

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 6-30-16

Auditor Information			
Auditor name: Andrew Jess			
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Email: ajess@mt.gov			
Telephone number: 406-444-6583			
Date of facility visit: 5-1-16 to 5-3-16			
Facility Information			
Facility name: Pioche Conservation Camp			
Facility physical address: 1 Hardtimes Road, Pioche, NV 89043			
Facility mailing address: (if different from above) P.O. box 509 Pioche NV 89043			
Facility telephone number: 775-962-5125			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Renee Baker			
Number of staff assigned to the facility in the last 12 months: 14			
Designed facility capacity: 238			
Current population of facility: 187			
Facility security levels/inmate custody levels: minimum			
Age range of the population: 18-65			
Name of PREA Compliance Manager: Tasheena Sandoval		Title: Correctional Casework Specialist III	
Email address: tsandoval@doc.nv.gov		Telephone number: 775-289-1243	
Agency Information			
Name of agency: Nevada doc			
Governing authority or parent agency: (if applicable) Click here to enter text.			
Physical address: 5500 Snyder Avenue Bldg 17, Carson City, NV 89701			
Mailing address: (if different from above) PO Box 7011, Carson City, NV 89702			
Telephone number: (775) 887-3285			
Agency Chief Executive Officer			
Name: E.K. McDaniel		Title: Interim Director	
Email address: ekmcDaniel@doc.nv.gov		Telephone number: (775) 887-3266	
Agency-Wide PREA Coordinator			
Name: Pamela Del Porto		Title: Pamela Del Porto	
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AUDIT FINDINGS

NARRATIVE

An audit was conducted at Pioche Conservation Camp from May 1-3, 2016 to determine compliance with the Prison Rape Elimination Act standards. A complete tour of the facility was conducted. Areas observed included inmate living areas, education, food services, recreation areas, library, visitation, laundry, and outlying buildings which belong to the Nevada Department of Forestry (NDF). Posters were visible throughout the facility announcing the audit as well as informative posters regarding PREA. The auditor spoke informally with staff and inmates as the tour was conducted. Documents reviewed for the audit included, but were not limited to, the facility completed pre-audit questionnaire, policy and procedure, staff training records, training curriculums, inmate screening, and log entries.

The agency head interview with Harold Baker was conducted on 4-26-16 via phone. A Department investigator from the Office of the Inspector General was interviewed on 4-26-16. Interviews were conducted on-site with 6 randomly selected correctional staff from all shifts. Other staff interviews conducted included:

Warden Renee Baker

Tasheena Sandoval, PREA Compliance Manager

Director of Nursing

2 intermediate/higher-level supervisors

A case manager who performs screening

Intake staff

2 contractors from NDF

Human Resources staff member

12 randomly selected inmates were interviewed, with representation from each housing wing. One letter was received from inmates at Pioche Camp prior to or during the audit. In addition to the random interviews, an inmate who identified as gay and a limited-English proficient inmate were interviewed.

Contact was made with Just Detention International prior to the audit requesting any information regarding allegations of abuse reported to them. They did not have any reports on record from this facility.

DESCRIPTION OF FACILITY CHARACTERISTICS

Established in 1980, the Pioche Conservation Camp (PCC) was the first Conservation Camp established by the Nevada Department of Corrections in Rural Nevada. It provides Initial Attack Wildland Firefighting Crews operated by the Nevada Division of Forestry for Lincoln County and the state of Nevada. Along with community project crews, Emergency Crews have been dispatched to other Natural Disasters including the 1997 Floods in Carson City and 2003 in Caliente, Nevada. Crews from PCC also participated in the recovery efforts of the Space shuttle COLUMBIA in May 2003. In 2008 Emergency Crews responded twice to California (Chico and Grass Valley). Every year fire crews are sent out statewide to render assistance with major fires.

SUMMARY OF AUDIT FINDINGS

Overall it was evident that the NDOC and Pioche Conservation Camp have done a great deal of work preparing for this audit. During both the pre audit process and the on-site visit the staff were very professional and both staff and inmates were willing to speak openly with the audit team.

