

# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

☐ Interim ☒ Final

**Date of Interim Audit Report:** Click or tap here to enter text. ☒ N/A

*If no Interim Audit Report, select N/A*

**Date of Final Audit Report:** 04/28/2025

### Auditor Information

<b>Name:</b> Elaine Bridschge	<b>Email:</b> risingsunauditing@gmail.com
<b>Company Name:</b> Rising Sun Auditing Service, LLC	
<b>Mailing Address:</b> Click or tap here to enter text.	<b>City, State, Zip:</b> Valley Farms, AZ 85191
<b>Telephone:</b> Click or tap here to enter text.	<b>Date of Facility Visit:</b> March 24-25, 2025

### Agency Information

<b>Name of Agency:</b> Nevada Department of Corrections			
<b>Governing Authority or Parent Agency (If Applicable):</b> Click or tap here to enter text.			
<b>Physical Address:</b> 5500 Snyder Avenue, Building 17		<b>City, State, Zip:</b> Carson City, Nevada - 89701	
<b>Mailing Address:</b> P.O. Box 7011		<b>City, State, Zip:</b> Carson City, Nevada - 89702	
<b>The Agency Is:</b>	<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
<b>Agency Website with PREA Information:</b> <a href="https://doc.nv.gov/About/NDOC_Office_of_the_Inspector_General/PREA_Management_Division/">https://doc.nv.gov/About/NDOC_Office_of_the_Inspector_General/PREA_Management_Division/</a>			

### Agency Chief Executive Officer

<b>Name:</b> James Dzurenda
<b>Email:</b> jdzurenda@doc.nv.gov
<b>Telephone:</b> 725-216-6010

### Agency-Wide PREA Coordinator

<b>Name:</b> Deborah Striplin	
<b>Email:</b> dstriplin@doc.nv.gov	
<b>Telephone:</b> Click or tap here to enter text.	
<b>PREA Coordinator Reports to:</b> Inspector General	<b>Number of Compliance Managers who report to the PREA Coordinator:</b> 0

Facility Information			
Name of Facility: Casa Grande Transitional Housing			
Physical Address: 3955 West Russell Road		City, State, Zip: Las Vegas, Nevada - 89118	
Mailing Address (if different from above): Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
The Facility 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
Facility Type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Facility Website with PREA Information: <a href="https://doc.nv.gov/About/NDOC_Office_of_the_Inspector_General/PREA_Management_Division/">https://doc.nv.gov/About/ NDOC_Office_of_the_Inspector_General/ PREA_Management_Division/</a>			
Has the facility been accredited within the past 3 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: National PREA audits and Internal audits			
Warden/Jail Administrator/Sheriff/Director			
Name: Brian Williams, Sr.			
Email: bwilliams@doc.nv.gov		Telephone: 725-216-6068	
Facility PREA Compliance Manager			
Name: Fabian Carrillo			
Email: fcarrillo@doc.nv.gov		Telephone: 725-216-6051	
Facility Health Service Administrator <input checked="" type="checkbox"/> N/A			
Name: 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:		400	
Current Population of Facility:		172	

Average daily population for the past 12 months:	152	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18-69	
Average length of stay or time under supervision:	12-36 months	
Facility security levels/inmate custody levels:	In-house minimum and Community Trusty	
Number of inmates admitted to facility during the past 12 months:	281	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	279	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	243	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	79	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	8	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	1775	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	200	

## Physical Plant

<b>Number of buildings:</b>  Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	3
<b>Number of inmate housing units:</b>  Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	2
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	2
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	2
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p><b>Where are sexual assault forensic medical exams provided?</b> Select all that apply.</p>	<p><input type="checkbox"/> On-site</p> <p><input checked="" type="checkbox"/> Local hospital/clinic</p> <p><input type="checkbox"/> Rape Crisis Center</p> <p><input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a>)</p>
<p align="center"><b>Investigations</b></p>	
<p align="center"><b>Criminal Investigations</b></p>	
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b></p>	<p align="center">19</p>
<p><b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by:</b> Select all that apply.</p>	<p><input type="checkbox"/> Facility investigators</p> <p><input checked="" type="checkbox"/> Agency investigators</p> <p><input type="checkbox"/> An external investigative entity</p>
<p><b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b></p>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a>)</p> <p><input checked="" type="checkbox"/> N/A</p>
<p align="center"><b>Administrative Investigations</b></p>	
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b></p>	<p align="center">23</p>
<p><b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b></p>	<p><input checked="" type="checkbox"/> Facility investigators</p> <p><input checked="" type="checkbox"/> Agency investigators</p> <p><input type="checkbox"/> An external investigative entity</p>
<p><b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b></p>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a>)</p> <p><input checked="" type="checkbox"/> N/A</p>

## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

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

### Standards Exceeded

**Number of Standards Exceeded:** 0

**List of Standards Exceeded:** Click or tap here to enter text.

### Standards Met

**Number of Standards Met:** 43

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** Click or tap here to enter text.

# Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	03/24/2025
2. End date of the onsite portion of the audit:	03/25/2025
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Signs of Hope
Audited Facility Information	
4. Designated Facility Capacity:	400
5. Average daily population for the past 12 months:	152
6. Number of inmate/resident/detainee housing units:  DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	2
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population on Day One of the Onsite Portion of the Audit	
<i>Inmates/Residents/Detainees</i>	
8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	164
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	0
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	23
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	21
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	1
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	3
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	10
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	2
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	1
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	1
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	26
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0



<p><b>23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations).</b></p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	N/A
<p align="center"><b>Staff, Volunteers, and Contractors</b></p> <p align="center"><i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i></p>	
<p><b>24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:</b></p>	84
<p><b>25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	2
<p><b>26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	1
<p><b>27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit.</b></p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	N/A
<p align="center"><b>Interviews</b></p>	
<p align="center"><b>Inmate/Resident/Detainee Interviews</b></p>	
<p align="center"><i>Random Inmate/Resident/Detainee Interviews</i></p>	
<p><b>28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	14
<p><b>29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:</b></p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other (describe) Click or tap here to enter text.</p> <p><input type="checkbox"/> None (explain) Click or tap here to enter text.</p>
<p><b>30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?</b></p>	A selection was made from each housing unit based on unit rosters.
<p><b>31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:</b></p>	N/A

<p><b>32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</b></p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>N/A</p>
<p align="center"><i>Targeted Inmate/Resident/Detainee Interviews</i></p>	
<p><b>33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p> <p><i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.</i></p> <p><i>For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	<p>7</p>
<p><b>34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>N/A for this facility</p>
<p><b>35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on interviews and observations, at time of audit, there were no inmates who met this criterion.</p>
<p>36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>2</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>
<p>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on interviews and observations, at time of audit, there were no inmates who met this criterion.</p>
<p>38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Based on interviews and observations, at time of audit, there were no inmates who met this criterion.</p>
<p>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>
<p>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>N/A</p>

<b>42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:</b>	1
<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	N/A
<b>43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the “Inmates who Disclosed Sexual Victimization during Risk Screening” protocol:</b>	1
<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	N/A
<b>44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:</b>	0
<b>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<b>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	Based on interviews and observations, at time of audit, there were no inmates who met this criterion.
<b>45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</b>  <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	N/A

Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
46. Enter the total number of RANDOM STAFF who were interviewed:	13
47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (describe) Gender <input type="checkbox"/> None (explain) <a href="#">Click or tap here to enter text.</a>
48. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):	<input type="checkbox"/> Too many staff declined to participate in interviews <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other (describe) <a href="#">Click or tap here to enter text.</a>
b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:	N/A
49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).  <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	N/A
<b>Specialized Staff, Volunteers, and Contractor Interviews</b> <i>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.</i>	
50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	16
51. Were you able to interview the Agency Head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	N/A
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	N/A
53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

a. If no, explain why it was not possible to interview the PREA Coordinator:	N/A
54. Were you able to interview the PREA Compliance Manager?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	N/A
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	<input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other (describe) <a href="#">Click or tap here to enter text.</a>
56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other

<b>57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
<b>58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</b>  <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	N/A

### Site Review and Documentation Sampling

#### Site Review

*PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.*

<b>59. Did you have access to all areas of the facility?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. If no, explain what areas of the facility you were unable to access and why.</b>	N/A
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. If no, explain why the site review did not include reviewing/examining all areas of the facility.</b>	N/A
<b>61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.</b>	N/A
<b>62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>63. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



<b>64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b>  <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	N/A			
<b>Documentation Sampling</b>				
<i>Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.</i>				
<b>65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b>	<input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b>  <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	N/A			
<b>Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility</b>				
<b>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</b>				
<i>Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.</i> <i>Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.</i>				
<b>67. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:</b>  <i>Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.</i>				
	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual abuse</u>	1	1	1	1
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0
<b>Total</b>	1	1	1	1
<b>a. If you were unable to provide any of the information above, explain why this information could not be provided.</b>	N/A			

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.

None reported

**Sexual Abuse and Sexual Harassment Investigation Outcomes***Sexual Abuse Investigation Outcomes*

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

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.

N/A

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual abuse</u>	0	1	0	0
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0
Total	0	1	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

N/A

*Sexual Harassment Investigation Outcomes*

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

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.

N/A

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.

N/A

*Sexual Abuse and Sexual Harassment Investigation Files Selected for Review*

*Sexual Abuse Investigation Files Selected for Review*

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

1

a. If 0, explain why you were unable to review any sexual abuse investigation files:

N/A

74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?

☒ Yes ☐ No

☐ N/A (N/A if you were unable to review any sexual abuse investigation files)

**Inmate-on-inmate sexual abuse investigation files**

75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:

1

76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?

☒ Yes ☐ No

☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)

77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?

☒ Yes ☐ No

☐ N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)

**Staff-on-inmate sexual abuse investigation files**

78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:

0

79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?

☐ Yes ☐ No

	<input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b><i>Sexual Harassment Investigation Files Selected for Review</i></b>	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. If 0, explain why you were unable to review any sexual harassment investigation files:	None to review
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.  <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	N/A
<b>Support Staff Information</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	
<b>a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:</b>	0
<b>Non-certified Support Staff</b>	
<b>91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?</b>  <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:</b>	0
<b>Auditing Arrangements and Compensation</b>	
<b>92. Who paid you to conduct this audit?</b>	<input checked="" type="checkbox"/> The audited facility or its parent agency <input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option) <input type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="checkbox"/> Other

## PREVENTION PLANNING

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

#### 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*)

#### Overall Compliance Determination Narrative

115.11 Documents reviewed:  
AR 421 PREA Manual

Memo from the Director designating the PREA Coordinator Memo from the Warden designating a

## PREA Compliance Manager

Definitions of prohibited behaviors in regard to the zero-tolerance policies

Transgender- intersex review committees review of 1 one offender

Strategies for preventing, detecting, and responding to sexual misconduct

Sanctions for violating the zero-tolerance policy

Organizational charts

Memo from the PREA Coordinator assigning an assistant PREA Compliance Manager dated 3-28-2025

Interviews with PREA Coordinator (PC) and PREA Compliance Manager (PCM)

115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.

A) The facilities policy on Zero tolerance of sexual abuse and sexual harassment the policy mandates a zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the facility's approach to preventing, detecting, and responding to such conduct. The policy defines what constitutes sexual abuse and harassment. As evidenced by the PREA policy and Posters

B) As evidenced by the facility organizational chart, the facility has a PREA compliance manager that reports to the Warden with sufficient time and authority to develop, implement, and oversee the facility's efforts to comply with the PREA standards.

