. Re-entry services assist inmates in developing release plans and in obtaining identification documents for employment in the community upon release.

The Prison Industries (PI) building complex is comprised of one building with approximately 65,000 square feet of work space. PI houses 6 individual work bays with about 10,000 square feet for each work bay. The primary PI program works with the Nevada area casinos to sort and pack used card decks for resale. These work bays have extensive camera surveillance capabilities and a dining area for the workers.

The Audit Team was impressed with how well behaved the inmates were during the audit process, especially with the constant movement between housing units and programs, while inmates were afforded group recreation. HDSP staff at all levels were very professional, efficient, respectful, and willing to aid the Audit Team without questions or commentary. The physical appearance of HDSP inclusive of the inmate housing unit was clean, sanitary, and regarded as above the norm for a prison complex of this size.

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SUMMARY OF AUDIT FINDINGS

During the course of the five day on-site audit, the Audit Team interviewed approximately 41 random inmates and 28 specialized inmates by also utilizing the random inmate questionnaire in conjunction with the specialized inmate questionnaire. The Audit Team interviewed approximately 21 random staff and 22 specialized staff inclusive of the Central Office interviews. The Audit Team reviewed about 30+ institutional files and about 25+ medical files. The Auditor worked one on one with the Facility PREA Compliance Manager and the PREA Coordinator to understand the NOTIS tracking systems. The NOTIS system allows for paperless record keeping of information relevant to NDOC and HDSP. We were able to determine how a report could be created to track any outstanding PREA Screening cases, which yielded a larger number of outstanding cases. It was determined that cycle for a prior inmate was overriding the current admission; therefore the outstanding cases were significantly less.

HDSP was determined to have met 42 of the 43 PREA Standards, as 1 Standard related to Contracting with Other Entities is not applicable to NDOC and HDSP. Please see the remaining pages of this report for an assessment of each PREA Standard.

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1 Contracting with other entities for the confinement of 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.</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 HDSP.</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)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>HDSP 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. HDSP has submitted a budgetary request to expand their video technology system. According to NDOC policy/procedure AR 326, any deviations</p>	

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from the minimum staffing requirements are reported to the Warden via the Associate Warden.

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 require intermediate or higher level supervisors to conduct unannounced rounds and that staff are prohibited from alerting other staff members to these unannounced supervisory rounds. During interviews, supervisors reported that if they observed a staff member alerting other staff, they would counsel about the policy and rules. Then, if it were to occur a second time the staff member would be placed on report. The NOTIS system was accessed and copies provided to document that unannounced rounds are conducted by HDSP intermediate or higher level supervisors.

115.14	YOUTHFUL 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)
- NOT APPLICABLE

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

HDSP has not housed youthful inmates as of July 2014. Prior to July 2014, youthful inmates were housed in an isolated area of the Infirmary. NDOC has designated another facility for the housing of PREA Youthful Offenders. Until July 2014, when HDSP did house youthful inmates, the facility did maintain sight, sound, and physical separation between youthful inmates and adult inmates. And in areas outside the housing unit, there was direct staff supervision.

NDOC policy/procedure AR 421 and the PREA Manual state that the facility prohibits placing youthful inmates in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate. Also, the Operations procedure OP 504 Initial Intake and Classification outlines the intake process of youthful inmates and states that the youthful inmate, while housed in the Infirmary, will be placed in a cell which maintains sight and sound separation between him and the adult inmates. During the tour, the PREA Audit Team inspected the area in the Infirmary which had previously housed PREA Youthful Offenders. This area would be compliant with this standard.

115.15	LIMITS TO CROSS GENDER VIEWING AND SEARCHES
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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 the PREA Manual prohibit non-medical staff from conducting cross-gender strip searches or cross-gender visual body cavity searches, except

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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. HDSP does not house female inmates, therefore PREA standards 115.15(b)-1, 115.15(b)-2, and 115.15(c)-2 are not applicable.