Pioche Conservation Camp does not house youthful offenders so I 15.14 is n/a.

NDOC does not contract for confinement so I 15.12 is n/a

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

NDOC policy AR 421, Pioche Conservation Camp OP 421 and the the department prea manual outlines the agancies zero tolerance of sexual abuse and sexual harassmt and describes the agancies efforts in preventing, detecting and responding to sexual abuse and harassment.

NDOC policy AR 421 includes definitons of prohibitive behaviors .

The agency prea coordinator is NDOC Inspector General. This position has suffecent time and authority to oversee the agnecy’s efforts to comply with prea.

The agancy has designated a Correctional case worker III at Pioche Conservation Camp as the prea compliance manager. This position has suffecent time and authority to oversee prea compliance at the facility.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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The Agency does not contract for confinement with any other agancies.

Standard 115.13 Supervision and monitoring

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

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PCC has developed a staffing plan that provides for adequate staffing levels. The facility uses a video monitoring system and officer direct supervision. AR 326 requires any deviations from the minimum staffing be reported to the Warden.

The NDOC PREA coordinator meets annually with the Warden to discuss any adjustments necessary to the staffing plan. Unannounced rounds are required by policy and are recorded in the NOTIS. During interviews it was apparent that the rounds are very common.

Standard 115.14 Youthful inmates

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

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This facility does not house youthful inmates

Standard 115.15 Limits to cross-gender viewing and searches

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

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NDOC policy AR 421, OP 421 and the department prea manual prohibit non-medical staff from conducting cross gender strip searches and cross-gender visual body cavity searches except in exigent circumstances. Any exigent cross-gender strip searches or visual body cavity searches are to be reported to the Warden and documented in NOTIS.

PCC does not house female offenders.

OP 421 requires that female staff announce their presence when entering the housing unit. This was confirmed by observation and during staff and inmate interviews.

Showers are individual stalls with curtains that provide sufficient privacy from female staff. No transgender or intersex inmates were present at the time of the audit but they can shower separate from others as the individual shower provides privacy. Several LGTBI inmates were interviewed and had no concerns about the showers or restrooms.

NDOC policy AR 421, exigent OP 421 prohibits searching inmates for the sole purpose of determining gender.

All security staff has received training on searching transgender or intersex inmates. A review of the lesson plans and power point complies with this standard.

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

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

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

NDOC policy AR 421 states that all inmates be afforded prea education, including inmates who are limited English speaking, deaf, visually impaired or otherwise disabled as well as inmates who have limited reading skills. NDOC policy AR 421 and the prea manual outlines the efforts to provide this information to all inmates. The education materials at PCC, video, handouts and posters are available in English and Spanish.

NDOC policy AR 421 prohibits use of inmate interpreters. During interviews it was clear to all staff.

NDOC has a contract with a language help line to provide interpreters if needed.

Standard 115.17 Hiring and promotion decisions

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

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PCC has demonstrated compliance with all elements of this standard. During an interview with the Human Resources Manager, she stated background investigations are completed on all staff, contractors, volunteers and visitors prior to being allowed access to the facility. Background investigations are conducted on all staff every three years and/or upon promotion, whichever is sooner.

NDOC has chosen to conduct background checks every three years in conjunction with the prea audit cycle

The HR stated that any incident of sexual harassment would be considered prior to hiring or promoting staff or enlisting the services of any contractor or anyone who would have contact with inmates.

Standard 115.18 Upgrades to facilities and technologies

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

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PCC has a video monitoring system in place. The facility has not made any substantial modifications to the facility since august 20,2012.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

NDOC’s Inspector General (IG) is responsible for conducting both administrative and the criminal investigations fo sexual abuse and seual harassment. Policy AR421 requires the IG investigators to follow a unifirom evidence protocol when investigatgin sexual abuse. This protical is based on the most recent edition of the DOJ’s Office on Violence Against Women Publication.

