

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report March 16, 2018

Auditor Information

Name: John Katavich	Email: john.katavoch@cdcr.ca.gov
Company Name: California Department of Corrections and Rehabilitation	
Mailing Address: 1515 "S" St, 344-N	City, State, Zip: Sacramento, Ca
Telephone: (916) 324-6688	Date of Facility Visit: October 6-7, 2017

Agency Information

Name of Agency: Nevada Department of Corrections	Governing Authority or Parent Agency (If Applicable): State of Nevada		
Physical Address: 5500 Synder Avenue Building 17	City, State, Zip: Carson City, NV. 89701		
Mailing Address: Same as above	City, State, Zip: Click or tap here to enter text.		
Telephone: (775) 887-3285	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: http://doc.nv.gov/About/Mission_Statement/Home/			
Agency Website with PREA Information: http://doc.nv.gov/About/NDOC_Office_of_the_Inspector_General/Office_of_the_Inspector_General/			

Agency Chief Executive Officer

Name: James Dzurenda	Title: Director
Email: jedzurenda@doc.nv.gov	Telephone: (702) 486-9912

Agency-Wide PREA Coordinator

Name: Pamela Del Porto	Title: Inspector General
Email: pdelporto@doc.nv.gov	Telephone: (702) 486-9924

PREA Coordinator Reports to: Director of Corrections	Number of Compliance Managers who report to the PREA Coordinator 9
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Facility Information

Name of Facility: Carlin Conservation Camp

Physical Address: 124 Suzie Creek Road, Carlin Nevada 89822

Mailing Address (if different than above): Same as above

Telephone Number: (775) 754-6307

The Facility Is: Military Private for profit Private not for profit

Municipal County State Federal

Facility Type: Jail Prison

Facility Mission: Fire Camp

Facility Website with PREA Information:
http://doc.nv.gov/About/NDOC_Office_of_the_Inspector_General/Office_of_the_Inspector_General/

Warden/Superintendent

Name: Renee Baker **Title:** Warden

Email: rbaker@doc.nv.gov **Telephone:** (775) 273-1300

Facility PREA Compliance Manager

Name: Dwayne Baze **Title:** Correctional Caseworker Specialist 3

Email: dbaze@doc.nv.gov **Telephone:** (775)273-1300

Facility Health Service Administrator

Name: N/A **Title:** Click or tap here to enter text.

Email: Click or tap here to enter text. **Telephone:** Click or tap here to enter text.

Facility Characteristics

Designated Facility Capacity: 150 **Current Population of Facility:** 132

Number of inmates admitted to facility during the past 12 months 467

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: 351

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: 420

Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 19-65	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		0	
Average length of stay or time under supervision:		24.8 Days	
Facility security level/inmate custody levels:		Minimum	
Number of staff currently employed by the facility who may have contact with inmates:		8	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		3	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		1	
Physical Plant			
Number of Buildings: 2		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		3	
Number of Segregation Cells (Administrative and Disciplinary):		0	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
The facility has 20 cameras.			
Medical			
Type of Medical Facility:		None on grounds	
Forensic sexual assault medical exams are conducted at:		Sexual Assault Support Services, Sparks, NV	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		8	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		19	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Carlin Conservation Center (CCC), a facility of the Nevada Department of Corrections (NDOC), is located at 124 Suzie Creek Road, Carlin, Nevada. CCC is participating in a Prison Rape Elimination Act (PREA) audit conducted by certified auditors from the California Department of Corrections and Rehabilitation (CDCR). The on-site portion of the audit was conducted at the address stated above during the period of October 6th and 7th, 2017. Following coordination, preparatory work and collaboration with management staff at the CCC, some pre-audit work was completed prior to traveling to the facility for the onsite review portion of the audit.

PRE-AUDIT PHASE

On July 27, 2017, the CDCR provided the audit notice to NDOC's PREA Coordinator with instructions to post copies in the housing units and other places deemed appropriate by facility staff. CDCR received the pre-audit questionnaire, audit process map, checklist of policies/procedures and other documents from NDOC, CCC on September 5, 2017. Notices were to be posted in areas accessible to both inmates and staff. Proof of the postings were forwarded to this auditor on September 12, 2017.

Pre-audit section of the compliance tool: On September 5, 2017, the PREA Compliance Manager from CCC provided the completed pre-audit questionnaire, including supporting documentation, to the audit team. This auditor started completing the audit section of the compliance tool by transferring information from the pre-audit questionnaire and from supporting documentation to the pre-audit section of the compliance tool. The auditor did not receive any letters from inmates housed at CCC, prior to, during or following this audit.

ON-SITE PHASE

On October 6, 2017, the audit team arrived at CCC. The audit team consisted of myself (certified auditor) and Ray Harrington, retired Correctional Administrator for CDCR who is part of the CDCR PREA Unit.

On October 6, 2017, the audit team met with Warden Renee Baker, Associate Warden Tera Carpenter, NDOC PREA Compliance Team Leader Deborah Striplin and Lieutenant K. Harroun for greetings, introductions and information sharing. Dwayne Baze, PCM, was unable to attend this audit since another camp that he is the PCM at was being audited at the same time. The team was escorted to a conference room which served as a home base for audit preparation and organization.

Prior arrival at CCC, the audit team requested and received the names of the employees assigned in the management and specialized staff positions, who might be interviewed during this audit. Because of the mission of CCC, there are no management staff physically located at the facility. Arrangements were made to interview the management staff, either via telephone or in person, prior to arriving at CCC. Once at CCC the audit team received a roster of all inmates at the facility with identification numbers and assigned bed

numbers, sorted by housing unit. The auditor also requested a list of inmates classified into any of the following categories:

- Disabled Inmates
- Limited English Proficient Inmates
- Transgender & Intersex Inmates
- Gay & Bisexual Inmates
- Inmates in Segregated Housing for Risk of Sexual Victimization
- Inmates who Reported Sexual Abuse
- Inmates who Disclosed Sexual Victimization during Risk Screening

The audit team was informed that none of the inmates at CCC fit into any of the specialized categories, other than limited English proficient. Because of the nature of the work assignments associated with fire camps, most inmates with medical or mental health concerns are screened out, by clinicians, for their own physical safety. At the time of the audit there were no openly gay or bisexual inmates or transgender or intersex inmates housed at the facility. All four of the inmates that filed PREA complaints had paroled prior to the audit team arriving at the facility.

The audit team received a list of all staff assigned to the facility. The auditor explained that these rosters were required for the audit team to select random custody staff and inmates for interviews. The auditor gave the Camp Commander lists of custody staff and inmates selected randomly for interviews.

On-site Review: This auditor conducted a thorough site review of the facility. The Associate Warden, NDOC PREA Team Leader and the Camp Commander conducted the tour. There are only two buildings at CCC. The toured included all of the rooms and areas in both buildings. Additionally the recreation yard and fire camp training area were inspected for PREA compliance.

During the tour, the auditor asked impromptu questions of staff and inmates, noted the placement and coverage of surveillance cameras, inspected surveillance monitors, identified potential blind spots, and inspected bathrooms and showers to identify potential cross gender viewing concerns. In inmate common areas, audit team members tested inmate phones to determine the functionality of the facility's hotline for reporting sexual abuse or harassment. In inmate work areas, audit team members assessed the level of staff supervision and asked questions to determine whether inmates are in lead positions over other inmates. Audit team members also noted the placement of PREA information posters in inmate housing areas and placement of the PREA audit notice provided to the facility. In some areas, audit team members took photos to document the on-site review.

PREA Management Interviews: Both audit team members were assigned the responsibility for interviewing members of the management team, including the Warden, and the PCM. These managers were interviewed on October 3rd, and 4th, 2017, at their offices at Lovelock Correctional Center. The audit team members were escorted to the office of the respective manager where the auditor conducted the interviews using the applicable interview protocols and recorded the responses by hand. The Director of Corrections, the Contract Manager, and the Human Resources representative were all interviewed via telephone, due to their distance from the physical location of the audit.

Specialized Staff Interviews: Using the list of specialized staff received from the PREA Compliance Manager, several audit team members utilized the conference room to conduct confidential interviews. The audit team identified specialized staff to be interviewed. Interviews included the following:

- Incident Review Team Members
- Staff who Conduct Intake Screening
- Case Workers
- Investigations and Intelligence Staff (State and facility level investigations)
- Sexual Assault Nurse Examiner
- Human Resources
- Person Responsible for Monitoring Retaliation
- Higher Level Supervisor
- Contractors (Nevada Division of Forestry)
- Education Volunteer
- First Responders
- Training Director

CCC does not have any medical staff on grounds. All medical issues are referred to Lovelock Correctional Center (LCC) or the local hospital. CCC does not have any segregated housing, all inmates with disciplinary or safety concerns, that require segregated housing are transferred to LCC.

During interviews with investigative staff (conducted in person at LCC), the team learned that all of the PREA investigators work for the Inspector General's Office. If a PREA allegation appears to be a non-felony, and does not involve staff, the IG's Office may turn the case over to the institutional investigation team. The investigation team from LCC covers CCC. The members of the audit team interviewed three investigators and questioned designated staff about the process for logging and tracking cases assigned and inmate grievances received by the investigators.