HSDP Operational procedure 701 requires that female staff announce their presence when entering the housing unit. However, some inmates indicated that the announcement is dependent on the staff member working the housing unit. During the tour, the staff members were consistent in making this announcement and the announcement was documented in NOTIS. A review of the Daily Administrative Officer inspection log and NOTIS shift logs did substantiate HDSP's compliance with this standard.

HSDP had utilized a one shower curtain style for the Segregation Units and another for the other units with the exception of the newest housing unit (9-12). The shower design of units 9-12 utilized a solid metal door, which provided sufficient privacy from possible female staff view. After discussions with HDSP Warden, he agreed to expand the segregation style of shower curtains to the other housing units. The Auditor received photos to document the implementation of the changes to the shower curtains. HDSP maintains an additional top area shower curtain for transgender or intersex inmate's requiring privacy in the upper chest area. This additional curtain will be placed in a dedicated shower based on transgender or intersex inmates being housed in the unit.

NDOC policy/procedure AR 421, the PREA Manual, and HDSP Operational Procedure OP 409 prohibit searches of transgender or intersex inmates for the sole purpose of determining gender status. HDSP reported that all security staff have received training on conducting pat down searches of transgender and intersex inmates. The standard requires that it is conducted in a professional, respectful, and least intrusive manner, while balancing the security needs of the facility.

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 states that all inmates will be afforded PREA education, including inmates who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. NDOC policy/procedure AR 421 and the PREA Manual outline 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. HDSP's comprehensive inmate education video has been formatted in English, Spanish, and close captioning for both, and HDSP has access to information in Braille, if an inmate had disabilities impacting both his sight and hearing.

NDOC policy/procedure AR 421 and the PREA Manual prohibit the use of inmate interpreters, inmate readers, or other types of inmate assistance. During inmate and staff interviews, they

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were not aware of the NDOC's contracted services for interpreters. Several staff members had indicated that if a facility staff interpreter was not available, then they would call other facilities or use an apple/android app to communicate with the inmate. NDOC conducted immediate corrective actions through a directive advising NDOC facility line supervisors about the contracted services for interpreters, which are available 24 hours a day. It should be noted that NDOC terminated a 5% bilingual pay differential for staff, which further hindered the awareness for staff about the contracted interpreter services.

Based on the prison's population, the primary secondary language of inmates appears to be Spanish. The NDOC PREA handout, posters, and education video are formatted in both English and Spanish.

115.17 HIRING AND PROMOTION DECISIONS

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

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

NDOC policy/procedure AR 300, AR 421, and the PREA Manual address the provision of 115.17(a)-1 by prohibiting 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 require that NDOC considers any incidents of sexual harassment when making a decision for hire, promotion or utilization as a contractor or volunteer. A provision was added to the performance evaluation to ensure that current employees acknowledge and certify annually based on another facility's corrective action plan.

AR 300, AR 421, and the PREA Manual state 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 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 the result of a prior corrective action in another facility's PREA

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audit. AR 421 also 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, they are conducting background checks of prospective employees, promotional employees, contractors, and volunteers by utilizing NCIC, screening with prior employers and institutional employers, and contacting job references. A review of random HR files did not reveal any significant discrepancies with practice, except when fingerprints are illegible upon first submission. PREA Coordinator conducted immediate corrective action with HR staff to ensure the timely follow up with discrepancies 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/HSDP 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. HSDP has upgraded and installed a video monitoring system in specific areas of HDSP, since August 20, 2012 or since the last PREA audit. HSDP has submitted an additional budgetary request to upgrade the whole facility's video technology system.

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)

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

NDOC's Inspector General (IG) is responsible for conducting both the administrative and the criminal investigations for sexual abuse and sexual harassment. According to policy/procedure AR 421 Investigations, the IG investigators follow a uniform evidence protocol when conducting sexual abuse investigations and it is based on the most recent edition of DOJ's Office on Violence against Women publication. AR 421 is developmentally appropriate for youth; however the facility has not housed youth after July 2014.