NDOC and PCC have an MOU with las vegas rape crisis center

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

457 Investigations also states the IG will be immediately notified of any PREA related incidents and is published on the NDOC website.

Standard 115.31 Employee training

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

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

PCC demonstrated compliance with all elements of this standard. NDOC Policy AR421 states that prior to working with offenders, all Department employees with direct and/or incidental contact with offenders must receive documented PREA training. PREA Training will be repeated and documented annually. A review of the lesson plan, supporting training materials demonstrated that all ten criteria outlined in the PREA Standard were covered.

Copies of training rosters were provided demonstrating that all staff has completed the training.

During random interviews of staff, all acknowledged receiving the training and could describe their responsibilities.

Standard 115.32 Volunteer and contractor training

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

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

NDOC PREA manual stipulates volunteer and contractors receive training should they have contact with inmates. All volunteers and contractors are informed of the departments zero tolerance policy. The NDF staff receive department approved prea training. Interviews with NDF staff indicate a strong knowlage of prea.

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Department policy and procedure indicates that all inmates will receive prea education during orientation. The orientation covers the departments zero tolerance policy concerning sexual abuse and harassment and how to report abuse and harassment.

At PCC the inmates receive a video and handout upon arrival and a more comprehensive prea education the next day in orientation.

During random interviews with inmates several reported that they receive prea training often and regularly. Some reported they received prea education even on an overnight stop during transport.

Standard 115.34 Specialized training: Investigations

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

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

NDOC Policy AR421 states that the IG shall insure that investigators are trained in conducting sexual abuse investigations in confinement. In an interview with a department investigator I learned that NDOC relies on NIC training and training records support this.

Standard 115.35 Specialized training: Medical and mental health care

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

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

PCC and the Nevada Department of Corrections demonstrated compliance with all elements of this standard. NDOC AR421 Prison Rape Elimination Act of 2003 (PREA) states that prior to working with offenders, all Department employees with direct and/or incidental contact with offenders must receive documented PREA training. Additionally, all full time and part time medical and mental health care receive specialized training for PREA Medical and Mental Care Standards with includes the following additional training: Detecting and assessing signs of sexual abuse and harassment; Reporting and the PREA standards; Effective and professional responses; and the medical forensic examination and forensic evidence preservation.

Training rosters were provided for the auditors review demonstrating that all medical and mental health staff had received the specialized training. This was supported during auditor interviews with medical and mental health staff.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

NDOC AR 421 and OP 573 indicate that all inmates will be screened for their risk of being abused or being abusive to others during intake and upon transfer. The policy calls for this screening to take place within 72 hours. AR 753 and OP 573 requires that inmates be rescreened within 30 days of arrival and when indicated by an event or receipt of additional information.

AR 573 prohibits inmates from being disciplined for refusing to answer screening questions.

A review of Inmate files and NOTIS indicate this is the practice.

Standard 115.42 Use of screening information

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

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

NDOC AR 421 and OP 573 state that staff shall use the information from the risk assessment to make informed housing, bed, work, education and program assignments with the goal of keeping separate those inmate at high risk of being sexually victimized from those at high risk of being sexual abusive.

This information is put in NOTIS alerts for staff to use in making housing, bed, work, education and program assignments. NDOC does not place LGBTI inmates in dedicated units based on this status.

Standard 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)

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

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NDOC policy AR 573 and OP 573 prohibits placing inmates that are at high risk for sexual victimization in involuntary segregation unless no available means of separation from abusers is available.

NDOC policy AR 573 and OP 573 also states that inmates placed in segregation for protective custody shall have access to programs, privileges, education and work opportunities to the extent possible.

Standard 115.51 Inmate reporting

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

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NDOC policy 421 and OP 421 have procedures with multiple internal ways for inmates to report allegations of abuse to agency officials. AR 421 states inmates can report verbally to any employee, in writing by the grievance process and inmate kites.