All of the training for CCC is conducted at LCC. The training manager at LCC was interviewed about the tracking process for training the CCC staff. He was able to explain the process adequately and provide all of the documents needed to prove that CCC staff were in compliance with the PREA training requirements.

Where the circumstances dictate, the auditor would ask to review documentation, logs, computerized tracking, or other material necessary to make a determination of compliance with the standards. During specialized staff interviews, the audit team members based the line of questioning on the interview protocols and recorded responses by hand.

Random Staff Interviews: CCC only has nine full time employees. A total of seven CCC staff were interviewed. In some cases one employee was interviewed utilizing several different specialized questions.

Random Inmate Interviews: The auditor determined that at least one inmate from each housing unit would be interviewed. One audit team member was assigned responsibility for the various inmate interviews. Audit team members used the alphabetical roster of inmates to randomly select inmates from their assigned housing units and selected other inmates while in the housing units. The audit team member completed the interviews in a private office. The audit team member introduced himself, communicated the standard advisory statements to the inmate before proceeding with the standard line of questions from the random inmate interview protocols and recorded the inmate's answers by hand using the designated form. Clarification was requested, as needed to ensure the inmate's responses were clear. A total of 20 inmates were interviewed as part of the random inmate interviews.

PREA-Interest Inmate Interviews: One audit team member was assigned responsibility for interviewing specific categories of inmates identified for interviews based upon their relevance to specific PREA standards. These categories are:

- Disabled Inmates (None Currently at Facility)
- Limited English Proficient Inmates
- Transgender and Intersex Inmates (None Currently at Facility)
- Gay & Bisexual Inmates (None Currently at Facility)
- Inmates in Segregated Housing for Risk of Sexual Victimization (None Currently at Facility)
- Inmates who Reported Sexual Abuse (None Currently at Facility)
- Inmates who Disclosed Sexual Victimization during Risk Screening (None Currently at Facility)

As previously mentioned, there was only one inmate who fit into the specialized categories. This inmate was limited English proficient. While touring the facility and during interviews, the auditors did not observe any inmates that might be considered a PREA interest inmate.

Document Reviews: This auditor reviewed all documents related to allegations of sexual abuse (including investigation files), all training records, personnel records, contractor and volunteer records, and reviewed the records maintained through the inmate intake process. Copies of documents were collected, as necessary.

The Inspector General's Office provided Sexual Incident Report (SIR) for all 4 allegations received during the previous twelve-month period. The list included the report number, date of report, name of the victim, name of the suspect, and the disposition or status of the case. The auditor was provided the Sexual Incident Report and investigative reports from for each allegation. These reports were reviewed using a PREA audit investigative records review tool to record the following information relative to each investigative report:

- Case#/ID
- Date of Allegation
- Date of Investigation
- Staff or Inmate on Inmate
- Sexual Abuse or Sexual Harassment?
- Disposition
- Is Disposition Justified?
- Investigating Officer
- Notification Given to Inmate?

Audit team members recorded this information for each case reviewed and provided additional relevant information in the space provided for additional notes.

Throughout the on-site review, the team had discussion about what was being observed and reviewed and discrepancies that were being identified. The audit team would seek clarification, when discrepancies were identified to ensure that we were not missing pertinent information. The audit team held a close-out discussion with the Warden and her staff on October 6, 2017. During this close-out discussion, the facility staff and the PREA Coordinator were provided with an overview of what had been identified as areas of concern.

POST-AUDIT PHASE

Following the on-site portion of the audit, the team met and discussed the post audit phase and the next steps. This auditor gathered written information and feedback from the other team member and took responsibility for completing the interim report. The auditor has 45 days to provide the interim report to the facility (November 20, 2017).

The auditor and PREA Compliance Manager agreed that any documents not received during the pre-audit phase or site review would be requested via email and provided by the PREA Compliance Manager.

This auditor documented all clarification questions, missing information, and requests for additional documentation to follow-up with the PREA Compliance Manager. Different documents and information was requested from the PCM, IG's PREA Team leader and the Camp Commander during the post-audit phase via telephone calls and e-mails. Some of the none-compliance issues that were identified during the onsite audit were corrected at this time.

This auditor reviewed each standard, the documents provided to show compliance with the standard and the information received from the interviews to determine if that standard was met. In the standards portion of the audit report, each standard subsection was checked, yes or no, if CCC met PREA compliance for that subsection. If the subsection was not applicable, N/A was checked or the response was left blank. A narrative then included for each standard. The narrative included a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. If corrective action was required, corrective action was recommendation in the narrative.

The interim report was forwarded to CCC Warden, PCM, Associate Warden, IG's PREA Team Leader on November 9, 2017. A copy of the Corrective Action Plan was included with the interim report.

On November 14, 2017, a conference call was held with staff from CCC to discuss corrective action. In attendance on the call was the Warden, Associate Warden, PCM, CCC Camp Commander and this auditor. The three none compliant standards were discussed with the staff and what would be expected to come in compliance. The date for final compliance was set at May 9, 2017 (six months after receiving the interim audit report).

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Carlin Conservation Camp (CCC) is located at 124 Suzie Creek Road, Carlin, Nevada. CCC is one of ten conservation camps operated by the Nevada Department of Corrections. Located in Elko County, CCC was constructed in 1987. The CCC houses 150 minimum custody inmates for the state of Nevada. Inmates at CCC work for the Nevada Division of Forestry completing conservation projects, roadside clean up, local area assistance and firefighting during the fire season. CCC is one of two camps that fall under the administrative responsibility of the Warden at Lovelock Correctional Center.

The physical design of CCC consists of two buildings. The main building is a cross shape design that contains dorm style sleeping areas, of fifty beds each, at the end of three of the wings. Near each dorm is a restroom and shower areas. Toward the center of the building there are staff offices, utility rooms, canteen, the library, a classroom and a tool room. The fourth wing of the building contains the culinary, freezer, refrigerator, and dining room (which doubles as the visiting room). In the center of the building is the rotunda. This is where the officer's station is located. The second building is a rectangular shaped structure. This building contains the gym, property room, clothing room, laundry facility, maintenance shop and Nevada Division of Forestry maintenance shop and training center. There are 20 video cameras stationed around the facility to enhance security.

CCC has one Lieutenant, one Sergeant, one Senior Correctional Officer, nine Correctional Officers, one Storekeeper and one Caseworker position authorized in the staffing plan. At the time of the audit there were four vacant positions. The Warden of Lovelock Correctional Center is the hiring authority for CCC. Administrative and support staff for CCC (in-service training, PREA Compliance Manager, and Human Resources) work at Lovelock Correctional Center. There are no medical or mental health staff or facilities at CCC.

The inmate population of the camp is all minimum custody. All of the inmates housed at CCC are considered low risk. There are no convicted sex offenders or inmates with violent criminal conviction histories. Because of the difficult physical nature of the work assignment at CCC, inmates with serious medical or mental health conditions are typically screened as not eligible by a medical or mental health clinician. Any inmates that would be considered flight risks, such as inmates with active warrants, are not housed at CCC. Inmates housed at CCC typically have only a short amount of time left to serve on their sentence.

CCC coordinates with the Nevada Division of Forestry in training of inmates to work on firefighting crews during fire season. These crews do community clean up and snow removal services during the off season. Carlin also offers a wide range of programs for all of the inmate population and an opportunity to enroll in educational classes in pursuit of a GED, and high school diploma.

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 0

Click or tap here to enter text.

Number of Standards Met: 45

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401 and 115.403

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

The on-site portion of the audit was a consistent paced review of all areas of the institution. Facility staff were very helpful and responsive to the questions and concerns expressed during this portion of the audit. Facility staff were attentive to the needs of the auditors and were extremely hospitable. The audit team thanks the Warden, PREA Compliance Manager, IG’s PREA Team Leader and the entire staff at Carlin Conservation Center.

Overall, it is evident that Carlin Conservation Center staff have been working towards compliance with the PREA standards. Because of this hard work, the facility is in compliance with a significant number of the standards.

Some of the positives observed by the audit team included:

- There is a good working relationship between the inmates and the staff. It appears that the inmates would feel comfortable going to staff to report any safety issues.
- PREA posters were in place in all housing units, and common areas.
- Supervisory and management staff have a clear understanding of the policy.

- The inmate population understands their rights to be free from sexual abuse and could explain to the auditors how they would report an allegation. All of the inmates stated they felt sexually safe at this facility.
- Training records reflected that mandatory staff training had been completed. All of CCC's staff, contractors and volunteers are trained on PREA every year.
- Staff has already begun to address issues that the audit team identified during the site review.