C) As evidenced by the organizational chart and a memo from the Director, the Nevada Department of Correction (NDOC) has an upper level PREA Coordinator. This position is assigned to the Office of the Inspector General, PREA Management Division, and supervised by the Inspector. The PREA Coordinator has direct access to the Director and the Department's executive leadership team. The PREA Coordinator has the authority necessary to create and implement Department-wide policies, procedures, and practices. This position oversees all of the facilities coordination efforts and has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

An excerpt from the PREA posters:

If you experience, witness, or suspect sexual abuse or sexual harassment. You may report using ANY of the following methods.

Anonymous reports are welcome, but often difficult to respond to. Please provide as much detail as safely possible.

- Tell ANY staff person
- Write to any staff person.
- Dial the PREA message hotline \*3152 (a pin is not needed):

The PREA hotline is a free call and messages are recorded. Calls go directly to the Office of the Inspector General, PREA Management Division. The PREA hotline is a message line and not monitored 24 hrs a day. If an emergency, report immediately to staff. File a grievance. Tell a third party, family member, friend, or support person. They may report on your behalf. Offenders may also report to an outside entity that is not part of NDOC.

According to interviews, the PCM and PC have enough time to manage all PREA related responsibilities. The agency has one PCM at each facility for a total of 14.

The facility meets compliance with this standard.

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

### 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.) ☐ 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*)

### Overall Compliance Determination Narrative

#### Documents reviewed:

According to the memo from the PREA Coordinator, the Nevada Department of Correction had entered into a contract with CoreCivic, Inc. to house NDOC inmates at the Saguaro Facility in Arizona. November 2020 all NDOC inmates housed at SCC were returned to NDOC. The contract has expired and will not be renewed. As such, standard 115.12 is not applicable.

#### Interview with the agency contract administrator

115.12 Contracting with other entities for the confinement of inmates.

A) Public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

B) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

According to interviews, the facility does not hold any contracts for the confinement of its inmates.

The facility meets compliance with this standard.



## Standard 115.13: Supervision and monitoring

### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☐ No ☐ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ 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*)

### Overall Compliance Determination Narrative

115.13 Documents reviewed:

Supervisor rounds for 11/2024 noting the unannounced rounds were completed as required.

Staffing plan

## Staffing plan reviews for 2023 and 2024 Memo on staffing from the warden

### Site review observations

Interviews with staff that conduct unannounced rounds; PREA Compliance Manager (PCM); PREA Coordinator (PC); and the Facility Manager

#### 115.13 Supervision and monitoring.

A) As evidenced by the staffing plan the facility Warden developed a staffing plan that provides for adequate levels of staffing, and video monitoring, to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: Generally accepted detention and correctional practices. Any judicial or Federal investigative agency findings of inadequacy. Any findings of inadequacy from internal or external oversight bodies. All components of the facility and applicable facility's physical plants, including identifying blind spots or areas where staff and/or offenders may be isolated. The composition of the offender population. The number and placement of supervisory staff on each shift. Facility programs and work assignments occurring on each shift. Any applicable State or local laws, regulations, or standards. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors.

B) According to the requirements in the policy in circumstances where the staffing plan is not complied with, the facility documents and justify all deviations from the plan. The information in the PAQ stated there have been no deviations from the staffing plan.

C) As evidenced by the staffing plan reviews the department ensures that each facility develops and documents a staffing plan yearly that provides for adequate levels of staffing to protect residents against sexual abuse. Any deviations from the plan must be documented in staffing logs. The PREA coordinator and PREA compliance managers review staffing annually.

D) As evidenced by the unannounced rounds a high priority is placed in the facility to ensure the visibility of top staff in the facility, where they are available to inmates, line staff, and mid-level managers for communication.

The requirements for unannounced rounds: The Warden or Associate Wardens will visit all housing areas every 48 hours during the standard work week. The Warden or Associate Wardens will visit all activity areas every 72 hours during the standard work week. The Warden or Associate Wardens shall conduct a formal inspection of Prison Industries during each working day. Supervisory staff will tour the entire facility at least once each shift every day, including weekends and holidays.

Memo on staffing from the warden on 3/15/24, a review of the minimum staffing at CGTH revealed that the following changes are necessary to the minimum staffing plan at CGTH: Day Shift - 6am to 6pm = 3 custody staff, Night Shift - 6pm to 6am = 2 custody staff. This staffing plan will be effective on 4/1/24.

The staffing plan was compared to actual staffing levels and patterns on each shift and in all areas occupied by inmates. Inmates were always in line of sight of staff.

The auditor did not observe blind spots and areas of poor line of sight. The auditor did not observe cross gender viewing or cross gender searches take place.

The auditor checked all areas to make sure those secured spaces were in fact secured. Cameras/mirrors were of sufficient number with adequate placement and in operational order. Cameras were observed from a control area. Areas that are restricted from inmates are under video surveillance. Inmate movement throughout the facility is monitored via cameras and inmates are escorted by staff.

When inmates are in their cells, they are monitored through staff supervision (no cameras in cells). No cross-gender viewing was observed. Staff complete cell checks regularly. Inmates are provided with multi-occupancy cells.

Informal conversations with staff regarding staffing norms, understaffing, shortages, overcrowding and staffing ratios were unremarkable. Staff stated that unannounced rounds occur on each shift daily and that to meet staffing ratios, mandated overtime is enforced.

Informal conversations with inmates regarding safety, accessibility or limits to programming, education, work, and overcrowding in housing units were unremarkable. Inmates spoke to felt safe and seemed to have a good rapport with staff.

According to interviews, unannounced rounds are conducted randomly and at staggered times on every shift daily by shift supervisors. Completed rounds are documented in a logbook. The PCM was able to explain what the staffing plan considers. The PC is consulted regarding any adjustments or assessments made to the staffing plan. The facility develops a staffing plan, and the Facility Manager was able to explain what the staffing plan considers. Rounds are conducted to check for compliance. There have been no instances in which the facility has been unable to meet the staffing plan.

The facility meets compliance with this standard.

## Standard 115.14: Youthful inmates

### 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*)

### Overall Compliance Determination Narrative

Documents reviewed:

PREA Standard

Information from the PAQ stating the facility does not house youthful offender

Site review observations

115.14 Youthful Inmates

(A) No youthful inmates were observed at this facility.

The facility meets compliance with this standard.

## Standard 115.15: Limits to cross-gender viewing and searches

### 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, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
☒ 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 if the facility does not have female inmates.) ☒ 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? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

#### 115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ 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*)

#### Overall Compliance Determination Narrative

#### 115.15 Documents reviewed:

##### The search policy

Shift logs (11/2023 thru 11/2024) that document male staff entering the unit, memos provided.

##### Training videos

Training curricula and one page instruction on standard clothed body search and officer training curricula that includes training on cross gender searches.

The PREA coordinator submitted a memo stating all custody staff receive training on the agencies Universal Pat Search procedure. This style of pat search is conducted in the same fashion for all inmates by utilizing the back of the hand/blade of the hand around the breast/chest area.

Signed training acknowledgments for defensive tactics on cross gender searches Site review observations

Interviews with 13 random staff, one transgender inmate and one inmate who identified as gay or bisexual.

#### 115.15 Limits to Cross-Gender Viewing and Searches

A) In compliance with AR 421, the facility prohibits cross-gender strip searches, pat-down searches, and visual body cavity searches except in exigent circumstances or when performed by qualified medical practitioners.

All exigent cross-gender strip or visual body cavity searches must be:  
Immediately reported to the Warden or designee and the PREA Compliance Manager (PCM). Documented in NOTIS for every occurrence.

According to documentation submitted in the PAQ, no cross-gender searches have occurred during the audit review period.

B) The facility does not permit cross-gender pat-down searches of female inmates.

C) The PAQ confirms the facility did not conduct any cross-gender searches.

D) The facility has implemented policies and procedures to ensure that inmates can shower, perform bodily functions, and change clothing without being viewed by nonmedical staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks.

Policy requires opposite-gender staff to announce their presence when entering inmate housing units. The auditor confirmed compliance through a review of unannounced security check documentation.

E) As outlined in Policy 422.04, the facility prohibits searches or physical examinations of transgender or intersex inmates solely to determine genital status.

Genital status is determined through conversations with the inmate, a review of medical records, or if necessary, by a private medical examination conducted by a medical practitioner.

F) The facility has trained all security staff on how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates. Training is conducted in a professional, respectful, and least intrusive manner, consistent with security needs. The auditor verified compliance by reviewing staff training acknowledgments and a roster of custody staff who received training.

Inmates are required to undress in their sleeping rooms or showers. Shower rooms contain shower curtains for privacy. Same gender staff conduct the searches.

Medical exam rooms were observed. Exam rooms do not have cameras or mirrors and have privacy curtains to use when needed. Security staff are posted outside of the exam rooms.



The auditor observed verbal announcements being made by staff when entering housing units and shower areas. The announcement was loud and clear where inmates on all levels could hear, and the announcement provided ample time for inmates to cover up. Inmates that are deaf, hard of hearing, have a cognitive or physical disability, or limited English proficient would be properly alerted to staff of the opposite gender entering the housing unit. Administrative staff would seek assistance through the contracted interpreter's office.

Informal conversations with staff regarding procedures to prevent cross-gender viewing via electronic monitoring, staff assigned to monitor, live or recorded video, and frequency of monitoring was unremarkable. Staff verified that cross-gender announcements are made when entering the units and that unannounced rounds are conducted by higher level staff. Staff stated that they are prohibited from cross-gender viewing and searches.

Informal conversations with inmates were held. Inmates stated that they are able to change clothes, use the toilet, and shower without staff of the opposite gender being able to view them. Inmates confirmed that staff announce themselves when entering the unit. Inmates also confirmed that cross-gender viewing and searching are not allowed.

According to interviews, the facility does not conduct cross gender pat-down, strip or visual body cavity searches. Searching a transgender or intersex inmate for the sole purpose of determining that inmate's genital status is prohibited by policy. Staff understand that they are to announce themselves when entering units that house the opposite gender from themselves. Staff understand that inmates are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender. The facility does not have a unit designated solely to house LGBTI inmates.

The facility meets compliance with this standard.

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

### **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*)

### Overall Compliance Determination Narrative

115.16 Documents reviewed:

The Policy and Correction Administrative Regulation 658 " Reasonable accommodation for inmates with Disabilities"

Contract for American Sign Language

Contract for interpretation service with CTS language Link (provides services for 24 0 languages)

Contract with CAS (Communication Access Services) that provides services for the deaf and hard of hearing

A large font PREA orientation handout and PREA education video Site review observations

Interviews with the Director; random staff; one limited English proficient inmate; and two inmates with a cognitive learning disability

115.16 Inmates with Disabilities and Inmates Who Are Limited English Proficient

A) The facility has established procedures and utilizes appropriate resources to ensure offender s with disabilities have equal access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This includes access to prevention education, reporting mechanisms, investigative processes, and support services. The auditor reviewed interpretive service contracts and confirmed that accommodations are in place for individuals with disabilities, including those who are hearing or visually impaired.

B) To serve limited English proficient (LEP) inmates, the Department maintains a contract with Language Link for spoken language interpretation, and a contract with a certified American Sign Language (ASL) interpreter. The PREA education video is available in English, Spanish, and with Closed Captioning. Communication during intake, education, reporting, and investigations includes face-to-face interactions to assess and ensure inmate comprehension. The facility does not rely solely on written materials, recognizing that verbal communication and individualized assessment are essential for accessibility.

C) The facility does not permit or rely on offender interpreters, readers, or assistants to facilitate communication involving PREA-related issues, except in limited, exigent circumstances where no staff interpreter is available, and the delay could compromise safety.