HDSP offers all inmates who experience sexual abuse access to forensic medical examinations at the University Medical Center (external agency). According to

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policy/procedure INP 200, forensic exams are offered without financial cost to the victim. 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 initiated immediate corrective action by adding language to HDSP's PREA FAQs that all medical cost related to a forensic medical examination shall be at "no cost" and distributed the updated FAQ to all housing units.

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. UMC conducts the forensic examination and documents its efforts to provide SANEs or SAFEs. Based on a MOU with the Las Vegas Rape Crisis Center (RCC), a victim advocate from RCC or a HDSP staff trained as a victim advocate will be made available to the victim, which is documented as part of the investigation, in NOTIS, and 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 HDSP.

According to policy/procedure INP 200, when requested by the victim, a qualify agency staff member shall accompany and support the victim through the forensic exam process and investigatory interviews. HDSP provided NIC training certificates for the medical or mental health staff, who completed the PREA: Behavior Health Care for Sexual Assault Victims in a Confinement Setting webinar.

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 state 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." 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 initiated corrective action by drafting an amendment to add the specific language relevant to sexual harassment. AR 421 and the PREA Manual define 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."

Referring to the allegations received in the past 12 months, there are still outstanding administrative and/or criminal investigations, as indicated in the 2014 Tracking Report. There were six cases pending sexual harassment investigations and eight case pending sexual abuse investigations with the IG's Office. During file reviews and the interview process,

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Auditor became aware of two additional cases of sexual abuse which were not listed on the log. A file review was conducted of these cases and it appears that the Tracking Report was not updated with the new information. The PREA Coordinator advised the Auditor of the actual outstanding cases and corrected the outcomes and relevant facilities on 3 of the cases.

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. The NDOC does published an extensive list of their policies/procedures under the heading "about NDOC: Administrative Regulations Table of Context, which seems is easier to find. PREA standard 115.22(c) is not applicable. NDOC documents all referrals of allegations of sexual abuse or sexual harassment for criminal and administrative investigation by the IG's Office, and there are procedures in place governing the conduct of these investigations.

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 and the training materials cover the required subject matter for this Standard. The training logs in 2014 included an affirmation that the employee understood NDOC's zero tolerance policy and the parameters covered in the PREA training.

HDSP houses only male inmates and the training is tailored to both male and female inmates, therefore if employees are reassigned to/from facilities housing females, additional training is not required. HDSP 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, staff have access to the PREA policies, posters, and memorandums year round. During the audit tour, each housing unit had a PREA Manual as a "how to guide" for managing a PREA incident with the relevant forms. According to policy/procedure AR 421, employees will receive refresher trainings on PREA every two years and this was verified by staff.

115.32 VOLUNTEER AND CONTRACTOR TRAINING

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

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

This section of under the Pre-Audit Questionnaire was not completed thoroughly and the Facility PREA Compliance Manager was afforded the opportunity correct the deficiencies on the Pre-Audit Questionnaire. During the on-site audit of CGTH, the Audit Team interviewed Ms. Katie Gutierrez to verify whether all volunteers and contractors have been trained on PREA requirements. Ms. Gutierrez was able to provide the required documentation to

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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 printed certificates validating successful completion of the NIC training. It was reported that in the past 12 months, 39 volunteers and contractors have been trained or retrained on PREA.

115.33 INMATE EDUCATION

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

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

According to policy/procedure AR 421, all inmates during the initial intake orientation 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. HDSP is an intake facility and it has a reception, assessment, and diagnostic unit. The inmate receives PREA handouts upon admission and the comprehensive inmate education video is shown to the inmate at intake, or at the intake housing unit. HDSP provides comprehensive education 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. HDSP inmates receive PREA education information at every 6 month classification review.