During the pre-audit and onsite portion of this audit, there were minor discrepancies with policies pointed out by this auditor. The management team at CCC and the IG's Office were very quick and efficient in making the changes to bring their policies within compliance of the standards. These changes that were made include:

115.13 Adding a window to the tool room door to help prevent victimization

115.15 Adding the correct verbiage to OP 421, to enable inmates to shower, perform bodily functions and change clothes without staff of the opposite gender viewing them

115.21 Adding the offering of the victim advocate to the lieutenant's check list when responding to a PREA incident to the policy

115.21 Including that the SAFE/SANE exam will be conducted free of charge to the inmate in the policy

115.42 Clarifying the policy on housing of victim likely and predator likely inmates

115.53 Correcting the contact information and including NDOC's zero tolerance policy in the Inmate PREA Flyer

115.81 Clarifying the policy for inmate to be transferred for routine/non-emergency medical and mental health appointments (inmates that claim prior victimization/predatory behavior)

115.83 Clarifying the policy for inmates to be seen for follow-up appointments if they are victims of PREA

115.88 Adding the Annual report to the NDOC website

The areas that still need corrective action are as follows:

115.13 Supervising and Monitoring:

115.15 Limits to cross-gender viewing and searches:

115.17 Hiring and Promotional Decisions:

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Corrective Action:

115.13 Supervising and Monitoring:

The walk in refrigerator in the culinary creates an area that would allow for victimization. There is one inmate clerk that works near there unsupervised. There is no method to prevent other inmates from going in that area unsupervised.

On November 13, 2017, this auditor was provided photographs of a locking device that was added to the walk in refrigerator door in the culinary. Additionally a copy of a memo was provided instructing staff and inmates that the door is to be locked when staff are not present. This item has been corrected.

115.15 Limits to cross-gender viewing and searches:

The temporary holding cell next to the officer's station has a toilet. The location of the toilet does not allow for the inmate to go to the bathroom without his genitalia being exposed to female staff walking down the hall.

On November 13, 2017, this auditor was provided a photograph that showed a partition has been put on the door of the temporary holding cell. The height of the partition allows for staff to see in the holding cell while allowing the inmate to use the toilet without exposing his genitalia. This item has been corrected.

115.17 Hiring and Promotional Decisions:

This auditor requested eight files (personnel files for all eight staff that work at CCC) to review for compliance with the PREA hiring and promotions standard. Only four were provided for review. Even though those four were compliant, this was not a sufficient sampling of data.

On February 5, 2018, this auditor was handed copies of documents that were requested from the four files that were not provided during the on sight portion of the audit. A review of the documents provided showed that two of the employees at CCC have had not had a background check within the past five years. This was discussed with the PREA Coordinator. Both of those employees had updated background checks in February, 2018. Proof of the background checks were provided to this auditor. This item has been corrected.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Nevada Department of Corrections (NDOC) Administrative Regulation (AR) 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, section 421.01, states "The Department has a Zero Tolerance policy for any form of sexual misconduct to include staff/contractor/or volunteer on inmate or inmate on inmate sexual harassment, sexual assault, sexual abusive contact and consensual sex." Carlin Conservation Camp (CCC) has an additional policy (Operational Procedure 421) that reiterates AR 421. This policy outlines the institution's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

NDOC's PREA Coordinator is Pamela Del Porto, Inspector General. Ms. Del Porto has been the PREA Coordinator for the Nevada Department of Corrections for about three years. Ms. Del Porto has a team of employees that assist her in developing, implementing, and overseeing the NDOC's efforts to comply with the PREA standards.

CCC PREA Compliance Manager (PCM) is Dwayne Baze, Correctional Caseworker Specialist. Mr. Baze was assigned the PREA compliance Manager at CCC for about 9 months. Mr. Baze reports to an Associate Warden, however does have the authority to bring PREA issues directly to the Warden as disclosed by both Warden and Mr. Baze.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Nevada Department of Corrections (NDOC) does not currently have a contract with any private or public agency to house any inmates according to the Deputy Director. Further questions were asked to see if the NDOC uses contracted facilities to house inmates for substance abuse programs or "half way houses" for paroled inmates and the auditor was told that NDOC does not use outside contractors for these types of programs. The NDOC PREA Coordinator stated that she would be involved if a contract were put in place for this function. She would insure that language in the contract is consistent with the requirements of PREA.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Operational Procedure 325, Minimum Staffing, requires that at least once a year the PREA coordinator shall assess, determine, and document whether adjustments are needed to the staffing plan and or video monitoring system. This auditor was provided a copy of the 2016 Carlin Conservation Camp (CCC) staffing plan (the 2017 staffing plan is currently being revised). According to the Staffing Plan, Nevada Department of Corrections Inspector General's Office, the PREA Coordinator initiated a review

and discussion of the staffing patterns for CCC. CCC has a total of twelve custody positions authorized by the legislature (one Lieutenant, one Sergeant, one Supervising Officer, eight Correctional Officers and one Caseworker). The documents provided indicate that there are currently four vacancies at CCC. The physical design is two buildings with one containing the housing units. There are 20 video cameras to help monitor the inmate population.

During the interview with the Warden, she explained how the staffing plan is established, adjusted and enforced. The staffing plan is approved by the Nevada Legislature as part of the budget process. The plan is based on best practices, and American Correctional Association's and National Institute of Correction's staffing models. Each year the plan is reviewed to see if adjustments need to be made based on mission changes, PREA and/or other serious incidents, program changes, legal challenges or legislative changes. According to the 2016 staffing plan, there are no findings of inadequacies by judicial ruling, Federal Investigative Agencies, or internal or external oversight bodies. There are no state or local laws that dictate staffing requirements. The staffing plan contains an analysis of the inmate population by ethnicity and security threat group.

NDOC policy requires that the Camp Commander complete an entry into NOTIS whenever the staffing level drops below the minimum staffing requirements. A memorandum signed by the Warden states that CCC has maintained minimum or above staffing levels during the past 12 months.

This auditor was provided copies of the PREA- Unannounced Supervisor Tours from the Daily Shift Log for the past year. A review of the documentation demonstrated that supervisors (the Lieutenant and Sergeant) completed random tours of the facility at various times of the day on a regular basis. Even though there are only two supervisors assigned to the facility, they vary their schedules so that they may be on grounds any time of day during any day of the week.

During the tour of the facility this auditor observed two locations that were blind spots that inmates had access to unsupervised. These blind spots created victimization concerns:

One area of concern was the tool room. The tool room has solid walls and door with no video surveillance. If the door is closed, staff cannot see into the tool room. Even though the policy in that only one inmate is allowed in the room at one time, there is no method to enforce that policy. The facility corrected this by placing an expanded metal screen on the door of the tool room. Now staff can see into the tool room from the hall.

The second area of concern is the walk in refrigerator. The refrigerator is located in the back of the kitchen, and like the tool room, policy states only one inmate is to be working back there. Like the tool room there is no method to enforce this policy. There is a video surveillance of the door to the refrigerator; however it is not monitored at all times. A lock was placed on the door of the refrigerator with direction to staff that a staff member must be present whenever the refrigerator is unlocked.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Nevada Department of Corrections (NDOC) requires that any juvenile inmate housed at an adult correctional facility shall be housed in a location out of sight, sound and physical contact of the adult inmates. The youthful inmates are not to be placed in isolation for this purpose.

Carlin Conservation Camp does not house any inmates under the age of 18 years old.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates?
 Yes No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operational Procedure 422, Searches and Seizure Procedures, page 2 and 3, section 422.03, states "The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches." CCC has not had any cross gender strip searches in the past 12 months according to the memorandum signed by the Warden provided to this auditor.

OP 422.03, requires that inmates be allowed to shower, perform bodily functions and change clothing without opposite gender staff viewing their buttocks or genitalia. Additionally, the OP requires opposite gender to announce their presence when they enter a housing unit. All showering areas provided modesty without creating "blind spots". All of the toilets provide modesty screens with the exception of

the holding cell toilet. This toilet is exposed to staff as they walk down the main hallway. A review of the video monitors showed that none of the cameras viewed any toileting, showering or clothing changing areas.

During the tour, female staff announced their presence when entering the sleeping area of the building (where inmates are most likely to be changing clothes). Because of the physical design of the building, staff offices are adjacent to the inmates sleeping quarters. Previously, CCC female staff only announce their presence when they come on shift. This is insufficient, in that once the female staff come on shift she may be covering chow, observing yard or many of the other duties that would require her to be away from the inmate sleeping quarters. Without the female staff announcing her presence each time she enters the unit, male inmates do not have the opportunity to “cover-up” to protect their modesty when female staff come into their sleeping area. As a result of this audit tour, CCC revised their OP 422 to require female staff to announce their presence when they enter each of the sleeping areas. A copy of the revised procedure was provided. The auditor spoke to the Sergeant of the facility, via telephone, after the policy was changed. She stated that she was aware of the change and was announcing herself accordingly.

OP 422.03 does not allow staff to search inmates for the sole purpose of determining their genital statuses. Inmates housed at CCC have already been classified as male inmates during the Reception Center processing. All of the staff interviewed stated that they do not search inmates to determine their genitalia statuses.

The training that is provided to custody staff by NDOC is very thorough and comprehensive on searching methods. The training power point demonstrates, to staff, how to properly conduct a pat down search of transgender and intersex inmates. A review of the training documents showed that all of the staff at CCC have been trained in these search techniques during 2017.