NDOC AR 421 states that staff will accept reports verbally, in writing and from third parties and immediately report that information up their chain of command. It was also verified during staff interviews that all staff are aware of these requirements and understand their responsibility.

The NDOC web site has a method for staff to privately report directly to the IG’s office.

The NDOC does not house inmates for the sole purpose of civil immigration.

Standard 115.52 Exhaustion of administrative remedies

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

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recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

AR 421 meets requirements of 115.52 (b)(1)(2)(3), (c)(1)(2)(3), (e)(1)(2)(f)(1)(2)

AR 421 states that there is no time limit on filing a grievance alleging sexual abuse.

Offenders are not required to use an informal grievance system nor are they required to resolve such a grievance with staff.

Offenders are not required to submit the grievance with the staff member that is the subject of the complaint

Standard 115.53 Inmate access to outside confidential support services

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

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NDOC has an MOU with the Los Vegas rape crisis center for outside confidential support services. This information is on posters in the facility.

In inmate interviews most were aware of this resource.

Standard 115.54 Third-party reporting

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

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NDOC policy AR 421 is available on the department's web site and it describes the ways that a family member, friend or associate can privately report abuse or harassment

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

PCC has demonstrated compliance with all elements of this standard. NDOC Policy AR421 clearly outlines the agency’s policy of zero tolerance against sexual misconduct to include sexual abuse, sexual harassment and retaliation.

A review of policy and staff interviews demonstrated that risk assessments are completed for every inmate. Information from this assessment is utilized to assist in identifying those at risk for sexual victimization and those at risk of being sexually abusive. This information is used when determining housing assignments that are most appropriate.

Auditor interviews with the Agency’s Inspector General, Warden , and random staff demonstrated an agency understanding of the requirement to report allegations immediately and knew what steps would be taken to separate the potential victim from the suspected aggressor

Standard 115.62 Agency protection duties

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

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NDOC Policy AR421 clearly outlines the agency’s policy of zero tolerance against sexual misconduct to include sexual abuse, sexual harassment and retaliation.

Auditor interviews with the Agency’s Inspector General, Warden, and random staff demonstrated an understanding of need to immediately respond to any threat of imminent sexual abuse and take immediate action.

Standard 115.63 Reporting to other confinement facilities

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

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The NDOC prea manual has a procedure for reporting abuse to other confinement facilities. The report of abuse is made from the facility head where the report is received to the facility head where the abuse is alleged. The IG's office assists with this process.

Standard 115.64 Staff first responder duties

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

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PCC demonstrated compliance with all elements of this standard. NDOC Policy AR 421 details steps first responders are required to take. All staff from the Warden to the random staff interviewed knew and could describe first responder responsibilities that included separating the alleged victim and abuser, requesting that the alleged victim not take any actions that could destroy physical evidence, establishing a crime scene by taking steps that would protect and preserve evidence, and completing and submitting an incident report.

Additionally, all staff interviewed knew of their responsibility to report and the requirement to maintain confidentiality by only sharing information with those with a direct need to know.

Standard 115.65 Coordinated response

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

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The Facility follows OP 458 crime scene preservation and investigation procedures. This procedure outlines the duties of the first responders, medical and mental health staff, investigators and facility management.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

NDOC does not participate in collective bargaining and therefore do not have limitations on the ability to remove or discipline staff sexual abusers. OP 470 states they will not enter into any collective bargaining agreement that would limit their ability to do so.

Standard 115.67 Agency protection against retaliation

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

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AR 421 and OP 470 contain language consistent with the standard. The PREA Compliance Manager is responsible for monitoring retaliation at Pioche CC. The PREA Compliance Manager showed her documentation of when she monitored retaliation.

Standard 115.68 Post-allegation protective custody

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

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OP 573 PREA Screening and Classification outlines the facility's process for segregation of inmates who are victims or at high risk for sexual victimization. The procedure follows the language of the standard. No inmates have been placed in segregation for post allegation protective custody sexual abuse.