According to interviews, the agency does not allow inmates to interpret PREA-related information to other inmates. Policies are in place. The facility contracts with an interpreter agency. The facility provides information regarding sexual abuse and sexual harassment that inmates are able to understand. The facility staff are able to help inmates read, write, speak or explain things.

Language line information was readily available to staff and inmates. The auditor made a test call to the language line. A live person answered and then transfers you to the appropriate language. The call is free and does not require a PIN number to be entered. Services are available on demand.

Informal conversations with staff and inmates confirm their understanding of the services available and how to access them if needed.

The facility meets compliance with this standard.

## Standard 115.17: Hiring and promotion decisions

### 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 who may have contact with inmates? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ 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*)

## Overall Compliance Determination Narrative

115.17 Documents reviewed:

The hiring and promotion policy

Blank background forms

New hire questionnaire that asks about past issues with sexual abuse or harassment

Contractor Security Regulations Acknowledgement Form and cooperation agreement for contractors or vendors that require

PREA training and background checks

A list of new staff and staff who have been employed for 5 years who needed background checks

The new hire questionnaire that asks about past issues of sexual abuse or harassment

The consent to release criminal history that all new hires, contractor and volunteer have to sign

12 backgrounds on staff Interview with the HR staff

Interviews with HR staff

115.17 Hiring and Promotion Decisions

A) In accordance with agency policy and verified through background investigations, the Department prohibits the hiring or promotion of any individual who may have contact with offenders if that individual has: Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institutional setting; Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or where the victim was unable to consent or refuse; Been civilly or administratively adjudicated for such conduct.

B) Prior to hiring new employees who may have contact with offenders, the agency conducts: National Criminal Information Center (NCIC) and FBI fingerprint-based criminal background checks and other relevant checks in accordance with federal, state, and local law. The auditor reviewed background checks and hiring procedures to ensure compliance.

C) The agency makes best efforts to contact prior institutional employers to determine whether an applicant was the subject of any substantiated allegation of sexual abuse or resigned during a pending investigation for such conduct.

D) The same disqualification criteria applied to staff are enforced for contractors and volunteers who may have contact with offenders. The Department does not retain individuals who meet any disqualifying criteria related to prior sexual abuse or misconduct.

E) The Department performs criminal background records checks every five years for all current employees and contractors who may have contact with offenders, as verified through employee file reviews.

F) The employment application requires all prospective employees and promotional candidates to disclose: Any previous misconduct related to sexual abuse or harassment; any resignation during an investigation; and any material omission or provision of false or misleading information, which is grounds for termination. All staff have an affirmative, ongoing duty to disclose any misconduct or new relevant information.

G) The agency provides relevant information about substantiated allegations of sexual abuse or harassment involving a former employee to potential future institutional employers upon request.

According to interviews, the facility performs criminal background record checks on all newly hired employees, employees considered for promotion and contractors. The facility considers prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor. Background record checks are performed annually, exceeding this standard. All applicants and employees are asked about previous misconduct for hiring and promotions using a PREA questionnaire sheet. The facility imposes upon employees a duty to disclose any such previous misconduct. When a former employee applies for work at another institution, the facility will provide information on substantiated allegations of sexual abuse or sexual harassment involving that former employee.

The facility meets compliance with this standard.

## Standard 115.18: Upgrades to facilities and technologies

### 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*)

### Overall Compliance Determination Narrative

115.18 Documents reviewed:

The department PREA policy and the PREA standard

A memo from a correctional manager

Interviews with the Director and the Facility Manager

#### 115.18 Upgrades to Facilities and Technologies

A) When designing or acquiring a new facility or planning any substantial expansion or modification to an existing facility, the Department formally considers how the design or construction will affect the ability to protect inmates from sexual abuse. This includes evaluating visibility, blind spots, and opportunities for enhanced supervision.

B) When installing or updating video monitoring or other surveillance technology, the agency assesses how the technology can enhance its capacity to prevent and respond to sexual abuse. A memo from a correctional manager confirmed that the installation of a new camera system at CGTH is nearing completion. "Cameras are strategically installed in common areas and inmate-accessible locations, with 24/7 audio and video recording. Private enclosed offices are excluded from monitoring to preserve confidentiality where appropriate. Staff were reminded that safety and security are the primary objectives of this upgrade, and any issues with the system should be reported immediately."

According to interviews, PREA would be considered in any facility expansion, modification or camera upgrade.

The facility meets compliance with this standard.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

#### 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 evidentiarily 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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- 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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ 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 *always* makes a victim advocate from a rape crisis center available to victims.) ☐ 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*)

### Overall Compliance Determination Narrative

115.21 Documents Reviewed:

The PREA standard and department policy

National Protocol for Sexual Assault Medical forensic exams

Recommendations for administrators from the US Department of Justice on forensic exams and the medical Directive

PREA policies

Two memos from the PREA Coordinator

The facility submitted a contract for victim advocacy with Signs of Hope and a flyer that describes how to contact Signs of Hope

Community advocate questionnaire

Interviews with random staff, one inmate who reported sexual abuse and the PREA Compliance manager (PCM)

115.21 Evidence Protocol and Forensic Medical Examinations

A) All allegations of sexual abuse are investigated by the Office of the Inspector General (OIG) Criminal Investigators, who follow a uniform evidence protocol. This protocol is designed to maximize the potential for collecting usable physical evidence for both administrative and criminal proceedings.

B) The facility's evidence collection protocol is developmentally appropriate for youth, where applicable, and is adapted from the most recent edition of the U.S. Department of Justice's Office on Violence Against Women's publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive protocols published after 20 11.

C) Victims who report sexual abuse within 96 hours are offered access to a forensic medical examination, conducted by Sexual Assault Nurse Examiners (SANEs) or Sexual Assault Forensic Examiners (SAFEs) when possible. These exams are: Conducted at outside hospitals or medical facilities. Free of charge to the victim. Performed by qualified medical practitioners if SANEs/SAFEs are unavailable. Memo from the PREA Coordinator confirms that exams are conducted at either Renown Hospital in Reno or a hospital in Las Vegas, depending on facility location. These locations have trained SANE/SAFE personnel.

D & H) The Department makes every attempt to provide access to a victim advocate from a rape crisis center, documenting all efforts. If a rape crisis center is unavailable, the facility provides a qualified staff member to fulfill this role. These services are not affiliated with law enforcement and are provided with a

level of confidentiality comparable to that of a non-governmental entity. A memo confirms that in Southern Nevada, medical staff contact "Signs of Hope" in Las Vegas for a volunteer victim advocate. Documentation includes a contract and an information flyer for Signs of Hope.

E) Upon the victim's request, a victim advocate accompanies them through the forensic examination process and investigatory interviews, offering emotional support and crisis intervention Information and referrals.

F & G) Not applicable – The OIG is the designated investigative body for all allegations of sexual misconduct.

According to interviews, SAFE SANE examinations are not provided by facility medical staff. Staff understand the agency's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse. The facility allows the victim to contact a victim advocacy agency. Staff are aware of who conducts sexual abuse investigations. The facility has a MOU with a victim advocacy agency. An inmate who reported sexual abuse stated that he did not elect to speak to the advocacy agency.

The facility meets compliance with this standard.

## 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 the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☐ 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*)

### Overall Compliance Determination Narrative

115.22 Documents reviewed:

The policy on PREA investigations and investigator tracking sheets

The department website that explains the investigation protocol authored by the inspector general

Interviews with the Director and investigators

115.22 Policies to Ensure Referrals of Allegations for Investigations

A) The Department maintains and enforces a zero-tolerance policy for all forms of sexual abuse and sexual harassment. It ensures that every allegation—whether made by the victim, a third party, or anonymously—results in a thorough administrative or criminal investigation. Investigators and facility supervisors follow a uniform evidence protocol to maximize the ability to collect usable evidence for administrative and criminal action.

B) Department policy Administrative Regulation (AR) 457 requires the Office of the Inspector General (OIG) to review, assign, and investigate all reports of sexual harassment and sexual abuse promptly, thoroughly, and objectively. This includes reports submitted anonymously or by third parties; collection and preservation of all relevant evidence; and a publicly accessible link to the investigation protocol on the Department's website.

C) All sexual misconduct investigations are conducted by the Department's Office of the Inspector General (OIG). The department's website provides public access to information outlining its investigative protocol.

D & E) Not applicable. No external state or Department of Justice (DOJ) entities conduct investigations—all investigations are conducted by the OIG, which has policies in place to govern these investigative procedures.

According to interviews, the inspector general conducts criminal investigations. The agency ensures that investigations are completed for all allegations of sexual abuse and sexual harassment.

The facility meets compliance with this standard.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

**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*)

#### Overall Compliance Determination Narrative

115.31 Documents reviewed:

PREA policy on training

Initial and annual PREA training curricula and attendance records for all staff and contractors

Inmate handbook that describes the zero-tolerance policy and how and who to report sexual abuse or harassment allegations.

Interviews with random staff

115.31 Employee training.

Staff Training and Responsibilities under PREA to maintain a safe environment for all residents, every staff member must be able to recognize the signs of sexual abuse and sexual harassment—and know how to prevent, respond to, and report these incidents.

A) The Employee Development Division (EDD), in collaboration with the PREA Coordinator, is responsible for developing and updating PREA-related training. The facility training coordinator ensures that this training is delivered properly, and that attendance is documented. All staff, volunteers, and contractors must confirm—either by signature or electronic acknowledgment—that they have received and understood the training.

This training covers:

The agency's zero-tolerance policy toward sexual abuse and sexual harassment

Staff responsibilities in preventing, detecting, reporting, and responding to these incidents

Inmates' rights to be protected from sexual abuse and sexual harassment

Protection from retaliation for reporting sexual misconduct—for both inmates and staff.

The dynamics and impact of sexual abuse and harassment in a correctional setting

Common responses of victims

How to recognize and respond to signs of potential or actual abuse

How to maintain appropriate professional boundaries with inmates

Effective, respectful communication with all inmates, including those who identify as LGBTQIA+ or gender nonconforming

Compliance with mandatory reporting laws for sexual abuse

B) The training content is designed for all genders, so staff members do not need to retake training if they transfer to a different facility.

C) Every two years (in even-numbered years), all staff members participate in a full PREA refresher training as part of in-service instruction. In odd-numbered years, staff receive updated information about the Department's current policies on sexual abuse and sexual harassment. Refresher training may be conducted in-person or through web-based computer training. EDD tracks participation and provides facility Wardens with reports identifying staff who have not yet completed the training. All training records—signed acknowledgment forms, certificates, and electronic verifications—are maintained by EDD.

D) By signing or electronically verifying training completion, each staff member affirms that they understand the material presented.

The Department's training policies and procedures meet all PREA standards. Records show that both new hires and long-term staff have received appropriate PREA training.

According to interviews, staff receive full PREA training at hire and every other year and refresher training in between.

The facility meets compliance with this standard.

## Standard 115.32: Volunteer and contractor training

### 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*)

### **Overall Compliance Determination Narrative**

115.32 Documents reviewed:

The PREA training requirements

The contracts policy and the community volunteer program

The training curricular

Volunteer list

Volunteer requirement letter

Background PREA questionnaire asking about a history of any sexual abuse or harassment

Vender background report

10 volunteer PREA training acknowledgment forms

10 contractor PREA training acknowledgment forms

Interviews with contractors and volunteers

115.32 Volunteer and Contractor training.

A) All volunteers and contractors are informed of the Department's zero-tolerance policy regarding sexual abuse and sexual harassment. They receive guidance on appropriate actions to take if they observe or receive a report of such misconduct.