The holding cell located next to the office has a toilet. The toilet in the holding cell is in plain view from the hallway. After the audit, staff installed a modesty screen on the door of the holding cell. A picture of the modification was provided to the auditor. No the inmates can use the toilet without exposing their private areas to cross gender staff.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?
 Yes No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operational Procedure 504, Processing of Inmates Received at CCC, section 504.02, 3, A, states that all inmates that arrive at CCC will watch a 15 minute video (available in both English and Spanish) on PREA within 72 hours of arrival. The inmates also receive the PREA information in a tri-fold flier in the orientation booklet. This booklet is available in both English and Spanish. Additionally alternative formats of information are available for inmates who are limited English proficient, deaf, vision impaired, otherwise disabled or limited in their reading skills. Inmates are required to sign acknowledgement of receiving the information.

CCC has several methods for inmates with physical disabilities, such as vision and hearing impairments to receive the information. The policy states that staff are to read the information to inmates who cannot read. The policy is also available in brail format. The PCM showed the audit team a copy of the policy written in brail format. Because CCC is a fire camp, most inmates with physical and mental health restrictions are not cleared for placement at CCC by medical professionals. There were no inmates that needed reasonable accommodations to assist in reading or hearing at CCC during the time of the audit.

NDOC has a contract in place for interpretive services with CTS Language Link. There was one inmate housed at CCC during the audit that did not speak fluent English. During the interview, the audit team utilized the services of Language Link to conduct the interview. During the interview, the inmate did express knowledge of the PREA policy. He received the information from the posters on the walls that are in Spanish and through the orientation booklet. OP 504, section 504.02, 3, D, states that only staff

can be used as interpreters in completing the PREA assessments. According to the Spanish speaking inmate that the audit team interviewed, there is a staff member at CCC that will interpret for him when he needs it.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No

- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Nevada Department of Corrections Prison Rape Elimination Act Manual, page 4, mandates that the Department shall not hire or promote an individual to a position that may have contact with offenders who meets any of the three criteria listed in section 115.17 (a). NDOC requires that every applicant/volunteer/contractor who may have contact with an inmate disclose the following information prior to entering into any NDOC facility:

Have they engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, or have you 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 have they been civilly or administratively adjudicated to have engaged in the activity described in any part of this question.

Have they been adjudicated as having engaged in any type of inmate Sexual Harassment, which includes as a staff member, volunteer, contractor, or as any type of service provider coming in contact with an inmate in the facilities mentioned in question 1.

Answering affirmative to either of these questions can result in the denial of employment or, in the case of contractors and volunteers, denial of access into the facility. Providing false information is grounds for dismissal.

This PREA manual requires that NDOC complete a background check before hiring any new staff member. Additionally Human Resources must 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. Documents provided to this auditor demonstrated compliance by contacting other correctional agencies for background information on new applicants. The office of the Inspector General is required to do a biannual audit of random HR files for employees of the Department who were hired in the previous six months to ensure compliance with the required background check.

NDOC Operational Procedure SS-0063, Background Clearance Application Procedure, requires that every contractor must have a background check completed prior to entering the facility. The NDOC utilizes the National Criminal Information Center (NCIC) for criminal background information.

According to memorandum dated March 23, 2017, authored by Deborah Striplin, PREA Program Officer, NDOC conducts background checks on all current employees every three years. The month

that the employee was hired determines which month the follow-up background check will be conducted. The last cycle was initiated in August 2016, and completed in July 2017.

NDOC policy requires Human Resources to disclose any substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the employee has applied for work. The NDOC did not have any documented cases for the audit team to review where a former employee applied at an institution and this information was requested from NDOC.

CCC was able to provide the documents that all contractors and volunteers must fill out and sign prior to being allowed to have contact with inmates. Each of the four volunteers and five contract staff that have contact with inmates at CCC have had their background cleared within the past three years. Additionally they are required to disclose any prior sexual misconduct convictions, administrative or civil actions, annually during their PREA training. Policy requires the volunteer or contractor to disclose any sexual misconduct. Failure to do so would result in restriction from grounds.

The audit team requested the background check information and prior sexual misconduct disclosure information on all eight employees currently assigned to CCC. The NDOC was only able to provide documentation on four of the employees. According to staff, the documents are in the files; however human resources (none NDOC department) did not supply the files for review. Of the four files reviewed, all of the background checks were current and prior sexual misconduct forms were completed. There was one employee who previously worked for corrections in a different state. Contact was made with his previous employer to make sure that he did not have any prior sexual misconduct with inmates while employed there.

In February, 2018, this auditor was provided copies of the remaining staff's personnel documents. The documents provided demonstrated compliance with this standard. Two of the staff did not have recent background checks. Those background checks were updated prior to completion of this audit.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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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CCC has not had any substantial expansions or modifications to the facility since the implementation of PREA. There have been four video surveillance cameras that were added to the system in August 2017. These cameras were added to enhance security coverage. This auditor reviewed the video coverage to ensure that inmate's modesty was not compromised by the cameras.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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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Operational Procedure 421.1, Sexual Assault Response and Documentation, address the protocols for collection of evidence for use in an administrative proceedings and criminal prosecution. Combined with OP 458, Evidence/Contraband Collection, Storage and Disposal, the policies include discovery, handling, delivery, retrieval, logging, storage, retention and destruction of all evidence. NDOC and CCC utilize a local hospital's Sexual Assault Nurse Examiner (SANE) to conduct the forensic exams. Currently NDOC has an agreement with Sexual Assault Support Services (SASS) in Sparks, Nevada to conduct all forensic exams. This auditor talked with the supervising nurse of the SASS. She stated that there are currently three certified SAFE/SANE nurses on staff and five more are in the training

process. She stated that all of certified SAFE/SANE nurses' training follows the National Protocol for Sexual Assault Medical Forensic Examinations as set forth by the Office of Violence Against Women.

NDOC policies mirror the National Protocol for Sexual Assault Medical Forensic Examinations as set forth by the Office of Violence Against Women. CCC uses a coordinated team approach to respond to reports of sexual assault. They provide access to a victim advocate, and provide immediate medical care. All allegations are investigated. CCC utilizes a qualified SAFE/SANE nurse from the community to conduct medical exams and the process is handled, keeping the victims confidentiality in mind. The policy states that the inmate will be provided medical and emotional support at no cost to the inmate.

NDOC has a contract in place with Community Action Against Rape DBA The Rape Crisis Center (RCC) and Crisis Call Center to provide inmates emotional support in the event of a sexual assault. The Crisis Call Center contract states that the Inspector General's Office will contact them in the event that a victim advocate is needed. Once the Crisis Call Center is contacted, they will attempt to get an advocate from a local community to provide support for the inmate victim. This auditor spoke with the representative of the RCC who confirmed the process. In the event that RCC is unable to reach a victim advocate, NDOC does have a Mental Health clinician trained as a victim advocate on staff at Lockwood Correctional Center.

CCC did not have any allegations of sexual assault that required an inmate to be sent for a forensic exam during this audit period.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Administrative Regulation 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, section 421.12, states "NDOC Office of the Inspector General will investigate all allegations of staff on inmate sexual abuse, sexual harassment and inmate on inmate sexual abuse." Additionally the AR states that all substantiated criminal cases shall be referred to the applicable prosecutorial authority for review of prosecution. This information is on the NDOC website.

This auditor spoke with the Inspector General for the NDOC. She confirmed that it is the IG Office's responsibility to investigate PREA allegations in NDOC. The IG's office is notified via the Nevada Offender Tracking Information System (NOTIS), the electronic incident notice system used by NDOC. In emergency cases they are notified via telephone. Once the IG's office receives the notice, they will assign an investigator to the case. At the conclusion of the investigation, if it appears that a felony has taken place, the IG will refer the case to the Attorney General.

During the audit the PREA incident log was reviewed. There were four cases reported during the audit period. All four were reported to the Inspector General. CCC did not have any PREA cases that met the criteria to refer a case for prosecution during this audit period.

The Nevada Department of Corrections Prison Rape Elimination Act Manual provides further direction on the Office of Inspector General's responsibility while conducting a criminal investigation.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operational Procedure 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, section 421.06, requires all employees who may have contact with inmates will receive instruction on PREA in pre-service training. The training will include the following:

Zero Tolerance Policy

How to report, detect, prevent and respond to such allegations

Inmate's right to be free from sexual abuse/harassment

Inmate's right to be free from retaliation from reporting incidents

The dynamics of sexual abuse and harassment in confinement

The common reactions of sexual abuse and harassment victims

How to detect and respond to signs of threatened and actual abuse

How to avoid inappropriate relationships with inmates

How to communicate effectively and professionally with the LGBTI

How to comply with relevant laws related to mandatory reporting

The staff are trained initially in PREA upon employment through the Correctional Employee/Officer Basic Pre-Service Training (PST). After the PST, the training is required every two years. In years which an employee does not receive PREA refresher training the employee, shall receive refresher information on current PREA policies. A review of the training module provided to this auditor demonstrates that the information provided to the staff at CCC is in compliance with 115.31(a), (1-10).

During the interview with the training manager, he explained how he insures staff stay current on the training annually. Staff are pre-scheduled for annual training for one week a year and are assigned to training for that week. The PREA training is given during this off post training week. The training that CCC staff are given is tailored toward a male offender population.