HDSP conducted a mass application of the inmate education (written and video) standard in April 2014 and has maintained the requirement with each new admission. The facility also provided records documenting the six month review for all inmates. The inmates sign the PREA orientation acknowledgment form, acknowledging receipt of this information and this is entered into NOTIS. The facility does have the PREA information available in Braille for those who are visually impaired.

115.34 SPECIALIZED TRAINING: INVESTIGATIONS

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

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

Policy/procedure AR 421 states that the IG shall ensure that investigators are trained in conducting sexual abuse investigations in confinement settings. HDSP 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.

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115.35	SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE
<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 states that all full and part time medical and mental health service providers who work regularly in its facilities have received specialized PREA training. HDSP 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, were provided as proof of training and documentation.</p>	

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. According to policy/procedure AR 573 PREA Screening and Classification, screening for risk of sexual victimization or sexual abusiveness shall 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 primarily based on an inmate's self-report, but in practice the Correctional Caseworker conducts a file review to supplement the information obtained from the interview. Several completed Risk Assessments stated the source of 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. The Auditor observed the Caseworker conducting the 30 day review and was concerned with the interviewing style. The style seems to demean the subject matter content. This concern was addressed to the Warden, who initiated immediate correction action with the Intake Caseworker. AR 573 prohibits the facility from disciplining inmates for refusing to answer, or for not disclosing complete information in response to questions asked 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	

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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 states that staff shall 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. HDSP utilizes NOTIS alerts and all inmates are reviewed every six months at their classification reviews. AR 573 states that "a possible victim and a possible aggressor should not be housed together unless necessary." It is recommended that this hypothetical be clarified for staff.

AR 573 makes no mention of the PREA standard 115.42(c)-1 that states the agency/facility makes housing and program assignments for transgender or intersex inmates in a facility on a case-by-case basis. AR 573 does contain a generalized statement that staff shall make individualized determinations about how to ensure the safety of each inmate.

HDSP segregation units had a different shower curtain set up versus the other housing units, not including units 9-12. The Warden agreed to provide the same shower curtain set up for the other units and a top curtain will be available for transgender and intersex inmate who require additional privacy to avoid cross gender viewing of the chest area. All inmates are reviewed at six month classification intervals, therefore transgender and intersex inmates are reviewed every six months as required.

NDOC/HDSP 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

- 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.

While on-site, the Auditor was made aware of a reported PREA incident via the hotline. The PREA retaliation monitor was responsible for the preliminary investigation and verbalized how the inmate agreed to sign a protective segregation waiver form (DOC 2084). This form attempts to absolve HDSP of its responsibility for conducting the assessment related to involuntary segregation. This was discussed with the PREA Coordinator and immediate corrective action was initiated to prohibit this form in any PREA allegation. The HDSP PREA Manager indicated that the form was intended for taking inmates out of PC.

According to NDOC policy/procedure AR 573, inmates placed in segregated housing for protective custody shall have access to programs, privileges, education, and work

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opportunities to the extent possible; however HDSP has a practice to ensure safe housing in general population for the victim, if applicable. If an involuntary segregated housing assignment is made, then every 30 days, HDSP staff shall afford each inmate a review to determine whether there is a continuing need for separation from the general population.

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)

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.

Regarding a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties, AR 421 states that "all facility allegations of sexual abuse and sexual harassment, including third-party and anonymous reports of allegations must be reported to the CM or designated employee." More generally, NDC policy/procedure AR 421 and the PREA Manual states that all staff shall accept reports made verbally, in writing, anonymously, and from third parties.

AR 421 and the PREA Manual require "any staff member who receives a verbal or written report of a sexual assault to immediately report the information through their chain of command." The Auditor verified through staff interviews, that in practice, oral reports are sufficient and it is the staff member's responsibility to document the oral report in a written report and in NOTIS.