B) Training for volunteers and contractors is tailored based on the nature of the services provided and the level of interaction with residents: Individuals who have any degree of unsupervised contact with residents are required to complete the full PREA training curriculum, equivalent to the training provided to employees. For contractors with minimal or no resident contact, continuous supervision is required while they are on site. These individuals are still advised of the zero-tolerance policy and informed about procedures for reporting incidents of sexual abuse or sexual harassment.

C) The Department maintains comprehensive documentation confirming that volunteers and contractors have completed the required PREA training. This includes signed acknowledgments or electronic confirmations indicating their understanding of the training content. The Department's policies, training content, and attendance records meet the requirements outlined in the PREA standards.

According to interviews, contractors have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection and response, to include the agency's zero tolerance policy and how to report incidents. Training is received prior to them working with inmates.

The facility meets compliance with this standard.

### **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 the comprehensive education referenced in 115.33(b)? ☒ 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*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Overall Compliance Determination Narrative

115.33 Documents reviewed:

Offender orientation manual

Offender PREA education facilitator guide

A large font orientation handout in English and Spanish

Intake PREA training video in English, Spanish, close caption that includes sign language

The auditor watched "Don't touch me" video and the comprehensive PREA training video English, Spanish, close caption, includes sign language

Large font orientation handout

The facility submitted pictures of the posters that state the zero-tolerance policy and hotline number

The auditor reviewed the offender training curricular and training acknowledgement forms of attendance.

Memo from the PREA Coordinator

Site review observations

Interviews with intake staff and random inmates

PREA Standard 115.33 – Inmate Education

A) During the intake process, all inmates are provided with an overview of the agency's zero-tolerance policy for sexual abuse and sexual harassment. They are also given clear instructions on how to report incidents or concerns.

B) Within 21 days of admission, inmates receive comprehensive education, either in person or via video presentation. This training covers: The right to be protected from sexual abuse and sexual harassment  
Protection from retaliation for reporting such incidents the agency's procedures for responding to allegations

C) Inmates who have not previously received this education are required to be trained within one year of the PREA standards taking effect. Additionally, inmates who transfer to a different facility will receive supplemental education when the policies of the new facility differ from those of the previous location. The memo from the PREA Coordinator stated: "In addition to providing offenders with written PREA education and orientation handout, all offenders will view the Impact Justice/Just Detention Offender education PREA video". Confirmation of all offenders participating in PREA offender education will be documented within the Nevada Offender Information Tracking System (NOTIS) case note each time the initial intake information or comprehensive education is provided to each offender. Each facility PCM or designee will ensure PREA posters are in areas where staff and offenders are present and make readily available offender handbooks for all offenders. Department records confirm that all inmates have received education on the zero-tolerance policy.

D) Educational materials and sessions are provided in formats that are accessible to all inmate s, including those who are: Limited English proficient Deaf, visually impaired, or otherwise disabled, Possessing limited reading skills

E) The facility maintains detailed documentation of inmate participation in PREA education sessions, including signed attendance records. Each instance of intake briefing or comprehensive education is recorded in the Nevada Offender Information Tracking System (NOTIS). Facility PREA Compliance Managers (PCMs) or their designees ensure that PREA-related posters are displayed in common areas and that offender handbooks are readily available to all residents.

F) Facilities ensure that essential information on sexual abuse prevention and reporting is continually accessible through visible signage, handbooks, and other written materials. PREA Audit Notices are posted abundantly and visible to staff, inmates, and visitors. Notices are posted in each unit, culinary, lobby, administration area, intake, and other areas throughout the facility. Emotional support services information is posted in each unit, lobby, administration area, and other areas throughout the facility. Phones were accessible nearby. Reporting sexual abuse/sexual harassment information is posted in each unit, lobby, administration area, and other areas throughout the facility. Phones are available for inmate use. Civil immigration is not applicable to this facility.

Third party reporting information is posted in each unit, public lobby, and other areas frequented by inmates, staff, visitors and contractors. It is also located on the agency website. Other PREA signage, such as zero tolerance information are available in each unit. This information is readily available throughout the facility. PREA flyer is located in units. Electronic reporting methods are not available to inmates. Staff and third-party electronic reporting are available on the agency's website.

Informal conversations with staff and inmates were held during the facility tour. All stated that PREA information is readable and accessible; contains consistent and accurate information; and always posted. The Audit Notice has been posted for several weeks and inmates pointed out that the Notice contains the date it was posted.

The auditor observed a mock demonstration of the intake process where PREA information/zero tolerance is provided to all inmates upon entry to the facility. Designated intake staff are responsible for this process. Inmates receive a PREA handout and zero tolerance information containing PREA information. The handout is reviewed verbally with each inmate. Written information is clear and at an appropriate reading level.

Inmates sign an acknowledgement of understanding form after the review. Materials are available in English and Spanish. Language line information was readily available to staff and inmates. The auditor made a test call to the language line. A live person answered and then transfers you to the appropriate language. The call is free and does not require a PIN number to be entered. Services are available on demand. Informal conversations with intake staff verified their understanding of the PREA information provided during the intake process.

Staff demonstrated to the auditor how comprehensive education is provided to all inmates during the intake process upon arrival via a PREA video. Additionally, posters are provided throughout the facility containing PREA education and information. After the video, inmates are able to ask questions from intake staff. Inmates sign an acknowledgement of understanding. The video contains their rights to be free of sexual

abuse and sexual harassment and to be free of retaliation for reporting such incidents. Video is available in multiple languages and is closed captioning. It can be viewed, listened to and read.

Informal conversations with staff confirmed their understanding of the information provided. Language line information was readily available to staff and inmates. The auditor made a test call to the language line. A live person answered and then transfers you to the appropriate language. The call is free and does not require a PIN number to be entered. Services are available on demand.

Informal conversations with staff and inmates confirm their understanding of the services available and how to access them if needed.

According to interviews, intake staff provide inmates with information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment during the PREA orientation. Inmates are provided with a PREA video, PREA packet and in-person review by intake staff. PREA signage is located throughout the facility. Inmates are provided with information about PREA at time of intake.

The facility meets compliance with this standard.

## **Standard 115.34: Specialized training: Investigations**

### **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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ 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*)

#### Overall Compliance Determination Narrative

115.34 Documents reviewed:

The NIC Training curricula for investigators initial and advanced training

The Investigator PREA training tracker log

All investigator training certifications

Memo from the PREA Coordinator

Interviews with investigators

#### §115.34 Specialized Training: Investigations

A. The Department's PREA policy requires all Office of the Inspector General (OIG) Criminal Investigators and facility custody supervisors to complete specialized training in conducting investigations of sexual abuse in confinement settings, in addition to standard staff PREA training.

B. This specialized training includes, but is not limited to:

Interview techniques for victims of sexual abuse Proper use of Miranda and Garrity warnings Evidence collection in confinement environments

Criteria and evidentiary requirements for substantiating administrative or prosecutorial action

OIG Investigators must complete this training within one month of their hire date. Facility supervisors at the rank of Sergeant or above must complete it within one month of hire or promotion. A refresher course is required every three years. The PREA Compliance Manager is responsible for maintaining all training records, including signed acknowledgments, certificates, and electronic confirmations.

A memo from the PREA Coordinator affirms that OIG investigators and designated facility supervisors complete the National Institute of Corrections (NIC) online Specialized Investigator Training via <https://nic.learn.com/learncenter>. This course supports compliance with PREA Standard 1

15.34 and equips staff with the skills necessary for effective sexual abuse investigations in confinement settings. Advanced training, including case study practice, is also completed to reinforce these competencies.

- C. All training sessions and completions are documented through certificates and curriculum files.  
D. Not applicable — the agency investigates all allegations of sexual misconduct directly.

According to interviews, investigative staff received training specific to conducting sexual abuse and sexual harassment investigations.

The facility meets compliance with this standard.

## Standard 115.35: Specialized training: Medical and mental health care

### 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

### 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 or the agency does not employ medical staff.) ☒ 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  
☒ Yes   ☐ No   ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ 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*)

### Overall Compliance Determination Narrative

115.35 Documents reviewed:

Completed NIC training certificates for medical and mental health staff

Training curriculum through the National Institute of Corrections.

A memo from the PREA Coordinator

The department PREA policy to ensure that it meets the requirements of the PREA standards.

Interviews with medical and mental health staff

§115.35 Specialized Training: Medical and Mental Health Care

A. All full-time, part-time, and contract medical and mental health practitioners who work regularly in the facilities are trained in:

Identifying and assessing signs of sexual abuse and harassment Preserving physical evidence of sexual abuse

Providing appropriate and professional responses to victims

Reporting procedures for allegations or suspicions of sexual abuse and harassment

B. If any medical personnel were to perform forensic exams, they would receive specific training to do so. However, forensic examinations are not conducted by the facility's medical staff. The agency maintains documentation verifying the completion of this training, whether provided internally or through external programs. All medical and mental health practitioners also complete standard PREA training required for employees, volunteers, and contractors.

C. All medical and mental health personnel must complete this training once they gain computer access, and it is renewed every three years. Training records, including acknowledgments and certificates, are maintained by the facility's PREA Compliance Manager.

D. According to a memo from the PREA Coordinator, all medical and mental health professionals complete the NIC online course "Medical Health Care for Sexual Assault Victims in a Confinement Setting".

This course helps agencies meet the requirements of PREA Standard 115.35 and ensures practitioners understand both the applicable standards and their specific responsibilities in providing care to victims.

According to interviews, facility medical staff do not conduct forensic examinations. Medical staff will complete an initial wellness assessment prior to sending the inmate out to the local hospital. Medical and mental health staff receive regular staff training and specialized training regarding sexual abuse and sexual harassment. Training is documented.

The facility meets compliance with this standard.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

### Standard 115.41: Screening for risk of victimization and abusiveness

#### 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, as 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, as 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, as 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 an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ 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*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Overall Compliance Determination Narrative

115.41 Documents reviewed:

The assessment flow chart identifies the steps for assessments from the time the offender arrives at the facility (initial assessment, follow-up assessment within 21 days, and special assessments)

PREA assessments and reassessments

The transgender Intersex Questionnaire

Facility PREA policy and PREA standards to ensure the policy and practice ensure compliance

Site review observations

Interviews with risk screeners, random inmates, the PREA Coordinator (PC), and the PREA Compliance Manager (PCM)

§115.41 Screening for Risk of Victimization and Abusiveness

- A. The agency assesses every offender's risk of being sexually abused or abusive during the intake process and again upon transfer to another facility. This is confirmed through the agency's assessment tracking logs.
- B. Initial risk screening is conducted within 72 hours of arrival, followed by a reassessment within 21 days.
- C. An objective risk assessment tool is used to guide the screening process.
- D. The screening considers factors such as:  
Mental, physical, or developmental disabilities Age and physical build  
Incarceration history  
Criminal history, including nonviolent or sex offense convictions Sexual orientation and gender identity/expression  
Previous victimization experiences Self-reported vulnerability
- E. To evaluate the risk of sexually abusive behavior, the screening includes: Prior acts of sexual abuse. Convictions for violent offenses. History of institutional violence. Documented history of sexual abuse or aggression.
- F. A reassessment is conducted within 30 days based on any new or relevant information obtained after the intake screening.
- G. Additional reassessments are conducted whenever warranted by new referrals, inmate requests, reports of sexual abuse, or other relevant information affecting an offender's risk profile.
- H. Inmates are not penalized for choosing not to respond or for withholding information during the screening process.
- I. All staff are strictly prohibited from disclosing any information obtained during the PREA risk screening process except on a need-to-know or right-to-know basis. Any unauthorized dissemination of confidential information will be investigated and may result in disciplinary action, up to and including termination.