A review of the training records show that all 9 state employees working at CCC have been trained in PREA in the past 12 months. Four of the employees received it at the PST in 2017. The other five received PREA training in 2016 and refresher training in 2017. The employees signed a document acknowledging that they understood the training.

During the interviews with staff, all of the employees demonstrated knowledge in PREA. All of them knew about NDOC's zero tolerance policy and their responsibility to prevent, protect and report sexual abuse and sexual harassment.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operational Procedure 802, Community Volunteer Program, section 802.01, requires that all volunteers and contractual staff shall attend PREA training. The training covers the NDOC zero tolerance policy, and the volunteer/contractor's responsibility under the NDOC's sexual abuse and sexual harassment prevention, detection and response policies and procedures. An acknowledgment of receipt of training is then signed by the volunteer or contractual staff. This training is required prior to having contact with inmates and then every three years after that.

CCC provided copies of the sign training acknowledgement that each of the volunteers has completed. All of the volunteers were trained within the past year.

CCC is a fire camp and has a contract with the Nevada Division of Forestry (NDF). NDF employees are required to be trained in PREA. Documentation provided demonstrates that all of the NDF employees at CCC are compliant with the PREA training.

During the interviews with the volunteers and contractors, they were able to explain the NDOC zero tolerance policy. They all knew their responsibility to report sexual abuse/sexual harassment and they were able to adequately describe what they would do if an inmate disclosed to them that they had been sexually abused or harassed.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? Yes No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Instructions for Overall Compliance Determination Narrative

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Operational Procedure 504, Processing of Inmates Received at CCC Reception Area, stated that inmates watch a 15 minute PREA video upon arrival at CCC. Additionally the inmates receive a copy of the inmate orientation handbook (available in English and Spanish) with a tri-fold PREA information booklet. The inmates then sign a document acknowledging that they watched the videos and understand the information.

Policy requires that all offenders receive the "Stop Sexual Abuse and Harassment at Carlin Conservation Camp" information brochure and sign that they received the information. The brochure contains the NDOC zero tolerance policy on sexual abuse and sexual harassment, that inmates have a right to be free from sexual abuse/harassment and how to report sexual abuse/harassment. These brochures are available in English and Spanish. The policy is also in brail for offenders with vision disabilities. NDOC has a contract in place with CTS Language Link to provide interpretive services for offenders who do not understand English or Spanish. The policy is read to the offender, according to the PCM, if the offender cannot read. Copies of the brochures were provided to this auditor for review. Documentation provided to this auditor, along with random reviews of 15 inmate files, confirmed that

inmates received the PREA training. Copies of the signed acknowledgement of receiving the written materials were in the inmate's files.

All of the inmates interviewed, including the limited English speaking offender, knew the IDOC Sexual Abuse/Harassment policy. Additionally, they knew how to report any violation of policy through the several different reporting methods. Most of the inmates that were interviewed during this audit acknowledged receiving the brochure and seeing the video. The inmates that stated they did not receive the information had signed acknowledgment forms in their files.

All of the common areas had posters explaining the NDOC PREA zero tolerance policy and how to report sexual abuse/sexual harassment visible to the inmate population. Additionally the telephone numbers to report sexual abuse to an outside agency are on posters near the inmate telephones.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]
 Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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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NDOC utilizes investigators from the Inspector General's Office to conduct all PREA allegations. The investigators are required to attend the same PREA training as all NDOC employees. Additionally they are required to take the NIC course on Investigating Sexual Abuse in a Confined Setting. This course covers techniques for interviewing sexual abuse victims, compelled interview warnings, sexual abuse evidence collection and criteria and evidence required to substantiate a case for administrative or criminal prosecution.

This auditor was provided a copy of the training syllabus and completion certificates of the investigators for the Inspector General's Office. During the interview with the investigators, they demonstrated extensive knowledge on how to conduct a PREA investigation.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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NDOC policy on medical training requires that all full and part time medical and mental health care practitioners who work regularly in the facility receive specialized PREA training.

All medical and mental health care practitioners will receive the training mandated for employees in PREA standards 115.31 and 115.32. This training will be conducted by the LCC training division and documented in the employees training file.

All medical staff will receive training in evidence collection. This will be provided by trained custody staff and documented with a training certificate in the employees supervisor file.

All medical and mental health staff will receive training in detecting and assessing signs of sexual abuse and harassment, and how to respond effectively and professionally to victims of sexual abuse and sexual harassment as provided in the NIC training module entitled “Behavioral Health Care for Sexual Assault Victims in a Confinement Setting”. This training will be documented with a training certificate within the employees supervisor file.

Carlin Conservation Center does not have any medical staff. All medical emergencies are referred to the local hospital of to Lovelock Correctional Center.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Operational Procedure 504, Processing of Inmates Received at CCC Reception Area, section 504.02, a PREA Assessment will be completed on each inmate at intake or within 72 hours of arrival. A case note (PREA Intake Assessment) will be generated to document said assessment. Inmates are not required but are encouraged to participate in the PREA questionnaire and cannot be disciplined for not taking part. During this process privacy and confidentiality must be maintained. Only staff interpreters can be used to assist in completing the PREA assessments.

The PREA Risk Assessment Tool utilized by NDOC has 10 questions to assess the inmate's vulnerability toward victimization and 4 questions to assess his potential toward predatory behavior. The assessment includes prior institutional behavior. A corresponding Alert in NOTIS will be entered on all known victims (PREA-High Risk of Sexual Victimization) and all known predators (PREA-High Risk of Sexual Abusiveness).

The inmate will be personally interviewed within 30 days and, if there are no additional concerns, a case note (PREA 30 Day Follow Up) will be generated to reflect that there have been no changes to the PREA Intake Assessment. If, upon interview, additional information is received, a PREA Risk Assessment will be completed. A corresponding Alert in NOTIS will be entered on all known victims (PREA High Risk of Sexual Victimization) and all known predators (PREA High Risk of Sexual Abusiveness).

Inmates will be reassessed at each 6 month regular review and a PREA Regular Review Assessment case note will be entered to document said action. Inmates will also be re-assessed if they; request to be re-assessed, a staff member refers an inmate for reassessment, if additional information is received or if the inmate is involved in an incident of sexual abuse.

A review of random inmate files showed that all inmates were assessed for victimization/predatory concerns within 24 hours of arrival. NDOC did an internal audit in June of 2017 and discovered that staff were not doing a follow-up assessment within 30 day at CCC. CCC has since corrected the problem and every inmate file reviewed after the internal audit, has had a second risk assessment completed within 30 days of arrival.

During random interviews with a sample of the inmate population, most of the inmates recalled being asked questions about their criminal history and their sexual safety.

The camp commander explained the intake process and when and how inmates are asked the risk assessment questions. The risk assessment results are maintained in the inmate's file. Only staff have access to the files. The results of the risk assessment are not shared with any other inmates.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operational Procedure 573, Screening and Classification, section 573.02, states that staff shall use information from the risk assessment to make informed housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Staff shall make individualized determinations about how to ensure the safety of each inmate. All program, education and work assignments shall be monitored and supervised by custody or free staff at all times to ensure safety and security of all inmates.

The NDOC PREA handbook requires the NDOC Medical Department to determine where best to house transgender and intersex inmates, taking into account the individual inmate's health and safety needs verses whether or not the placement in a specific gender based institution may present management or security problems. NDOC does not house transgender, intersex, lesbian, gay or bisexual inmates in specific facilities.

All NDOC inmates' safety and program needs are reassessed every six months. Policy requires that the view of the transgender or intersex inmate toward their safety will be given serious consideration. Policy also requires that transgender and intersex inmates are given the opportunity to shower separately from the other inmates. The design of the showers at CCC allows all inmates to shower separately from each other. There have not been any know transgender, intersex, bisexual or gay inmates housed at CCC during this audit period.

The camp commander explained how he would separate inmates classified as victim likely and predator likely from each other in a camp setting. The physical design of the facility allows for the inmates to be housed in separate sleeping areas with different toilet facilities. Because of the different work assignment he could insure that the inmates would not be assigned in the same work area. At the time of the audit, CCC did not house any inmates who screened as victim likely or predator likely. He further stated that in the event that an inmate did not feel safe, or he could not separate potential victims and potential aggressors, it may be necessary to transfer one or both inmates to other facilities to accommodate safe housing assignments.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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NDOC policy does not allow staff to place inmates in segregation solely based on their risk for sexual victimization. All attempts shall be made to house the inmate in an environment that is as least restrictive as possible.

If an inmate is placed in Segregated Housing because there is no available housing where his safety can be maintained, he shall have access to program, privileges, and work and education assignments. If the inmate is restricted from access to any of these he is to be informed of the reason for the restriction and for how long.

Carlin Conservation Camp does not have a protective housing unit. In the event that an inmate has safety concerns, the inmate is transferred to Lovelock Correctional Center.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operational Procedure 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination, section 421.10, states that CCC will accept reports from any and all sources to include but not limited to: inmates, visitors, inmate family members, associates, and other community members. These individuals can privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Such reporting can include, but not limited to: Verbal complaints to any Departmental employee; Written complaints, which may be made through inmate grievances or inmate kites, written notes or letters to staff or administrators, and letters directed to the PREA Coordinator or any member of the Inspector General's Office; NDOC Family Services Office by phone or email at info@doc.nv.gov or writing the Nevada Attorney General's Office.