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
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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 740 Inmate Grievance Procedure, which outlines the

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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. Then, a copy of the grievance will be forwarded to the PREA Management team in the IG's Office 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, allegations of sexual abuse will not be referred to a staff member, who is the subject of the accusation of sexual abuse, inmates are not required to use an informal grievance process, or to otherwise attempt to resolve with staff an alleged incident of sexual abuse, and that a final decision on the merits shall be made within 90 days of the initial filing of the grievance. AR 421 and the PREA Manual state that third parties shall be permitted to assist and/or file on behalf of an inmate's request for administrative remedies.

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. 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>HDSP's inmate education PREA poster does provide inmates with the contact information for outside emotional support services, including a toll free 24 hours hotline; however, it is not apparent that this contact is for emotional support services. The PREA Coordinator issued a directive to all Southern Region NDOC facilities to add language identify who inmates can contact specifically for outside emotional support services.</p> <p>NDOC/HDSP does not house inmates solely for civil immigration purposes, therefore 115.53(a)-1 is not applicable. HDSP informs the inmates, prior to giving them access to outside support services, the extent to which communications will be monitored. AR 421 and the PREA Manual outline the confidentiality of the communication between inmates and the outside advocacy or rape crisis center. On January 6, 2015, NDOC finalized a MOU with Rape Crisis Center to provide inmates with reporting options and emotional support services related to sexual abuse.</p>		

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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)	
Auditor comments, including corrective actions needed if does not meet standard	
NDOC provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. Policy/procedure AR 421, which is available on NDOC's PREA website, outlines ways that visitors, inmate family members or associates, and other community members can privately report sexual abuse or sexual harassment.	

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)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>In compliance with PREA standard 115.61(a)-1, HDSP Operational Procedure OP 200 Standard Responsibilities of All Staff (effective 12-04-14), requires that staff immediately report any PREA violation by staff or inmates whether witnessed or reported, to the Area Supervisor. NDOC AR 421 and the PREA Manual state that all Department staff have the 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</p> <p>NDOC AR 421 and the PREA Manual require 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. 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.</p>	

115.62	AGENCY PROTECTION 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)	
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 HDSP staff understood the seriousness of a potential	

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substantial risk situation and the need to immediately (now) respond.

115.63	REPORTING TO OTHER CONFINEMENT FACILITIES
<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>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.</p> <p>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. The PREA Coordinator confirmed that the IG's Office would manage the report of a PREA incident at facility or entity that was not currently housing the inmates. During the past 12 months, HDSP received one allegation that an inmate was abused while confined at another facility and this was referred to the IG's Office. The report was not managed timely or within 72 hours, however the PREA Coordinator re-issued a directive to remind staff about the 72 hour turn around notification requirement.</p>	

115.64	STAFF FIRST RESPONDER 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)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>NDOC Policy AR 421 and the PREA Manual outline the procedure for the first security staff member to respond to an allegation of sexual abuse. It states that in cases of sexual assault 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 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.</p> <p>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.</p>	

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NDOC Policy AR 421 and the PREA Manual do not include the 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.

115.65	COORDINATED RESPONSE
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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

HDSP utilizes OP 435: Responding to Incident and Emergencies as the 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, as required by PREA standard 115.65(a)-1. HDSP is advised to formulate a more detailed plan that addresses PREA related incidents similar to the flow chart provided with more details and specific references to documents such as Form B.

115.66	PRESERVATION OF ABILITY TO PROTECT INMATES FROM CONTACT WITH ABUSERS
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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 and HDSP 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
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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 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. NDOC has designated a specific Lieutenant with monitoring inmates for possible retaliation and he documents his assessments in NOTIS and to the Facility PREA

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Compliance Manager. NDOC/HDSP monitors the conduct or 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. The monitoring is documented on the PREA Retaliation Review Tracking log. Policy/procedure OP 421 Sexual Assault of Inmates 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 alternative 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. According to AR 573, if an involuntary segregated housing assignment is made, the facility affords each inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

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.

The IG's office retains all written reports pertaining to administrative or criminal investigations 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.