The auditor observed a mock demonstration of the intake process where the PREA risk screening is administrated by designated intake staff and medical staff. The screening takes place in the intake area that allows for privacy and sensitive information to be discussed. Staff ask screening questions in a manner that fosters comfort and elicit responses. Intake staff use a screening tool to collect information during the risk screening process. Staff ask questions about inmates' sexual orientation and gender identity by asking if they identify as LGBTI as well as making a subjective determination about perceived status. Staff utilize other forms of documentation to complete the full risk assessment.

Informal conversations with staff confirm their understanding of the risk screening process.

The auditor was able to observe the physical storage and electronic storage of the risk assessments, medical records, and sexual abuse allegation reports. The physical storage was secured under lock and key. Electronic records are password protected with restricted and limited access.

Informal conversations with staff verified that records are securely stored and access to electronic information is highly restricted on a need-to-know basis.

According to interviews, inmates are screened at time of admission or within 24 hours to the facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. A standardized set of questions is utilized. Only caseworkers, investigators, inspector general and upper level managers have access to risk assessments. Risk levels are reassessed every six months. Information is used to determine risk, safety planning and housing/bed assignments. Placement and programming assignments for transgender and intersex inmates are completed every six months. Transgender and intersex inmates are given the opportunity to shower separately. Medical and mental health follow-ups, post screening, are within 14 days.

Inmates recall being asked risk screening questions at time of intake. The PCM and PC are aware that only caseworkers have access to the risk of screening.

The facility meets compliance with this standard.

## 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ 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*)

### Overall Compliance Determination Narrative

115.42 Documents reviewed:

Assessment flow chart

PREA incident summary from the transgender intersex review committee

Offender or intersex Questionnaire

Bed roster that indicates high risk for becoming a victim

Interviews with medical and mental health staff; risk screeners; Facility manager; PREA Coordinator (PC); PREA Compliance Manager (PCM); one transgender inmate; and one inmate that identified as gay/bisexual. There were no inmates held in isolation.

#### 115.42 Use of Screening Information

A) Information obtained through risk assessments is used to make informed decisions regarding housing, bed, work, education, and program assignments, with the objective of separating individuals at high risk of victimization from those at high risk of being sexually abusive.

B) Custody and Classification Services (CCS) staff collaborate with designated supervisory personnel (CCSIII, PREA Compliance Manager, Associate Warden, Warden) to make individualized safety determinations for each offender.

C) When determining housing and programming assignments for transgender or intersex individuals, the agency considers, on a case-by-case basis, the individual's health and safety, as well as any potential management or security concerns.

D) Placement and program assignments for transgender or intersex individuals are reassessed at least semi-annually. Individualized assessments are conducted at intake, 21-day reassessment, upon receipt of new information, and at six-month wellness reviews using the confidential "Transgender or Intersex Offender Questionnaire."

E) As documented in transgender/intersex committee meetings, the individual's self-identified safety concerns are given substantial consideration.

F) Transgender and intersex offenders are provided the opportunity to shower separately from others.

G) The facility does not segregate offenders based solely on sexual orientation or gender identity unless required by law, court order, or settlement agreement to ensure their protection.

According to interviews, the facility does not have a housing unit solely for LGBTI inmates. The PCM was able to explain how information is used from the risk screening. The agency considers whether the placement of a LGBTI inmate will ensure the inmates health and safety and if it would present management or security problems. Placement and programming assignments for each transgender or intersex inmate is reassessed every six months and upon a report or concern.

The facility meets compliance with this standard.

### Standard 115.43: Protective Custody

**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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

**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*)

#### Overall Compliance Determination Narrative

115.43 Documents reviewed:

Operating procedures

PREA standards and department policy to ensure compliance

Information provided in the PAQ stating they have not placed any offender in isolation due to risk of sexual abuse.

Interview with the Facility Manager. There were no inmates held in segregated housing for having a high risk of sexual victimization.

115.43 Protective Custody

A) Offenders identified as being at high risk for sexual victimization are not placed in involuntary segregated housing unless all other alternatives have been assessed and found unsuitable. Such placements are temporary and generally do not exceed 30 days.

B) Inmates in segregated housing for protective purposes are provided access to programming, privileges, education, and work opportunities, to the greatest extent possible.

C) Documentation must reflect the justification for such placements, including safety concerns and the lack of alternative options.

D) All placements are recorded and reviewed in accordance with policy.

E) Every 30 days, the facility conducts a review to determine the ongoing necessity of continued separation. There were zero (0) offenders placed in involuntary segregated housing due to sexual victimization risk within the last 12 months.

According to interviews, inmates are not held in segregated housing due to having a high risk of sexual victimization.

The facility meets compliance with this standard.

## REPORTING

### Standard 115.51: Inmate reporting

#### 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? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  
☐ Yes ☐ No ☒ NA

#### 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*)

### Overall Compliance Determination Narrative

115.51 Documents reviewed:

The training curriculum and attendance records.

PREA policy on reporting

PREA posters in English and Spanish

Intergovernmental agreement with the state of New Mexico for accepting PREA allegations

New Mexico report form PREA policy's

"PREA at a Glance" form outlines first responder duties and how to report a PREA allegation.

The PREA policy's and PREA standards to ensure compliance

Site review observations

Testing documentation

Interviews with random staff; random inmates; and the PREA Compliance Manager (PCM)

#### 115.51 Inmate Reporting

A) Multiple internal and external reporting avenues are available for offenders to report sexual abuse, harassment, retaliation, or staff negligence related to PREA violations.

B) Offenders may report anonymously to an external agency (New Mexico Department of Corrections). Contact information is provided through posted materials in housing, work, and program areas, as well as in orientation materials.

C) Reports can be made verbally or in writing to any staff member, contractor, or volunteer, via grievance, or through the PREA hotline.

D) All staff are mandated to report immediately and without exception any information related to sexual abuse, harassment, or retaliation. Reports involving a direct supervisor must be escalated to another supervisor, the Warden, or the Office of the Inspector General (OIG). Reports must be made privately through in-person, phone, email, or official PREA reporting channels. Information shall be disclosed only on a need-to-know basis. All reports, including verbal, written, anonymous, or third-party, must be documented promptly.

PREA Audit Notices are posted abundantly and visible to staff, inmates, and visitors. Notices are posted in each unit, culinary, lobby, administration area, intake, and other areas throughout the facility. Emotional support services information is posted in each unit, lobby, administration area, and other areas throughout the facility. Phones were accessible nearby. Reporting sexual abuse/sexual harassment information is posted in each unit, lobby, administration area, and other areas throughout the facility. Phones are available for inmate use. Civil immigration is not applicable to this facility. Third party reporting information is posted in

each unit, public lobby, and other areas frequented by inmates, staff, visitors and contractors. It is also located on the agency website. Other PREA signage, such as zero tolerance information are available in each unit. This information is readily available throughout the facility. PREA flyer is located in units.

Electronic reporting methods are not available to inmates. Staff and third-party electronic reporting are available on the agency's website.

Informal conversations with staff and inmates were held during the facility tour. All stated that PREA information is readable and accessible; contains consistent and accurate information; and always posted.

The Audit Notice has been posted for several weeks and inmates pointed out that the Notice contains the date it was posted.

The auditor was able to observe the physical storage and electronic storage of the risk assessments, medical records, and sexual abuse allegation reports. The physical storage was secured under lock and key. Electronic records are password protected with restricted and limited access. Informal conversations with staff verified that records are securely stored and access to electronic information is highly restricted on a need-to-know basis.

Each unit contains written materials and a secure drop box. The boxes are checked on weekdays by caseworkers. Boxes can be used for any note, grievance or concern. Mail is picked up from units on weekdays and mailed out. Mail is not read but is checked for contraband prior to sending and receiving. No restrictive housing was observed.

Informal conversations with staff regarding the process of sending and receiving mail to/from the external reporting entity, outside emotional support services, and legal mail were unremarkable. Staff understood which mail is to remain private and confidential. Staff are also aware of having writing tools available and that managers check the locked boxes every weekday.

Multiple internal ways of reporting were observed. Inmates are provided with paper/forms, pencils (upon request), envelopes and secure drop boxes to report in writing in each unit. Boxes are checked by caseworkers on weekdays. An inmate was asked to walk the auditor through the internal reporting by writing process.

The facility does not have a process for inmates to report electronically.

Informal conversations with staff confirm that staff are aware of the process of receiving verbal reports. When verbal reports are received, staff stated that they are to write an incident report before the end of their shift.

Informal conversations with inmates confirm their understanding of how to report verbally. They can report directly to security or non-security staff, any staff member of any position, contractors, volunteers, attorneys, probation officers, or visitors.

The phone number is provided on posters throughout the facility to include each unit. The auditor made a test call. The phone call went through without issue. The call was free to make. The number on the posters is accurate. No PIN number was required. Callers can remain anonymous.

The address is also provided on postings throughout the facility to include each unit. Paper, pencils, envelopes and free postage are available to all inmates.

Informal conversations with staff and inmates confirm their understanding of access to phones, reasonable accommodation and anonymity.

According to interviews, staff are aware of the various ways staff and inmates can report an allegation of sexual abuse or sexual harassment of inmates privately. Inmates involved in making the PREA signage exceed this standard. Inmates were able to describe various ways to report sexual abuse or sexual harassment, in person, in writing, through a third party, and anonymously. The PCM stated grievance drop boxes and a PREA reporting phone number are available for inmate reporting. When reports are made to the hotline, the hotline will notify facility.

The facility meets compliance with this standard.

## **Standard 115.52: Exhaustion of administrative remedies**

### **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

### **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*)

#### Overall Compliance Determination Narrative

115.52 Documents reviewed:

Pictures of the PREA posters in English and Spanish

Statement in the PAQ that the facility has not had any grievances that concerned PREA issues in the last 12 months

PREA policy and the PREA standard to ensure compliance

Site review observations

Testing documentation

Interview with one inmate who reported sexual abuse

115.52 Exhaustion of Administrative Remedies

- A) The agency maintains an administrative grievance procedure that includes provisions for reporting sexual abuse.
- B) Grievances containing claims of sexual abuse will be accepted regardless of when they are filed.
- C) The grievance process ensures confidentiality and allows direct submission to the facility head, PREA Compliance Manager, or PREA Coordinator. Grievances are not referred to the subject of the complaint.
- D) A final determination is required within 90 days, excluding any appeal preparation time. If an extension is necessary, a written notice with an updated decision date must be provided to the complainant.
- E) Third parties, including fellow residents, family members, legal representatives, or advocates, may assist in or file grievances. Third-party allegations are accepted without requiring the standard grievance form. If the alleged victim denies the incident and no supporting evidence is found, the claim is considered unfounded.
- F) Emergency grievances involving sexual abuse must be processed without delay.
- G) Offenders may not be disciplined for filing grievances unless it is clearly proven and documented that the grievance was submitted in bad faith.

Third party reporting information is posted in each unit, public lobby, and other areas frequented by inmates, staff, visitors and contractors. It is also located on the agency website. Staff and third-party electronic reporting are available on the agency's website. The auditor placed a call using the dedicated phone line. This was a free call, available 24/7/365 and answered by operators. Bilingual staff and translation services are available.

According to interviews, inmates understand how to report sexual abuse and sexual harassment.

The facility meets compliance with this standard.

## **Standard 115.53: Inmate access to outside confidential support services**

### **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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- 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**

☐ **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*)

### Overall Compliance Determination Narrative

115.53 Documents reviewed:

Pictures of posters in English and Spanish

Copy of an offender ID that has information on who and how to report a PREA allegation

Samples of the advocacy request form offenders filled out.

PREA policy's procedures on calling victim advocacies

Contract with Signs of Hope.