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

AR 421 outlines the procedure for both criminal and administrative investigations. Policy and interviews indicate that investigations into allegations of sexual abuse and sexual harassment will be handled promptly, thoroughly, and objectively to include third party and anonymous reports.

Investigators have received specialized training on conducting sexual assault investigations in confinement.

Interviews with investigators indicate they understand and follow the procedures for gathering and preserving evidence.

Investigators indicated that they do not determine credibility based on a person's status as an inmate or staff and polygraph or truth telling devices are not used.

Several investigative files were reviewed and indicate a clear understanding of this standard.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

AR 421 outlines the procedure for both criminal and administrative investigations. No standard higher than a preponderance of the evidence is used to determine if an allegation is substantiated.

Interviews with investigators and inspector general clearly indicate an understanding of this standard

Standard 115.73 Reporting to inmates

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OP 457 Investigations contains language consistent with the standard. The inmate is informed verbally and the facility documents these notifications in NOTIS which was reviewed by the auditor.

Standard 115.76 Disciplinary sanctions for staff

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

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

AR 339 states staff on inmate sexual harassment can be a class 1 to class 5 offense. Sexual misconduct is a class 5 offense. Depending on the nature and history of the misconduct, the penalty for a class 1 offense can range from verbal counsel to dismissal. The penalty for a class 5 offense is dismissal. AR 421 and OP 470 contain language consistent with the standard.

Standard 115.77 Corrective action for contractors and volunteers

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

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

AR 421 and OP 470 contain language consistent with the standard. Sanctions will include removal and denial of access, criminal prosecution or both.

The facility stated they did not have any allegations during the past 12 months.

In the interview with the warden she indicated that in the event of an allegation the contractor or volunteer would be removed pending an investigation and if substantiated they would be terminated immediately.

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

AR 421 and OP 470 contain language consistent with the standard. AR 707 Inmate Disciplinary Process outlines disciplinary sanctions for inmates.

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

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

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

AR 643 Mental Health Services: Inmates referred for non-emergency mental health care will be evaluated within 14 days after the referral date. Newly arrived inmates should be evaluated by mental health staff for level of aggression, deviant sexual behavior, history of sexual abuse (aggressor and/or victim). Inmates with a history of sexual abuse must be referred in a timely manner for mental health counseling and custody must be notified within 72 hours. OP 670 Medical Standards for PREA contains the language of section (a), (b), and (e) of this standard

Standard 115.82 Access to emergency medical and mental health services

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

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

OP 670 Medical Standards for PREA contains language consistent with the standard. Access to emergency medical and mental health services are consistent with the community level of care.

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

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

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

OP 609 and AR 421 both outline the agency and facilities process for providing ongoing medical and mental health care.

Interviews with medical and mental health staff and review of medial records indicate that the level of care is consistant with the community level of care.

Standard 115.86 Sexual abuse incident reviews

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

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

AR 421 and OP 470 contain language consistent with the standard. Incident review team documentation was reviewed by the auditor. When recommendations from the review team were not implemented, the reasons were documented. The review team includes upper-level management, medical and mental health staff, investigators, and the PREA compliance manager

Standard 115.87 Data collection

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

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

The NDOC prea manual identifies the IG’s office as being responsible to collect accurate, uniform data for every allegation of sexual abuse from every facility using a standardized instrument and definitons. The manual states that the data shall include all data necessary to complete the SSV survey for the Dept of Justice.

The Agency provided examples of the data collection system.

Interviews with the PREA Coordinator verify that the information in the manual is the practice of the department.

Standard 115.88 Data review for corrective action

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

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

The annual report, up to 2014, is approved by the agency head and is published on the NDOC website

Standard 115.89 Data storage, publication, and destruction

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

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

NDOC PREA manual calls for all data collected related to incidents of sexual abuse to be securely retained and made available to the public through the website. Before it is made available personal identifiers are removed. Aggregated data is available on the NDOC website

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.



Andrew C. Jess

Auditor Signature

8-30-16

Click here to enter text.

Date