I asked the Camp Commander how inmates can report confidentially. He informed me that when inmates make calls to the IG's office, the calls are not monitored by CCC staff. Additionally inmates' outgoing mail is not monitored.

The NDOC has an agreement with the New Mexico Department of Corrections to accept PREA allegations from NDOC inmates, family or public. This gives the inmates a chance to report PREA to another law enforcement agency that is not associated with NDOC. The contact information for the PREA Coordinator at New Mexico Department of Corrections is provided to the inmates via the orientation handbook and it is posted on the walls in common areas around the facility.

Section 421.05 requires that all staff report immediately any knowledge, suspicion, or information regarding any incidents of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Staff are required to report known incidents involving both other staff and inmates. All of the staff interviewed stated that they would report any PREA allegation, regardless of how it was received, to their supervisor or the PCM immediately.

According to the representative of the IG's office that was present during the audit, staff can contact them and report confidentially.

NDOC does not house any inmates solely for civil immigration purposes.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operational Procedure 740, Inmate Grievance Procedure, section 740.04, removes all time frame restrictions for the filing of a grievance when the grievance alleges sexual abuse.

Section 740.04, allows an inmate to skip the informal grievance process when filing a sexual abuse grievance. If the grievance alleges sexual assault by a staff member, the inmate is not required to give the grievance to the staff member named in the grievance, nor is the inmate required to attempt to resolve the issue with that staff member. The grievance will not be forwarded to the named staff member to respond to the grievance.

Policy requires that all grievances alleging sexual abuse are forwarded to the Inspector General's (IG) Office. The IG's Office will render a decision of the outcome of the appeal within 90 days and initiate an investigation, if appropriate. In the event that more time is needed to resolve the grievance the IG's Office may ask for a 70 day extension. If an extension is needed, the IG's Office will notify the inmate of the extension and the expected date of the reply. Upon the completion of the investigation the IG's Office will notify the inmate of the results of the investigation. If the inmate does not receive a response within the allotted time limits, the inmate may consider this a denial.

NDOC's Operational Procedure does allow for third party reporting. Third party individuals could be a fellow inmate, staff member, family member, attorney or an outside advocate. If a grievance is filed via third party, the inmate is to be interviewed. The inmate must confirm the allegation and agree to the administrative remedies. If the inmate declines to have the request processed, it shall be documented in the tracking log and on NOTIS (Nevada Offender Tracking Information System).

At any time an inmate may file an Emergency Grievance for issues involving substantial risk of imminent sexual abuse. All PREA Emergency Grievances alleging substantial risk of imminent sexual abuse shall be forwarded to the highest ranking staff member on duty so that corrective action may be taken immediately. A decision will be made immediately or within one (1) hour of receipt of the PREA Emergency Grievance. The person responding to the Emergency Grievance shall speak with the inmate and document any corrective action that was made or taken using the NOTIS reporting system. All actions should afford inmates access to medical/mental health services. Per policy, all PREA Emergency Grievances will be referred to the Associate Warden or PREA Compliance Manager for follow up within 2 days of receipt of the Emergency Grievance. The Associate Warden or PREA Compliance Manager will ensure that the incident has been referred for investigation and that the inmate has been afforded appropriate medical, mental health and safety considerations. An inmate may not be disciplined for filing a grievance related to alleged sexual abuse unless the Department has demonstrated that the inmate filed the grievance in bad faith.

A review of the CCC appeals logs showed that two of the PREA allegations received during the past year were received via the grievance process. One case was an alleged sexual abuse and one case was an alleged sexual harassment. The Camp Commander explained the grievance process to the audit team. He was able to explain how he would handle a PREA grievance differently than other grievances. He does not require the inmate to meet with a staff member, who is the subject of the grievance, to attempt to resolve the issue. The Camp Commander stated he takes all grievances seriously.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

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Instructions for Overall Compliance Determination Narrative

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NDOC has contracts in place with Community Action Against Rape DBA The Rape Crisis Center (RCC) and the Crisis Call Center to provide inmates emotional support in the event of a sexual assault. Inmates are provided addresses and phone numbers for these services when they first arrive at CCC via the orientation handbook. The telephone number for the Rape Crisis Center is posted on the wall next to the inmate telephones. All inmate phone calls are recorded; however, phone calls to the Rape Crisis Center and the IG's office are only reviewed or monitored by IG staff. Inmates are informed of this during orientation. The outgoing inmate mail is not reviewed. All inmates are informed that all PREA reporting, investigations, medical or mental health support is confidential.

Copies of the contracts mentioned above, the inmate orientation handbook and the posters by the inmate telephones were all observed and reviewed during the audit. During the interviews, some of the inmates stated that they did not know that emotional support was available for them. When asked if they saw the posters by the phones, they admitted that they did not pay attention to them.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Operational Procedure 420, section 420.10, states that CCC will accept reports from any and all sources to include but not limited to: inmates, visitors, inmate family members, associates, and other community members. These individuals can privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Methods of reporting include telling any staff member, writing a letter to the Attorney General's Office or the Inspector General's Office or calling or emailing the NDOC Family Services Office.

The information on how to report a PREA incident is posted in the visiting area and on the NDOC website.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

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Operational Procedure 421, section 421.05, requires that all staff must report immediately any knowledge, suspicion, or information regarding any incidents of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Staff are required to report known incidents involving both other staff and inmates. Policy also requires an employee to report any other employee's neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment or retaliation. CCC prohibits retaliation against any person because of his/her involvement in the reporting or investigation of a complaint.

NDOC policy mandates that staff shall not reveal any information related to a sexual abuse report to anyone other than their immediate supervisor. All reports of sexual abuse to include inmates and staff are to be kept confidential. Section 421.17 states all case records associated with claims of staff sexual abuse, sexual harassment, inmate sexual abuse or any attempt thereof including written reports, investigation reports, evidence, inmate information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling are confidential.

NDOC policy requires that all allegations of sexual abuse and sexual harassment, including third party reports, be forwarded to the Inspector General's Office for review and possible investigation.

All of the staff interviewed knew their responsibility to report all allegations of sexual abuse and sexual harassment. They stated that they would report the information immediately to their supervisor or the Camp Commander. They also explained that they would not share any information about a PREA incident with any other staff except of those that have a need to know (such as an investigator). The Camp Commander stated that he enters all PREA allegations into NOTIS (Nevada Offender Tracking Information System). According to the Inspector General, their office receives all NOTIS entries. They would receive any PREA allegation entered in the system and immediately initiate a response by contacting the facility to provide direction or obtain additional information.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

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Operational Procedure 421.1, Sexual Assault Response and Documentation, requires first responders to immediately separate the alleged victim from the alleged suspect. Additionally NDOC requires that employees take proactive steps to protect all inmates from sexual assault and sexual harassment.

During the interviews, staff explained what they would do if they received information that an inmate was at imminent risk of being sexually assaulted. Based on how the information was received, they would interview the potential victim to insure his safety. They would separate the potential victim from the potential predator while arrangements were made to transfer one or both inmates to a different facility for the victim's safety. All of the actions taken would be noted in NOTIS.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

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Operational Procedure 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, section 421.12, states "If an inmate reports during his PREA assessment that he was sexually abused while confined at another institution/facility, the PREA Compliance Manager (PCM) or Associate Warden (AW) must be notified immediately. The PCM/AW will provide notification to the PREA Coordinator (Inspector General) as soon as possible, but no later than 72 hours after receiving the allegation, and will initiate a report using the NOTIS reporting system. The PCM/AW will also inform the Warden of the allegation. The PREA Coordinator shall document that they have received such notification. The Warden will notify the institution/facility in which the inmate alleged the incident occurred within 72 hours. If the allegation is a NDOC facility, the Inspector General's Office will initiate an investigation.

If the Warden receives information that an inmate was sexually abused while previously housed at her facility, she would forward that information to the Inspector General's Office. All reported allegations of sexual abuse are referred to the Inspector General's Office for investigation. This includes allegations that are reported from another agency.

According to the Warden, in the past 12 months, CCC has not had any inmate make allegations of sexual abuse while they were confined at another facility. Additionally there have not been any cases

reported to her, from another facility, alleging that an inmate has been sexually assaulted while housed at CCC during this audit period.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Operational Procedure 421.1, Sexual Assault Response and Documentation, provides a detailed processes for first responders to follow upon learning of a sexual assault. The OP states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: Separate the alleged victim and abuser; Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The Shift Supervisor shall notify the Duty Warden as soon as practical and complete a detailed NOTIS entry and a 019 report for the Warden. The report should include all written reports related to the sexual assault or sexual activity. The shift supervisor is to call Lovelock Correctional Center (LCC) medical department and determine appropriate course of action (transport to LCC or local community hospital). The incident area is secured and treated as a crime scene until released by the Warden, Inspector General or designee. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

During the interviews with staff (all of which are designated first responders), they were able to explain their role in the response to a sexual assault. Because of the limited resources at the facility, the medical staff at Lovelock Correctional Center is contacted by phone and instructions are given to the staff at the scene. The crime scene is preserved until the investigation team arrives to process the crime scene. They do not let either the alleged victim or the alleged suspect wash their hands, change their clothes, shower, brush their teeth or use the toilet. At no time do they let the alleged victim or the alleged suspect have communication with each other while awaiting transportation to LCC or the hospital.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operational Procedure 421.1, Sexual Assault Response and Documentation, provides a detailed processes for a coordinated response to a sexual assault. The OP requires the involvement of the Shift Supervisor, the medical staff at Lovelock Correctional Center (LCC) (CCC does not have any medical staff at the facility), management staff at LCC (CCC does not have any management staff on grounds) and the Inspector General's Office.