Departmental policy and PREA standard to ensure compliance.

Community questionnaire

Site review observations

Interviews with random staff; PREA Compliance Manager (PCM); Facility Manager; and one inmate who reported sexual abuse

115.53 Inmate Access to Outside Confidential Support Services

A) The facility provides access to external victim advocacy services, including mailing addresses and toll-free numbers for Signs of Hope.

B) Letters reporting sexual abuse or harassment to designated advocacy or legal entities are treated as privileged mail. This includes correspondence to elected officials, attorneys, consular officials, and sexual assault support services.

C) The agency has a formal agreement in place with Signs of Hope for the provision of confidential victim services.

Emotional support services information is posted in each unit, lobby, administration area, and other areas throughout the facility. Phones were accessible nearby.

Each unit contains written materials and a secure drop box. The boxes are checked on weekdays by caseworkers. Boxes can be used for any note, grievance or concern. Mail is picked up from units on weekdays and mailed out. Mail is not read but is checked for contraband prior to sending and receiving. No restrictive housing was observed.

Informal conversations with staff regarding the process of sending and receiving mail to/from the external reporting entity, outside emotional support services, and legal mail were unremarkable. Staff understood which mail is to remain private and confidential. Staff are also aware of having writing tools available and that managers check the locked boxes every weekday.

HOPE phone number is provided on postings throughout the facility to include each unit. Calls are free, unmonitored, and no PIN number is required. The auditor made a test call to HOPE and completed the community advocacy questionnaire. The phone was answered by a live person. The provider was prepared



to offer services. HOPE has bilingual staff available as well as language assistance services. HOPE stated that the information shared is confidential.

The HOPE mailing address is also provided on posters throughout the facility to include each unit. Paper, pencils, envelopes and free postage is provided in each unit. Mail is sent out on weekdays.

Informal conversations with staff and inmates confirm their access to HOPE, cell phones and writing materials.

According to interviews, most inmates were aware that services are available outside the facility for dealing with sexual abuse. Inmates are aware of signage posted in the units and other areas of the facility containing phone numbers and addresses to outside services and most inmates knew that they could speak privately to this service. The facility allows inmates to see or speak to attorneys privately. The facility allows inmates to see or speak to parents or legal guardians during designated times. Inmates have unmonitored, unlimited phone calls with attorneys. Inmates have in-person, phone and mail contact with parents. Signage states the call is confidential and free. Inmates understand that they can call their attorney and parents if they choose.

The facility meets compliance with this standard.

## Standard 115.54: Third-party reporting

### 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*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Overall Compliance Determination Narrative

115.54 Documents reviewed:

The link on the IGs website for anonymous 3rd party reporting of a PREA issue

Photos of PREA posters

PREA policy to ensure that it complied with the PREA standard

Site review observations



#### 115.54 Third-Party Reporting

A) The agency maintains procedures allowing third parties to report sexual abuse or harassment on behalf of an offender. Instructions for doing so are available on the Department's website. The OIG's PREA Management Division can be contacted anonymously via mail, email, or phone:

Office of the Inspector General – PREA Management Division

P.O. Box 7011

Carson City, NV 89702 Phone: (775) 977-5587

Third party reporting information is posted in each unit, public lobby, and other areas frequented by inmates, staff, visitors and contractors. It is also located on the agency website.

Staff and third-party electronic reporting are available on the agency's website. The auditor placed a call using the dedicated phone line. This was a free call, available 24/7/365 and answered by operators. Bilingual staff and translation services are available.

The facility meets compliance with this standard.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

#### 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

- ☐ **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*)

#### Overall Compliance Determination Narrative

115.61 Documents reviewed:

PREA policy and the PREA standard to ensure compliance

Staff PREA training curricula and training records

Signed training acknowledgments

PREA at a glance handout

Adult Protective Services Report form

Suspected Child Abuse Report form

Laws and reporting requirements for abuse of adults and children

Site review observations

Interviews with PREA Coordinator, medical and mental health staff, random staff, and the Facility Manager.

Testing documentation

- A) All staff are required to immediately report knowledge or suspicions of sexual abuse or harassment.
- B) Staff must disclose information regarding allegations on a strictly need-to-know basis for treatment, investigation, or security purposes. Allegations against direct supervisors must be escalated to higher authority.

- C) Medical and mental health professionals are required to report incidents of sexual abuse and must inform offenders of the limits of confidentiality at the start of services.
- D) Allegations involving minors or vulnerable adults are referred to appropriate external agencies, though this is not applicable as the facility does not house minors.
- E) All reports, including anonymous and third-party, are forwarded to designated facility investigators.

According to interviews, inmates are advised by medical and mental health staff at the initiation of services regarding limitations of confidentiality and their duty to report. All staff are mandatory reporters. Medical and mental health staff are not aware of any disclosures that required to be reported. The PCM and Facility Manager stated that parents/legal guardians/child welfare are notified of an allegation right away. Attorneys are generally notified within 72 hours. The Facility Manager also stated that allegations are reported directly to the facility investigators.

The facility meets compliance with this standard.

## Standard 115.62: Agency protection duties

### 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

- ☐ **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*)

### Overall Compliance Determination Narrative

115.62 Documents reviewed:

The PREA policy and the PREA standard to ensure compliance

Statement in the PAQ that they have not had any offenders in substantial risk of imminent sexual abuse.

Interviews with the Director, Facility Manager and random staff.

115.62 Agency Protection Duties

- A) Upon learning of an offender's exposure to a substantial and imminent risk of sexual abuse, the agency is required to take immediate protective measures. The facility reports no such cases in the past 12 months.

According to interviews, staff understand that immediate action is required to protect inmates at risk of imminent sexual abuse.

The facility meets compliance with this standard.

## Standard 115.63: Reporting to other confinement facilities

### 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

- ☐ **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*)

### Overall Compliance Determination Narrative

115.63 Documents reviewed:

The PREA policy and the PREA standard to ensure the policy complied with the PREA standard.

Information contained in the PAQ states they have not had any allegations that need ed to be forwarded to another facility.

Interviews with the Director and the Facility Manager

#### 115.63 Reporting to Other Confinement Facilities

- A) If an allegation is made regarding abuse at another facility, the Facility Manager notifies the leadership at the implicated facility or agency within 72 hours.
- B) Written notification is completed and transmitted within the 72-hour period.
- C) There were no such notifications made in the past 12 months, as no reports were received.
- D) Any such notifications received are subject to formal investigation unless already resolved.

According to interviews, reports from other facilities are thoroughly investigated.

## Standard 115.64: Staff first responder duties

### 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*)

### Overall Compliance Determination Narrative

The PREA policy requirements as stated in the PREA standard

Training curriculum

PREA at a Glance form that outlines first responders' duties.

Comment in the PAQ states that there have been 0 incidents requiring the actions of the first responder response.

Interviews with first responders, random staff and one inmate who reported sexual abuse.

#### 115.64 Staff First Responder Duties

A) Upon learning of an allegation that an offender has been sexually abused, the first responding security staff member shall:

Separate the alleged victim and abuser.

Preserve and protect the crime scene until proper evidence collection can occur.

If the abuse occurred within the past 96 hours, the first responder shall instruct the alleged victim and alleged abuser to avoid activities that could destroy evidence, including:

Washing or showering Brushing teeth Changing clothes Urinating or defecating Eating or drinking

B) If the first responder is not custody staff, they must:

Request that the alleged victim avoid taking any actions that could destroy physical evidence. Immediately notify the first available custody staff member.

Documentation Note: One (1) incident in the past 12 months required first responder action. The Shift Commander completed the First Responder Interview Guide as outlined in the PREA Audit Questionnaire (PAQ)

According to interviews, security staff, non-security staff and random staff were able to describe all actions to be taken as a first responder in for allegation of sexual abuse. Staff respond as soon as the allegation is made. Inmate who reported sexual abuse was able to see medical and mental health.

The facility meets compliance with this standard.

### Standard 115.65: Coordinated response

#### 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*)

#### Overall Compliance Determination Narrative

115.65 Documents reviewed:

Coordinated response plan outlining responsibilities related to a PREA incident for all departments in the facility.

The facility has offender victim interview forms and a shift commander coordinate response guide.

## Interview with the Facility Manager

### 115.65 Coordinated Response

A) Agency PREA policy mandates that each facility establish and follow a coordinated response plan for responding to incidents of sexual abuse. This includes procedures for the coordinated involvement of:

First responders

Medical and mental health staff Investigators

Facility leadership

These procedures are documented and include the use of coordinated response forms by the custody supervisor.

Documentation Note: No incidents in the past 12 months required activation of the coordinated response plan.

According to interviews, the facility coordinated response plan is in policy.

The facility meets compliance with this standard.

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

### 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*)

## Overall Compliance Determination Narrative

115.66 Documents reviewed:

The PREA policy and AFSCME and Fraternal order of Police collective bargaining agreements.

A memo from the PREA Coordinator stated the State of Nevada American Federation of State, County, and Municipal Employees (ASCME). Local 4041 agreement 7/1/2023 – 6/30/2025 allows for the agency to remove alleged staff sexual abuses from contact with offenders pending investigation.

The department policy met the requirements of the PREA standard.

Interview with the Director

115.66 Preservation of Ability to Protect Inmates from Contact with Abusers

A) The PREA policy affirms that neither the agency nor any representative entity engaged in collective bargaining will enter into or renew agreements that limit the agency's ability to remove staff accused of sexual abuse from contact with inmates during investigations.

B) The policy does not restrict agreements related to the conduct of disciplinary proceedings, as long as they:

Do not conflict with evidentiary standards for administrative investigations, and

Clarify how no-contact assignments are handled in personnel files after unfounded allegations

According to interviews, the facility has a contract with the State of Nevada American Federation of State, County, and Municipal Employees (ASCME).

The facility meets compliance with this standard.

## 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 inmates 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

115.67 Documents reviewed:

The PREA policy that requires all institutions and facilities will have a procedure to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff.

Interviews with the Director, Facility Manager, the designated staff charged with monitoring retaliation and an inmate who reported sexual abuse. At the time of audit there were no inmates held in segregated housing (for risk of sexual victimization/who alleged to have suffered sexual abuse).

115.67 Agency Protection Against Retaliation

A) The facility maintains procedures to protect all offenders and staff who report sexual abuse or harassment, or who cooperate with investigations, from retaliation.

B) Protective measures may include:

Housing or program changes for the victim or abuser

Removal of staff or offender abusers from contact with the victim Emotional support services for individuals expressing fear of retaliation

C) For at least 90 days following a report, the PREA Compliance Manager (PCM) or designee monitors and documents conduct and treatment of involved parties. Monitoring includes disciplinary reports; housing or program changes; staff reassignments; and negative performance evaluations

D) Monitoring for offenders also includes periodic status checks.

E) If any cooperating individual expresses concern about retaliation, appropriate protective measures are implemented.

F) Monitoring obligations may be extended beyond 90 days if necessary or terminated early if the allegation is deemed unfounded. Transfer Protocol: If an offender is transferred during the retaliation monitoring period, the sending PCM must notify the receiving PCM by phone and confirm in writing via email. This email must be retained for audit purposes.

According to interviews, retaliation is monitored weekly. Contact with inmates who have reported sexual abuse is initiated. Monitoring will last 90 days or longer. A retaliation questionnaire is completed. Inmates feel protected enough against retaliation.

The facility meets compliance with the standard.

### Standard 115.68: Post-allegation protective custody

#### 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*)

### Overall Compliance Determination Narrative

115.68 Documents reviewed:

The PREA policy

Statement that no offenders have been placed in protective custody after an allegation of sexual abuse or harassment or is at risk for sexual abuse in the last 12 months.