115.72	EVIDENTIARY STANDARDS FOR 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)

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

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.

115.73 REPORTING TO INMATES

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

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

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. In the past 12 months, 11 inmates were notified, verbally, or in writing, of the results of the investigation. PREA standard 115.73(b)-1 to (b)-3 is not applicable as NDOC is responsible for conducting administrative and criminal investigations.

NDOC 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. Initially, it was reported that HDSP had 1 substantiated, 10 unsubstantiated, 3 unfounded, and 12 pending sexual harassment cases. And, it was initially report that HDSP had 0 substantiated, 9 unsubstantiated, 3 unfounded, and 9 pending sexual abuse cases. These statistics were later determined to be incorrect and the information was updated, combined with a plan of action to ensure that the IG's Office and the Facilities are communicating clearly on notifications and the need for a Sexual Abuse Incident Review (SAIR).

The IG 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. HDSP conducted corrective action and notifications for 9 inmates.

115.76 DISCIPLINARY SANCTIONS FOR STAFF

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

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

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

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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 the NOTIS entry 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

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

115.78 DISCIPLINARY SANCTIONS FOR INMATES

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

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

In accordance with PREA standard 115.78, HDSP Operations Policy 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.

AR 421 and the PREA Manual make no mention of providing counseling to sexual abusers; however, interviews with medical and mental health staff verified that the facility does offer group therapy, individual counseling, or other interventions designed to address and correct underlying reasons or motivations for abuse. OP 707 also states 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.

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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. According to policy/procedure INP 200, "a specialized binder will be located and maintained in the medical and mental health areas to identify the inmates in need of this follow-up." The referenced binder was reviewed with the Medical Director for 2014, however it was suggested that she recreate the information and work with the Facility PREA Compliance Manager to incorporate the data from 2012 and 2013.

Regarding PREA standard 115.81(b)-1, requiring that all inmates who have previously perpetrated sexual abuse during the screening be offered a follow-up meeting with mental health, HDSP medical and mental health staff claim that all inmates who have previously perpetrated sexual abuse during the screening are offered a follow-up meeting with a mental health professional within 14 days. 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

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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.

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.

115.83	ONGOING MEDICAL AND MENTAL HEALTH CARE FOR SEXUAL ABUSE VICTIMS AND ABUSERS
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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

According to NDOC policy/procedure INP 200, HDSP 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.

PREA standard 115.83(d)-1 and PREA standard 115.83(e)-1 (pregnancy related) is not applicable to HDSP, because the facility does not house female inmates.

According to NDOC policy/procedure INP 200, HDSP offers tests for STIs, as medically appropriate, for inmate victims of sexual abuse while incarcerated. According to NDOC policy/procedure INP 200, HDSP 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.

115.86	SEXUAL ABUSE INCIDENT REVIEWS
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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)

FINAL AUDIT REPORT: HIGH DESERT STATE PRISON

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

NDOC policy/procedure OP 421 Sexual Assault of Inmates outlines the facility's Sexual Abuse Incident Review 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 OP 421, the PREA Compliance Manager will notify the review team (Associate Warden, Lieutenant, Investigator and Medical/Mental Health staff) upon learning 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 not doing so.

This was an area that required corrective action and it was immediately addressed by the HDSP Warden. The IG's Office and HDSP worked together to identified the actual HDSP sexual abuse cases that were substantiated or unsubstantiated. The SAIRs were held for the relevant cases.

115.87 DATA COLLECTION

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

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

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 (2014 deleted Violence) conducted by 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

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

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

According to 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.

FINAL AUDIT REPORT: HIGH DESERT STATE PRISON

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

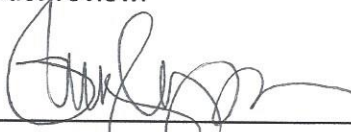
- Exceeds Standard (substantially exceeds requirement of standard)
 Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 Does Not Meet Standard (requires corrective action)

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

According to 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 the 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