The staff at CCC explained to the audit team what they would do in the event of a sexual assault. Once the inmates were separated and safe from the general population, they would secure the crime scene, contact the PREA Compliance Manager, Associate Warden or Warden, the inspector General's Office and the Medical Department at LCC. Based on the direction given, the staff at CCC would prepare to transfer the inmates to LCC or the hospital and document their observations.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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NDOC does not have collective bargaining.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
 Yes No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operational Procedure 421.2, Inmate Sexual Abuse Incident Reviews and Protection Against Retaliation, requires CCC to monitor and track all inmates and staff who report sexual abuse, or sexual harassment, or cooperate with any investigation. The monitoring shall be conducted and documented by the Lieutenant, Sergeant, and/or the CSSI assigned to CCC. A daily check of all NOTIS (Nevada Offender Tracking Information System) entries will be done by the assigned Lieutenant, Sergeant, and/or the CSSI. All IR's in regards to PREA issues will be added to the tracking log on a daily basis. Twice monthly, the Lieutenant, Sergeant, and/or the CSSI email the PREA Compliance Manager that the retaliation checks have been completed and a NOTIS Chrono entry must be entered for each inmate who has been tracked for protection purposes. Staff monitoring will be annotated on the tracking log. CCC shall employ protection measures for both victims and abusers, such as monitoring housing changes, transfers, job assignments, program assignments, negative work reviews, and custody status. CCC will also ensure enemy concerns are entered into the NOTIS tracking system. All inmates and staff will be monitored for a minimum of 90 days. The assigned Lieutenant, Sergeant, and/or the CSSI will ensure periodic status checks are completed a minimum of twice per month to determine acts of retaliation have not occurred. CCC shall continue to monitor beyond the 90 day time frame if the initial monitoring indicates a continuing need. CCC shall terminate any monitoring if the agency determines the allegation is unfounded.

The Camp Commander stated that he is responsible for conducting the retaliation monitoring at CCC. Because of the small size of the facility he would make contact with inmates or staff being monitored on a daily basis. In the event that an inmate that he was monitoring transferred prior to the completion of the 90 day period, he would contact the PCM at the facility that the inmate transferred to.

There were no cases that required monitoring during the audit period. Of the four PREA cases that were reported during this audit period, one was sexual harassment, two sexual abuse cases were unfounded and one sexual abuse case is still under investigation.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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NDOC policy does not allow staff to place inmates in segregation solely based on their risk for sexual victimization. All attempts shall be made to house the inmate in an environment that is as least restrictive as possible.

If an inmate is placed in Segregated Housing because there is no available housing where his safety can be maintained, he shall have access to program, privileges, and work and education assignments. If the inmate is restricted from access to any of these he is to be informed of the reason for the restriction and for how long.

If an inmate is placed in Administrative Segregation he will receive a notice, in writing within 24 hours. There will be an initial placement hearing within 72 hours. The inmate's placement concerns are reviewed no less than every 30 days.

Carlin Conservation Camp does not have a protective housing unit. In the event that an inmate has safety concerns, the inmate is transferred to Lovelock Correctional Center.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Administrative Regulation 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, mandates that the NDOC, Office of the Inspector General (IG), will investigate all allegations of staff on inmate sexual abuse, sexual harassment and inmate on inmate sexual abuse within the NDOC. This includes third party and anonymous reporting of a PREA allegation. Investigators are assigned to cases via the IG's Office as soon as a complaint is received. The investigators are trained in how to do criminal and sexual assault investigations. This includes a thorough, complete and objective investigation. Investigators assigned to investigate allegations of sexual abuse or sexual assault shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. If the case is determined to be none criminal, and does not involve staff, the IG's Office may assign it to an investigator from the facility.

The IG's Office has a team of investigators trained in investigating sexual assault cases. The training includes conducting sexual assault investigations in a confinement setting, interviewing victims of sexual assault, proper use of Maranda and Garrity warnings, sexual abuse evidence collection, and preparing a case for referral for prosecution. Reviewing the training record confirmed that the investigation team had all received the proper training. Investigators who work at the institution, not assigned to the IG's Office, receive the same training.

The investigators that were interviewed for this audit were able to explain the investigation process. When they are first assigned to a case, they make sure that the alleged victim is safe and receiving medical attention, including a forensic exam if needed. They report to the crime scene and collect any evidence. They also collect the evidence from the forensic exam. They review staff reports and interview the victim. They then interview the suspect (if known) and any witnesses. The investigators stated that they also review any video tapes, phone calls, documents or other relevant evidence. Once all of the interviews are completed and evidence has been reviewed, they write a report stating the facts of the case. The investigator then submits the case to the Attorney General's for possible prosecution. The Warden of the facility is provided all of the reports. The Warden makes a determination of whether or not the case is substantiated, unsubstantiated or unfounded. The evidentiary standard to substantiate a case is preponderance of evidence.

Policy requires that all substantiated criminal cases shall be referred to the applicable prosecutorial authority for review of prosecution. This is done by the Attorney General's Office.

During interviews and discussion with investigative staff, each of them stated that the creditability of the individual being interviewed is not based on their status as an employee or offender, it is based on an individual bases. Reviewing the cases did not demonstrate that staff testimony was given more credibility than offender testimony. NDOC policy forbids the use of any form of lie detector test when interviewing the victim. Prior to conducting a compelled interview, the investigator will consult with the Attorney General's Office for advice and direction.

According to the IG, all completed investigations are retained in her office for at least five years after the alleged abuser is no longer in the control of NDOC or separated from state service.

Policy states that the departure of the alleged abuser or victim from the employment of the Department or control of the institution/facility shall not provide a basis for terminating an investigation. CCC has one case that is currently open where the suspect has separated for state service. The case is still being investigated.

The audit team reviewed 4 cases reported during this audit period. All of the cases involved staff-on-inmate allegations. Three of the cases alleged sexual assault. Two of these were unfounded while the other is still under investigation. The two unfounded cases both resulted from inmates having issue with taking a urinalysis test. Evidence proved that staff were conducting their duties, per policy. The fourth case was a sexual harassment case that did not meet the prima facie of sexual harassment.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

During the interviews with the investigators, they all know what level of evidence was required to substantiate a case. The Warden was also aware of this criterion.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Administrative Regulation 421, Custodial Sexual Misconduct Inmates Sexual Offences and Prison Rape Elimination Act, requires that, at the conclusion of an investigation, the inmate be informed on whether the allegation has been substantiated, unsubstantiated or unfounded at the conclusion of the investigation. Additionally, if the allegation is against a staff member, the department will inform the offender when the staff member no longer works in the unit, when the staff member no longer works at the facility, if the staff member is indicted on charges related to sexual abuse within the facility or if the staff member is convicted of on a charge related to sexual abuse within the facility. If the allegation is against another offender, the departmental policy requires the victim be notified if the perpetrator has been indicted or convicted on a charge related to sexual abuse.

CCC procedure requires that CCC Casework staff will receive notification of the conclusion of the investigation by the PREA Coordinator or PCM. The caseworker will personally notify the inmate of the outcome, document the findings in NOTIS and include: Date, Time, Individuals Present, IR number and outcome of the investigation. On substantiated and unsubstantiated case the inmate will be informed if the staff member no longer works at CCC or NDOC and if the staff member was charged or convicted of the charges. If the allegation is against another offender, the victim will be notified if the perpetrator has been indicted or convicted on a charge related to sexual abuse.

Copies of the NOTIS entries provided to the audit team. These documents demonstrate compliance with this policy.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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The State of Nevada defines sexual abuse of a prisoner as a class D Felony. Operational Procedure 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, section 421.14, states CCC staff shall be subject to disciplinary sanctions up to and including termination for violating Departmental sexual abuse or sexual harassment policies. All terminations for violations of Departmental sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated if not for their resignation, shall be reported to law enforcement agencies and to any relevant licensing bodies, by the Inspector General's office.

During the interview with the Warden of CCC, she stated that termination is the expected disciplinary action for sexual abuse of an inmate. The NDOC PREA Manual states that disciplinary sanctions against staff members for any violation of prohibited acts of sexual harassment of an inmate will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and that sanctions imposed against other staff members for comparable offences in similar circumstances.

CCC has not had any cases of sexual abuse on an inmate by a staff member substantiated during this audit period.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Operational Procedure 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, section 421.15, states that any contractor or volunteer at CCC who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. CCC shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of Departmental sexual abuse or sexual harassment policies by a contractor or volunteer.