Interviews with the Facility Manager and staff who supervise segregated housing. At the time of audit there were no inmates held in segregated housing (for risk of sexual victimization/who alleged to have suffered sexual abuse).

115.68 Documents reviewed:

The PREA policy

Statement that no offenders have been placed in protective custody after an allegation of sexual abuse or harassment or is at risk for sexual abuse in the last 12 months.

115.68 Post-Allegation Protective Custody

A) The Office of the Inspector General (OIG) Criminal Investigators are responsible for investigating all allegations of:

Staff-on-offender sexual abuse and sexual harassment

Offender-on-offender sexual abuse

Investigators adhere to a uniform evidence protocol designed to maximize the collection of usable physical evidence for both administrative proceedings and criminal prosecution. This protocol is developmentally appropriate for youth and is adapted from the most recent version of the U.S. DOJ's "National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" (2011 or later editions).

B) The Warden or designee assigns a trained facility supervisor to investigate offender-on-offender sexual harassment cases, as designated by the OIG. Investigations are conducted promptly, thoroughly, and objectively, including those from third-party or anonymous reports.

Training documentation: Investigators have completed specialized training; certificates and curriculum were reviewed.

C) Investigators collect and preserve all relevant evidence including:

Physical and DNA evidence

Electronic monitoring data

Interviews with victims, witnesses, and alleged perpetrators

Review of prior complaints and reports involving the alleged perpetrator

D) If evidence supports possible criminal prosecution, compelled interviews are conducted only after consultation with the Nevada Attorney General, ensuring they do not interfere with potential prosecution.

E) Credibility assessments are made on an individual basis, without bias toward the subject's status as an offender or staff. Offenders are not required to submit to a polygraph or truth-telling device as a condition for investigation.

F) Administrative investigations include analysis of possible staff actions or omissions contributing to the incident. Reports contain:

Physical and testimonial evidence Credibility assessments

Factual findings and rationale

G) Criminal investigations are documented thoroughly, including physical, testimonial, and documentary evidence. Relevant documents are attached, where feasible. The evidentiary standard used is "preponderance of the evidence."

H) All substantiated allegations of staff or offender sexual misconduct that appear criminal, are referred to the Nevada Attorney General's Office.

I) If an outside agency conducts the investigation, the facility will cooperate fully and seek to remain informed on the investigation's progress.

The OIG is the primary investigating body, rendering provisions (J & K) for other entities as Not Applicable (N/A).

According to interviews, segregated housing is not utilized for inmates at risk of sexual victimization or who are alleged to have suffered sexual abuse.

The facility is in compliance with this standard.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

#### 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 (I)

- 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*)

#### Overall Compliance Determination Narrative

115.71 Documents reviewed:

The PREA investigation tracking log

six-page pamphlet "standard in focus" for investigations

The IG administrative guide

One completed investigation (that note any staff failures that could have prevented the sexual abuse or harassment).

The investigation was completed by a trained investigator that followed the requirements of the PREA policies.

PREA investigation guide

PREA policies and PREA standards and laws for the State of Nevada.

Statement in the PAQ that 0 allegations of sexual abuse have been referred for prosecution.

Site review observation of physical storage

Interviews with investigators, Facility Manager, PREA Coordinator (PC), PREA Compliance Manager (PCM), and an inmate who reported sexual abuse.

115.71 Criminal and administrative agency investigations.

A) The Office of the Inspector General (OIG) Criminal Investigators are responsible for investigating all allegations of:

## Staff-on-offender sexual abuse and sexual harassment Offender-on-offender sexual abuse

Investigators adhere to a uniform evidence protocol designed to maximize the collection of usable physical evidence for both administrative proceedings and criminal prosecution. This protocol is developmentally appropriate for youth and is adapted from the most recent version of the U.S. DOJ's "National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" (2011 or later editions).

B) The Warden or designee assigns a trained facility supervisor to investigate offender-on-offender sexual harassment cases, as designated by the OIG. Investigations are conducted promptly, thoroughly, and objectively, including those from third-party or anonymous reports.

Training documentation: Investigators have completed specialized training; certificates and curriculum were reviewed.

C) Investigators collect and preserve all relevant evidence including:

Physical and DNA evidence

Electronic monitoring data

Interviews with victims, witnesses, and alleged perpetrators

Review of prior complaints and reports involving the alleged perpetrator

D) If evidence supports possible criminal prosecution, compelled interviews are conducted only after consultation with the Nevada Attorney General, ensuring they do not interfere with potential prosecution.

E) Credibility assessments are made on an individual basis, without bias toward the subject's status as an offender or staff. Offenders are not required to submit to a polygraph or truth-telling device as a condition for investigation.

F) Administrative investigations include analysis of possible staff actions or omissions contributing to the incident. Reports contain:

Physical and testimonial evidence Credibility assessments

Factual findings and rationale

G) Criminal investigations are documented thoroughly, including physical, testimonial, and documentary evidence. Relevant documents are attached, where feasible. The evidentiary standard used is "preponderance of the evidence."

H) All substantiated allegations of staff or offender sexual misconduct that appear criminal are referred to the Nevada Attorney General's Office.

I) If an outside agency conducts the investigation, the facility will cooperate fully and seek to remain informed on the investigation's progress.

The OIG is the primary investigating body, rendering provisions (J & K) for other entities as Not Applicable (N/A).

The auditor was able to observe the physical storage and electronic storage of the risk assessments, medical records, and sexual abuse allegation reports. The physical storage was secured under lock and key. Electronic records are password protected with restricted and limited access.

Informal conversations with staff verified that records are securely stored and access to electronic information is highly restricted on a need-to-know basis.

According to interviews, investigative staff received training specific to conducting sexual abuse and sexual harassment investigations. Investigations are initiated right away following an allegation of sexual abuse or sexual harassment. The first step in initiating an investigation is to assure first responder duties have been completed and proper notifications have been made. Investigators were able to thoroughly describe the investigation process. Anonymous and third-party reports are handled in the same manner as all other investigations. All direct and circumstantial evidence would be collected and preserved. When evidence is discovered that a prosecutable crime may have taken place, prosecutors are consulted. Polygraphs are not utilized. Investigations continue to be completed regardless if the staff terminates employment or the alleged victim leaves the facility. Investigations will not terminate should a victim recant his/her allegation. Administrative and criminal investigations are documented in written reports. A preponderance of the evidence is required to substantiate allegations of non-criminal sexual abuse or sexual harassment. Victims are informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The facility meets compliance with this standard.

## Standard 115.72: Evidentiary standard for administrative investigations

### 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*)

### Overall Compliance Determination Narrative

115.72 Documents reviewed:

The department PREA policy

Investigative check list for each step in the investigation

Interview with investigators

115.72 Evidentiary Standard for Administrative Investigations

A) PREA policy affirms that the Department applies no higher standard than a preponderance of the evidence to determine whether allegations of sexual abuse or harassment are substantiated.

According to interviews, the agency shall impose no standard higher than a preponderance of the evidence in determining whether criminal allegations of sexual abuse or sexual harassment are substantiated.



The facility meets compliance with this standard.

## Standard 115.73: Reporting to inmates

### 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Overall Compliance Determination Narrative

115.73 Documents reviewed:

The department PREA policy.

One notification to the offender of the results of an administrative investigation.

Interviews with Facility Manager, investigator, and one inmate who reported sexual abuse.

#### 115.73 Reporting to Inmates

- A) Upon conclusion of any sexual abuse investigation, the Department or facility will inform the offender victim whether the outcome was substantiated unsubstantiated or unfounded.
- B) (N/A – The Department investigates all allegations of sexual misconduct.)
- C) If the allegation involves a staff member and is substantiated, the facility will notify the offender when:
- a. The staff member is no longer assigned to the offender's unit
  - b. The staff member is no longer employed at the facility
  - c. The staff member has been indicted for an offense related to the abuse
  - d. The staff member has been convicted of such an offense
- D) If the allegation involves another offender and is substantiated, the facility will notify the victim if:
- a. The alleged abuser has been indicted for the abuse
  - b. The alleged abuser has been convicted of the abuse
- E) All notifications or attempted notifications are documented using the Offender PREA Report Notification form.
- F) The facility's obligation to provide notification to an offender regarding the outcome of a sexual abuse allegation investigation ends upon the offender's release from Department custody.

According to interviews, inmates are notified of the outcome of the investigation within a short period of time.  
The facility meets compliance with this standard.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

#### 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*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Overall Compliance Determination Narrative

115.76 Documents reviewed:

Policy on prohibitions and penalties, this policy outlines that the staff will be terminated for substantiated claims of sexual abuse or harassment.

The information submitted in the PAQ states that there has been no discipline on staff for sexual abuse or harassment in the last 12 months.

The department policy and PREA standard to ensure compliance.

**115.76 Disciplinary Sanctions for Staff**

- A) Staff are subject to disciplinary sanctions up to and including termination for violations of the Department's sexual abuse and sexual harassment policies.
- B) Termination is the presumptive disciplinary action for staff found to have engaged in sexual abuse.
- C) For violations other than sexual abuse, sanctions are determined based on:

The nature and circumstances of the act

The staff member's disciplinary history

Consistency with sanctions imposed in similar cases

- D) All terminations or resignations in lieu of termination for policy violations are reported to law enforcement, unless the conduct was clearly not criminal and relevant licensing bodies.

The facility meets compliance with this standard.

## **Standard 115.77: Corrective action for contractors and volunteers**

### **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*)

### **Overall Compliance Determination Narrative**

115.77 Documents reviewed:

The facility submitted the Negotiated Contract that contractors sign, that outlines the PREA investigative process and the notice that any contractor that violates the PREA requirements will no longer be allowed into the facility.

The information submitted through the PAQ states that they have not had any volunteers or contractors violate the zero-tolerance policy in the last 12 months.

Interview with the Facility Manager

**115.77 Corrective Action for Contractors and Volunteers**

A) Contractors or volunteers who engage in sexual abuse are prohibited from contact with offenders; and are reported to law enforcement and licensing bodies, unless the conduct is clearly not criminal.

B) For other violations (e.g., sexual harassment or over-familiarity), the facility takes appropriate remedial action and considers restricting future contact with offenders.

According to interviews, remedial measures would be taken against contractors and volunteers for any violation of agency PREA policies.

The facility meets compliance with this standard.

## **Standard 115.78: Disciplinary sanctions for inmates**

### **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)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ 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*)

#### Overall Compliance Determination Narrative

115.78 Documents reviewed:

The information submitted in the PAQ states that the facility has not had any administrative findings of offender-on-offender sexual abuse in the last 12 months.

The facility has not had any criminal findings of guilt for inmate-on-inmate sexual abuse in the last 12 months.

The Facility has not had any offenders disciplined for sexual abuse with staff in the last 12 months.

The department policy and the PREA standard to ensure compliance.

Interviews with medical and mental health staff and the facility manager.

115.78 Disciplinary Sanctions for Inmates

A) In cases where a criminal investigation substantiates sexual abuse, the incident is referred to the Nevada Attorney General and may result in criminal prosecution under NRS 200.366 (Sexual Assault). For administrative findings of substantiated offender-on-offender sexual harassment, disciplinary action is taken per Administrative Regulation 707:

MJ19 – Sexual Assault/Sexual Abuse MJ50 – Sexual Harassment

B) Sanctions imposed by the Disciplinary Hearing Officer are:

Commensurate with the severity and context of the offense

Consider the offender's disciplinary history

Reflect consistency with outcomes for similar offenses by other inmates

C) The Disciplinary Hearing Officer also considers mental illness or disabilities in deciding on sanctions and interventions.