The Warden stated that she would restrict a volunteer or contractor from grounds if they sexually assaulted or harassed an inmate. Additionally the volunteer or contractor would be removed from the clearance list and no longer allowed in any NDOC facility.

CCC has not had any substantiated allegations of sexual abuse/harassment on an inmate by a volunteer during this audit period.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Operational Procedure 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, section 421.16, addresses the discipline process for inmates that are charged with sexual abuse/harassment of another inmate. The policy states that inmates shall be subject to disciplinary sanctions pursuant to Administrative Regulation 707, Inmate Disciplinary Process, following a finding that the inmate engaged in inmate-on-inmate sexual abuse, sexual harassment or consensual sexual activity. Inmates shall be subject to administrative disciplinary sanctions. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. CCC may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

During the interview with the Warden, she stated that the inmate disciplinary process is an objective process that takes all factors into account when determining guilt or innocence of an inmate. Additionally any penalty administrated as a result of a guilty finding is within established policy. All factors, including the inmate's mental health concerns are considered during the disciplinary process.

CCC has not had any allegations of inmate-on-inmate sexual abuse/harassment reported during this audit period.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Operational Procedure 600, Health Care Services, section 600.08, address how CCC will provide medical and mental health treatment to an inmate who discloses prior victimization or predatory sexual abuse.

The policy reads "If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

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."

Operational Procedure 504, Processing of Inmate Received, states that an Inmate will complete a medical/mental health kite at intake if requesting a follow-up medical and/or mental health meeting. Once a request is made the completed medical/mental health kite will be scanned and forwarded to LCC's mental health department for scheduling of a follow-up appointment. A case note will be

generated to document whether or not the inmate accepted or declined the medical/mental health follow-up. Inmates who accept treatment will be transported to LCC within 14 days and will be seen by classification/mental health to review housing options while receiving treatment; however, inmates will remain minimum custody during this time.

The Camp Commander informed this auditor that if an inmate claims prior predatory sexual behavior or prior sexual victimization that they are offered a mental health assessment. If the inmate wishes to meet with mental health an appointment is set up to see the Mental Health Department at Lovelock Correctional Center. The reason for the assessment is kept confidential. There were no inmates housed at CCC that claimed prior predatory sexual behavior or prior sexual victimization during the audit tour.

CCC does not have any medical or mental health staff on grounds. According to section 600.04, any inmate at CCC who has a non-emergency medical or dental need will be seen by the medical provider at Lovelock Correctional Center.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC does not have any medical or mental health staff on grounds. In the event of a medical emergency, the medical staff at Lovelock Correctional Center (LCC) will either direct the CCC staff to have the inmate taken to the nearest hospital or have the inmate transferred to LCC for medical treatment.

LCC Operational Procedure 609, Medical Standards For PREA Allegations, states that all inmate victims of sexual abuse will receive timely unimpeded access to emergency medical/mental health treatment which will be determined by the health practitioners professional judgment.

When an incident is of an Emergent Nature, medical staff will:

- Perform a cursory, visual exam for any signs of injury, without manipulating any of the victims' body parts.

- Injuries will be documented by camera and utilizing NDOC Form 2514 (Unusual Occurrence).

- Victims will be offered immediate medical attention for any injuries that require treatment.

- If SANE exam is requested, treatment can be deferred if it appears it will affect evidence, and the injuries are not life threatening.

- Medical staff may assist in the collection of evidence, except for obtaining specimens.

When an incident is of an Emergent Nature, Mental Health staff will:

- During normal working hours, mental health staff will provide an immediate consultation with the victim if requested.

- After hours, in the absence of mental health personnel, medical staff can provide basic counseling and support until the victim can be seen by mental health personnel.

Victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency sexually transmitted infections, prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate

All services provided for the above related treatments, shall be free of charge regardless whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCC does not have any medical or mental health staff on grounds. In the event of a medical or mental health concerns that require follow-up treatment, the medical staff at Lovelock Correctional Center (LCC) will schedule appointments and have the inmate either temporarily transferred to LCC or transport him via vehicle on the day of his appointment.

NDOC policy requires that inmates who have been victims of sexual abuse receive medical and mental health treatment as prescribed by a physician. LCC Operational Procedure 609, Medical Standards for PREA Allegations, requires that the follow-up treatment provided will be consistent with the community standard level of care. Sexual abuse victims will be offered tests for sexually transmitted infections as deemed medically appropriate. Mental health will attempt to conduct mental health evaluations of all known inmate-on-inmate abusers within 60 days of learning of the known abuse.

All services provided for the above related treatments, shall be free of charge regardless whether the victim names the abuser or cooperates with any investigation arising out of the incident.

CCC does not have a medical or mental health department therefor 115.83 (c) is not applicable.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Administrative Regulation 421, Custodial Sexual Misconduct, Inmate Sexual Offenses and Prison Rape Elimination Act, directs the PCM to hold a mandatory sexual abuse incident review panel at the conclusion of each of the investigations, with the established date for the review determined by the institutional PREA Manager. The sexual abuse incident review is mandatory in all allegations except those that are determined to be unfounded. This meeting is held within 30 days of the conclusion of the investigation. The panel is comprised of upper level managers, the Office of Inspector General's investigator, the PCM and medical or mental health staff. The panel reviews whether or not policy needs to be revised or whether the incident was motivated by race; ethnicity; gender identity; or gang affiliation. The panel reviews the area that the incident took place and assess staffing levels, blind spots and if video monitoring would need to be augmented.

At the conclusion of the sexual abuse review meeting, a document is produced with recommendations, if any, for prevention of future sexual assault occurrences.

Both the PCM and the Camp Commander stated that, if they had a case that required a review, the PCM would prepare the committee and the Warden or Associate Warden would come to the facility, with the investigator and other staff and assess the incident. The Warden said she does review all PREA incidents and take the committees advisement on the cause of the incident. She stated that they review policy, staffing levels, camp inmate population dynamics, video surveillance and physical structure. If future sexual assault incidents can be prevented, then changes, within the scope of her control, will be made. In the event that the change requires major staffing changes or structural changes, she requests these through the proper channels of NDOC.

There were two sexual abuse allegations completed during this audit period and both were unfounded; therefor CCC did not have any Sexual Abuse Review Committees.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Instructions for Overall Compliance Determination Narrative

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The NDOC PREA handbook mandates that the Inspector General (IG), PREA Management Team (PMT) is responsible to collect accurate, uniform data for every allegation of sexual abuse at every institution and facility using a standardized instrument and set of definitions. The incident-based sexual abuse data shall be aggregated, at a minimum, annually. The data shall include all of the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV-IA) conducted by the Department of Justice. The IG PMT shall maintain, review, and collect data as needed from all incident based documents including reports, investigation files and sexual abuse reviews. The PREA Compliance Manager maintains a record of all reports of sexual abuse at the facility.

The PMT member that was present during the audit explained her agencies role in collecting, reviewing and maintaining the data. A review of the documents provided demonstrated compliance with this standard.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Instructions for Overall Compliance Determination Narrative

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The NDOC PREA Manual requires that the Director, or designee, Deputy Director of Operations, and the IG PREA Coordinator review the data in order to assess and improve, if necessary, the effectiveness of its sexual abuse prevention, detection and response policies practices and training. This review includes identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility and the department where inmates may be present.

The report shall include a comparison of the current year's data and corrective action with those from prior years and shall provide an assessment of the department's progress in addressing sexual abuse. The Department's report must be approved by the Director and made readily available to the public through the Department's public website. Prior to placing any reports on the Department's website, all personal information of the victims and subjects are redacted.

The Annual Report Findings and Corrective Action report for 2015 and 2016 were reviewed by this auditor. The reports contained the PREA data on each of the NDOC facilities, identifying problem areas, any corrective action taken and the effectiveness of the sexual abuse prevention program. The reports did not contain any confidential information such as victim's information.

As of the time of the audit tour, the Annual Report Findings and Corrective Action for 2016 had not been posted on the NDOC website. The report was posted prior to submission of the interim PREA Audit report to CCC.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All of the PREA data is maintained in the Inspector General's Office. According to policy the data is maintained 10 years. The aggregated data is maintained on the NDOC website. There are no personal identifiers included in the information posted.

A review of the website and the information provided demonstrates compliance with this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The NDOC website contains the results of all of the PREA audits conducted since 2013. A review of these audits appears to show that all of the facilities operated by NDOC were audited in a three year period starting in August 2013. The number of audits conducted was approximately one third of their facilities each of the three years.

During this audit, the auditor had access to, and toured, the entire facility. This auditor had access to every inmate, staff member, volunteer and contractor that this auditor requested to interview. The interviews were all conducted in the privacy of a staff office either in person or telephonically. Each document that was requested was received, including sensitive documents, such as investigation reports, personnel information and inmate files. Inmates were allowed to send confidential correspondence to this auditor, if they wished. No letters were received from inmates prior to, during or at the conclusion of this audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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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The NDOC website contains a copy of the previous audit conducted at CCC. The audit was completed on August 29, 2015, and posted on the website on July 21, 2015.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

John N. Katavich

March 16, 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.