- D) The facility may require the offender to participate in treatment, counseling, or other interventions as a condition for receiving program or housing benefits.
- E) Inmates may only be disciplined for sexual contact with staff if it is found that the staff member did not consent to the act.
- F) A report made in good faith and based on a reasonable belief that abuse occurred does not constitute a false report, even if the claim is not substantiated.

According to interviews, the facility offers therapy, counseling and other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse. The facility does not require a inmate's participation as a condition of access to any rewards-based behavior management system, programming or education. No isolation was observed. The Facility Manager understands that inmates can be subjected to disciplinary sanctions for engaging in inmate-on-inmate sexual abuse.

The facility meets compliance with this standard.

## MEDICAL AND MENTAL CARE

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

#### 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? (N/A if the facility is not a prison.)  
☒ Yes ☐ No ☐ NA

#### 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

115.81 Documents reviewed:

The departmental policy and the PREA standard to ensure compliance.

Medical and mental health tracking sheet identifies when offenders arrive at intake and the date they were seen by medical and mental health staff.

Site review observations – record storage

Interviews with the risk screener, medical and mental health staff, and inmates who disclosed sexual victimization at risk screening.

115.81 Medical and Mental Health Screenings: History of Sexual Abuse

- A) If the intake screening identifies that an offender has experienced prior sexual victimization or has previously perpetrated sexual abuse, the offender is offered a follow-up meeting with a mental health practitioner within 14 days, as documented in the mental health referral log.
- B) This offer is made regardless of whether prior abuse occurred in the community or in a confinement setting.
- C) Not applicable — the facility is not a jail, and the provision for jail inmates does not apply.
- D) Information about prior victimization or abusiveness in confinement is shared only with medical/mental health staff or other staff on a need-to-know basis to inform treatment, housing, work, and other relevant decisions, or as required by law.
- E) Practitioners obtain informed consent before reporting sexual victimization that occurred outside a facility, unless the offender is under age 18.

The auditor was able to observe the physical storage and electronic storage of the risk assessments, medical records, and sexual abuse allegation reports. The physical storage was secured under lock and key. Electronic records are password protected with restricted and limited access.

Informal conversations with staff verified that records are securely stored and access to electronic information is highly restricted on a need-to-know basis.



According to interviews, informed consent is required. Inmates that disclose prior sexual victimization at intake are offered to see medical or mental health.

The facility meets compliance with this standard.

## **Standard 115.82: Access to emergency medical and mental health services**

### **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*)

### **Overall Compliance Determination Narrative**

115.82 Documents reviewed:

Memo from the PREA Coordinator

#### Unusual Occurrence report and a progressive note form

Memo from the PREA Coordinator stating any medical emergency that requires more extensive treatment the offender is taken to a hospital. The Nevada Department of Correction does not have a direct contract with any hospital but uses hospitals in the PPO networks. Hometown Health is utilized in northern Nevada and Sierra Health Organization is used in southern Nevada.

Contract with a PPO "Sierra Health Care Options".

Interviews with medical and mental health staff, first responders, and inmates who reported sexual abuse

#### 115.82 Access to Emergency Medical and Mental Health Services

- A) Offenders who are victims of sexual abuse receive timely and unrestricted access to emergency medical and crisis intervention services, which are determined by qualified health professionals.
- B) If no qualified medical or mental health staff are on duty at the time of a report, custody staff first responders provide initial protection and immediately notify the appropriate health practitioners.
- C) Victims are offered emergency contraception and prophylaxis for STIs, when medically appropriate and in accordance with community standards of care.
- D) All services are provided at no financial cost to the victim, regardless of whether they identify the abuser or cooperate in an investigation.

According to interviews, inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of these services are determined according to their professional judgement. Victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. Security staff and non-security staff were able to describe all actions to be taken as a first responder for allegations of sexual abuse. The inmate who reported sexual abuse was seen by medical and mental health right away. No forensic examination was required. The inmate who reported sexual abuse did not require additional treatment.

The facility meets compliance with this standard.

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

#### 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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ 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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ 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*)

#### Overall Compliance Determination Narrative

115.83 Documents reviewed:

Department policy and procedures

Medical directives and PREA standards to ensure compliance

The medical and mental health tracking document

Interviews with medical and mental health staff and one inmate who reported sexual abuse.

#### 115.83 Ongoing Medical and Mental Health Care for Victims and Abusers

- A) Based on a review of the facility PREA policy and medical directives, the facility complies with the requirement to offer medical and mental health evaluation and treatment to any offender who has been sexually abused while in custody.
- B) Services include follow-up care, treatment plans, and referrals for continued care upon transfer, release, or placement in another facility.
- C) The care provided is consistent with community-level standards.
- D) Female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests.
- (E) If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.
- G) Victims are offered STI testing as appropriate and receive treatment at no cost, regardless of their participation in the investigation.
- H) The facility attempts a mental health evaluation of all known offender-on-offender abusers within 60 days of learning about their history and offers treatment if deemed necessary by mental health staff.

According to interviews, emergency services would be provided through the local hospital. Facility medical and mental health staff would follow up afterwards on the treatment plan and provide community referrals for continued care. Medical and mental health services are consistent with community level of care. This is a male-only facility. A psychosocial evaluation would be conducted for all known inmate-on-inmate abusers and treatment offered if appropriate. Medical and mental health spoke with an inmate who reported sexual abuse regarding other services available. No tests for infections were required.

The facility meets compliance with this standard.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

#### 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*)

#### Overall Compliance Determination Narrative

115.86 Documents reviewed:

The information in the PAQ states that the facility has not had any substantiated claims of sexual abuse or harassment.

The department policy and the PREA standards to ensure compliance.

The facility's PREA policy requires the PREA Coordinator or designee to notify the PCM upon closure of a sexual abuse investigation.

Interviews with the Facility Manager, PREA Compliance Manager (PCM), and incident review team members

#### 115.86 Sexual Abuse Incident Reviews (SAIR)

A) A Sexual Abuse Incident Review (SAIR) is conducted after every substantiated or unsubstantiated sexual abuse allegation, unless the case was determined to be unfounded.

B) Reviews are completed within 30 days of the conclusion of the investigation.

C) The SAIR team includes:

An upper-level supervisor

Line supervisors

Investigators

A medical or mental health practitioner

D) The team uses DOC Form 1925 to document its review, including whether the incident indicates a need for policy or practice changes; whether the incident was motivated by group dynamics (e.g., race, sexual orientation, gender identity, gang affiliation); whether physical barriers may have contributed; staffing adequacy in the area at different times; and the need for additional or improved monitoring technology

E) The committee's findings and recommendations are submitted to the PCM and Facility Manager.

The Warden reviews all recommendations and either implements them or documents reasons for not doing so. The current SAIR Committee includes:

Associate Warden

PREA Compliance Manager

Shift Commander

Medical Practitioner

Mental Health Practitioner

Office of the Inspector General (OIG) Investigator

According to interviews, all were able to describe all areas required to be considered during a review. The PCM will follow-up with concerns from the review.

The facility meets compliance with this standard.

### Standard 115.87: Data collection

#### 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*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Overall Compliance Determination Narrative

115.87 Documents reviewed:

The Surveys of Sexual Violence for 2012 through 2023.

The PREA policies and PREA standards to ensure compliance.

#### 115.87 Data Collection

- A) The Department collects accurate and uniform data for every allegation of sexual abuse at facilities under its direct control. Data collection is conducted using a standardized instrument and definitions.
- B) This incident-based data is aggregated at least annually.
- C) Collected data includes, at a minimum, the information required to answer all questions from the most recent Survey of Sexual Violence (SSV) issued by the U.S. Department of Justice.
- D) Data is maintained, reviewed, and collected from incident-based documents, including reports, investigation files, and Sexual Abuse Incident Reviews (SAIRs).
- E) Not applicable – The agency does not contract for the housing of offenders.
- F) Upon request, the Department provides sexual abuse data from the previous calendar year to the Department of Justice no later than June 30.

The facility meets compliance with this standard.

### Standard 115.88: Data review for corrective action

### 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

- ☐ **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*)

### Overall Compliance Determination Narrative

115.88 Documents reviewed:

The PREA annual reviews from 2019 through 2023

The reviews contain all the information required and are posted on the Departments website

The PREA policy and PREA standard to ensure compliance

Interviews with the Director, PREA Coordinator (PC), and the PREA Compliance Manager (PCM).

115.88 Data Review for Corrective Action



A) The Department reviews and analyzes aggregated data to evaluate and improve the effectiveness of its sexual abuse prevention, detection, and response efforts. This review includes:

Identifying problem areas

Implementing corrective actions

Preparing an annual report for each facility and the agency as a whole

B) The annual report compares current data and actions with prior years and includes an assessment of the Department's progress in addressing sexual abuse.

C) The report is approved by the Director and is readily available to the public via the Department's website.

D) When needed for security, the Department may redact content, provided it indicates the nature of the redaction and ensures transparency.

According to interviews, the PCM collects sexual abuse and sexual harassment data using a spreadsheet. The PC retains data collected and prepares the annual report. All personally identifiable information (PII) is withheld from the report.

The facility meets compliance with this standard.

## Standard 115.89: Data storage, publication, and destruction

### 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*)

## Overall Compliance Determination Narrative

115.89 Documents reviewed:

The department policy and the department website.

Site review observations – record storage

Interview with PREA Coordinator (PC)

115.89 Data Storage, Publication, and Destruction

A) The Department ensures that all PREA-related data is securely retained.

B) The Department publishes aggregated sexual abuse data from its facilities at least annually on its public website.

The website has been reviewed and confirms public accessibility, and that no personally identifiable information (PII) is included.

C) Before publication, all personal identifiers are removed to protect confidentiality.

D) The Department retains sexual abuse data for a minimum of 10 years from the date of initial collection, unless a longer retention period is required by federal, state, or local law.

The auditor was able to observe the physical storage and electronic storage of the risk assessments, medical records, and sexual abuse allegation reports. The physical storage was secured under lock and key. Electronic records are password protected with restricted and limited access.

Informal conversations with staff verified that records are securely stored and access to electronic information is highly restricted on a need-to-know basis.

According to interviews, incident-based and aggregated data are securely retained.

The facility meets compliance with this standard.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

#### 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*)

### Overall Compliance Determination Narrative

Documentation reviewed:

Agency website review of PREA audit reports for all facilities

Site review observations

PAQ

Issue log

Data collection worksheets

Notice of Audit (NOA) postings

(a) A review of the agency website verifies that during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency ensured that each facility operated by the Agency is audited at least once.

(b) This is the third year of cycle four. The agency ensures that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

(h) The auditor had full access to, and observed, all areas of the audited facility.

(i) The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).

(m) The auditor was permitted to conduct interviews with residents in a private setting.

(n) Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. NOA signage was provided to the facility in English and Spanish with instructions to post in all housing areas and other locations. Staff understood the process for mailing confidential mail to the auditor. The NOA contained language regarding the confidential nature of any correspondence sent to the auditor. All information included on the NOA was accurate. The auditor did not receive written correspondence from inmates, staff or third party. During the site review, NOA postings were consistently visible in each of the housing units.

The facility meets compliance with this standard.

## Standard 115.403: Audit contents and findings

### 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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies 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*)

### Instructions for Overall Compliance Determination Narrative

Documentation reviewed:

Agency website reviewed for final reports

(f) The agency ensures that the auditor's final reports are published on the agency's website. It is important to note that this is a new facility with this audit being its first.

The facility meets compliance with this standard.

## 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

[Click here to enter text.](#)

[Click here to enter text.](#)

**Auditor Signature**

**Date**

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

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